



Alaska Department of Environmental Conservation

Application for Approval of an Oil Discharge Prevention and Contingency Plan



This application is submitted in accordance with 18 AAC 75.408. The following information, as applicable, must be provided for each contingency plan submitted. Before filling out this form, please review the notes page for additional instructions.

All applications to be submitted to the ADEC submission email: dec.odpcp.submissions@alaska.gov

A. Application Type

- ☐ New Plan ☐ Scheduled Date for Start of Operations _____
- ☐ Amendment¹ ☐ Renewal¹
- ☐ Routine Update¹ ☐ Change of Owner or Operator^{1,2}

B. Applicant and Facility Information

Plan Holder Legal Company Name³: _____

Doing Business As: _____

Plan Name⁴: _____ Plan Number⁵: _____

Plan Holder Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Facility Name: _____ (for vessels complete section F)

Facility Physical Address: _____ City: _____

State: _____ Postal Code: _____ Facility Latitude/Longitude⁶: _____/_____

Facility Type: (check all that apply)

Application is: (check all that apply)

Oil Terminal			<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
Crude Oil Pipeline			<input type="checkbox"/> Lease Holder	<input type="checkbox"/> Operator
Exploration Well	<input type="checkbox"/> Onshore	<input type="checkbox"/> Offshore	<input type="checkbox"/> Lease Holder	<input type="checkbox"/> Operator
Production Facility	<input type="checkbox"/> Onshore	<input type="checkbox"/> Offshore	<input type="checkbox"/> Lease Holder	<input type="checkbox"/> Operator
Tank Vessel			<input type="checkbox"/> Person with Operational Control ⁸	
Tank Barge			<input type="checkbox"/> Person with Operational Control ⁸	
Railroad Tank Car			<input type="checkbox"/> Railroad Transporting Tank Car	
Spot Charter Vessel ⁷			<input type="checkbox"/> Person with Operational Control ⁸	
Temporary Basis Aboveground Oil Storage Tank(s) ⁹			<input type="checkbox"/> Owner	<input type="checkbox"/> Lease Holder <input type="checkbox"/> Operator

C. Company Contacts

Authorized Persons¹⁰: _____ Title: _____

Email: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Point of Contact Name for Plan Issues¹¹: _____

Email: _____ Telephone: _____



Alaska Department of Environmental Conservation



Application for Approval of an Oil Discharge Prevention and Contingency Plan

D. Petroleum Product Information¹²

Type(s) of petroleum product handled: ☐ Crude Oil ☐ Noncrude Oil

If an oil terminal, total storage capacity in barrels: ☐ Crude: _____ ☐ Noncrude: _____

If a tank vessel or tank barge, total (100%) cargo capacity in barrels of largest vessel or barge:

☐ Crude: _____ ☐ Noncrude: _____

E. Geographic Zones of Operation: (check all that apply)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Statewide | <input type="checkbox"/> Southeast Alaska | <input type="checkbox"/> Prince William Sound |
| <input type="checkbox"/> Cook Inlet | <input type="checkbox"/> Kodiak Island | <input type="checkbox"/> Aleutian Island |
| <input type="checkbox"/> Bristol Bay | <input type="checkbox"/> Western Alaska | <input type="checkbox"/> Northwest Arctic |
| <input type="checkbox"/> North Slope | <input type="checkbox"/> Interior Alaska | |

F. Vessels Only:

Vessel Name¹³: _____ IMO#: _____

Official Number: _____ MMSI Number: _____

Country of Registry: _____

Owner Name: _____ Owner Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Operator Name: _____ Operator Mailing Address: _____

City: _____ State: _____ Postal Code: _____

G. Certification¹⁰

I certify, under penalty of unsworn falsification in violation of AS 11.56.210, that I am the applicant, a principle of the applicant, an authorized agent for the applicant, or an official of the applicant; that I have authority to sign this application and commit the resources necessary to implement the plan on behalf of the applicant; and that I have examined this application in its entirety and to the best of my knowledge, information, and belief, find it to be true, correct and complete. I acknowledge that failure to operate in compliance with the applicable provisions of AS 46.04.030 and 18 AAC 75 may result in the revocation of approval for the facility(s) named in this application to operate in Alaska.

Printed Name and Title

Signature

Date



Alaska Department of Environmental Conservation

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Notes page for completing plan application.

¹ All proposed additions, revisions, and deletions must be identified in the plan amendment. Check with the plan reviewer to see if the department will also require a summary of changes in table format.

² For a change of owner or operator, please complete the Change of Ownership Form which can be searched for at this page: <https://dec.alaska.gov/spar/ppr/regulations-guidance/forms-applications/>

³ Plan holder company name is the applicant as defined in 18 AAC 75.400(a). 18 AAC 75.400(j) requires that the person that files an application for ODPCP must be the same person that submits the application for proof of financial responsibility under 18 AAC 75.205(a).

⁴ Follow the naming format specified in 18 AAC 75.448(d)

⁵ For plan renewal, amendment, and routine update applications, this is the current or (expiring) plan number. For new plan applications leave blank.

⁶ For Latitude and Longitude please complete the Facility Location Data Sheet: which can be searched for at this page: <https://dec.alaska.gov/spar/ppr/regulations-guidance/forms-applications/>

⁷ Spot Chart Amendment requires the completion of the Application for Approval of an Oil Discharge Prevention and Contingency Plan as well as all information listed in the Spot Charter Checklist, which can be found at: <https://dec.alaska.gov/spar/ppr/contingency-plans/industry/apply-for-plan/spot-charter-checklist.htm>

⁸ “Primary Operational Control” is defined in 18 AAC 75.990.

⁹ The addition of an aboveground oil storage tank on a temporary basis must meet the requirements of 18 AAC 75.415(i). “Temporary basis” is defined in 18 AAC 75.489.

¹⁰ The Authorized Person is the person listed under 18 AAC 75.408(b). This is the same person that signs the certification in section G.

¹¹ Person to contact for additional information about the application package.

¹² Total Storage Capacity – see 18 AAC 75.990 for the definition of “storage capacity.”

¹³ List all vessels; attach additional vessel sheet as necessary.

For further information, contact the Regional Manager or Plan Reviewer: see the **Contact List** (<https://dec.alaska.gov/spar/ppr/about/contacts/>) for regional contacts.



Alaska Department of Environmental Conservation

Application for Approval of an Oil Discharge Prevention and Contingency Plan



Additional Vessels

Vessel Name¹³: _____ IMO#: _____
Official Number: _____ MMSI Number: _____
Country of Registry: _____
Owner Legal Name: _____
Owner Mailing Address: _____
City: _____ State: _____ Postal Code: _____
Operator Legal Name: _____
Doing Business As: _____
Operator Mailing Address: _____
City: _____ State: _____ Postal Code: _____

Vessel Name¹³: _____ IMO#: _____
Official Number: _____ MMSI Number: _____
Country of Registry: _____
Owner Legal Name: _____
Owner Mailing Address: _____
City: _____ State: _____ Postal Code: _____
Operator Legal Name: _____
Doing Business As: _____
Operator Mailing Address: _____
City: _____ State: _____ Postal Code: _____

Vessel Name¹³: _____ IMO#: _____
Official Number: _____ MMSI Number: _____
Country of Registry: _____
Owner Legal Name: _____
Owner Mailing Address: _____
City: _____ State: _____ Postal Code: _____
Operator Legal Name: _____
Doing Business As: _____
Operator Mailing Address: _____
City: _____ State: _____ Postal Code: _____