

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 75.410. 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.

**A. Application Type**

New Plan Scheduled Date for Start of Operations: \_\_\_\_\_  
 Amendment<sup>1</sup>  
 Renewal<sup>1</sup>  
 Change of Owner<sup>2</sup>

**B. Applicant and Facility Information**

Plan Holder Company Name<sup>3</sup>: \_\_\_\_\_  
 Plan Name: \_\_\_\_\_ Plan Number: \_\_\_\_\_  
 Plan Holder Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_ (for vessels skip to section F)  
 Facility Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Facility Location Latitude:<sup>4</sup> \_\_\_\_\_ Longitude:<sup>4</sup> \_\_\_\_\_

**Facility Type:** (check all that apply)

**Applicant is:** (check all that apply)

Oil Terminal			Owner	Operator
Crude Oil Pipeline			Lease Holder	Operator
Exploration Well	Onshore	Offshore	Lease Holder	Operator
Production Facility	Onshore	Offshore	Lease Holder	Operator
Tank Vessel			Owner	Operator
Spot Charter (check if applicable)			Charterer	Person with Operational Control
Tank Barge			Owner	Operator
Spot Charter (check if applicable)			Charterer	Person with Operational Control

**C. Company Contacts**

Authorized Person<sup>5</sup>: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Point of Contact Name for Plan Issues<sup>6</sup>: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_



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**Notes page for completing the plan application.**

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<sup>1</sup> A summary of changes made to the plan and/or tracking the changes in the document is required. (Consult with the plan reviewer for the preferred method.)

<sup>2</sup> For a change of owner please complete the Change of Ownership Supplemental Form:  
<http://dec.alaska.gov/spar/ipp/docs/ADEC%20Change%20of%20Ownership%20form.pdf>

<sup>3</sup> Plan holder company name is the applicant as defined in 18 AAC 75.400.

<sup>4</sup> For Latitude and Longitude please complete the facility location data sheet:  
<http://dec.alaska.gov/spar/ipp/docs/Facility%20Location%20Data%20Sheet.pdf>

<sup>5</sup> The Authorized Person is: (this is the same person that signs the certification in G.)

- (1) in the case of a corporation, a principal executive officer of at least the level of vice president or his duly authorized representative, if the representative is responsible for the overall management of the project or operation;
- (2) in the case of a partnership, a general partner;
- (3) in the case of a sole proprietorship, the proprietor;
- (4) in the case of a municipal, state, federal, or other public facility, either a principal executive officer, ranking elected official, or other duly authorized employee;
- (5) in the case of a joint venture, the operator;
- (6) an agent who has been delegated that authority in writing to the department by the responsible party under (1)-(5) above.

<sup>6</sup> Person to contact for additional information about the application or plan.

<sup>7</sup> Total Storage Capacity – see 18 AAC 75.990 (121) for the definition of storage capacity.

<sup>8</sup> List all vessels; a separate sheet of paper may be used.

<sup>9</sup> This is the same person listed as the Authorized Person on the application in section C.