



# DEPARTMENT OF ENVIRONMENTAL CONSERVATION OIL SPILL PRIMARY RESPONSE ACTION CONTRACTOR APPLICATION FOR REGISTRATION

SUBMIT WITH A CHECK OR MONEY ORDER FOR THE APPROPRIATE FEE  
AT LEAST 60 DAYS IN ADVANCE TO:

Contractor Registration Program  
Alaska Department of Environmental Conservation  
Division of Spill Prevention and Response  
410 Willoughby Avenue, Suite 303  
P.O. Box 111800  
Juneau, Alaska 99811 - 1800

I. THIS APPLICATION IS FOR THE FOLLOWING REGION OR REGIONS OF OPERATION:  
(Please refer to map on Page 4 of this application or to 18 AAC 75.495)

- 1. Southeast Alaska \_\_\_\_\_
- 2. Prince William Sound \_\_\_\_\_
- 3. Cook Inlet \_\_\_\_\_
- 4. Kodiak Island \_\_\_\_\_
- 5. Aleutian Islands \_\_\_\_\_
- 6. Bristol Bay \_\_\_\_\_
- 7. Western Alaska \_\_\_\_\_
- 8. Northwest Arctic \_\_\_\_\_
- 9. North Slope \_\_\_\_\_
- 10. Interior Alaska \_\_\_\_\_

II. (check only one)

INITIAL APPLICATION (\$500 fee) \_\_\_\_\_

RENEWAL (\$100 fee) \_\_\_\_\_

**DO NOT SEND CASH**

attach the correct fee

make check/money order payable to: **STATE OF ALASKA**

your canceled check is your receipt

III. (complete and provide all information)

(A) APPLICANT INFORMATION

A.1 APPLICANT NAME: \_\_\_\_\_

A.2 CONTACT PERSON: \_\_\_\_\_

A.3 ADDRESS: \_\_\_\_\_

A.4 TELEPHONE NUMBER: \_\_\_\_\_

A.5 FACSIMILE NUMBER: \_\_\_\_\_

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- (B) ATTACH A CALL-OUT LIST OF APPROPRIATE RESPONSE PERSONNEL BY NAME & TELEPHONE NUMBER, OR LABOR SUBCONTRACTOR AND LABOR CONTRACT.
- (C) ATTACH A COMPLETE APPLICATION FOR AND CERTIFIED COPY OF THE APPLICANT'S CURRENT LETTER OF CLASSIFICATION AS AN OIL SPILL REMOVAL ORGANIZATION ISSUED BY THE U.S. COAST GUARD, OR COMPLETE THE FOLLOWING PART C:

C.1 TYPE OF OIL TRAINED & EQUIPPED TO RESPOND (check those that apply):

            
CRUDE

            
PERSISTENT  
NONCRUDE  
(bunker, #4, #6)

            
NONPERSISTENT  
NONCRUDE

C.2 TYPE OF RECEIVING ENVIRONMENT TRAINED & EQUIPPED TO RESPOND  
(check those that apply):

            
NEARSHORE  
MARINE

            
FRESH  
WATER

            
OPEN  
OCEAN

            
ICE

            
LAND

- (D) IF YOU HAVE NOT ATTACHED THE U.S. COAST GUARD LETTER OF CLASSIFICATION AND APPLICATION AS DESCRIBED IN PART C, THEN ATTACH A COMPLETE DESCRIPTION AND MOST RECENT INVENTORY OF OIL SPILL RESPONSE RESOURCES, INCLUDING:

- D.1 NUMBER AND LOCATION OF TRAINED PERSONNEL;
- D.2 DESCRIPTION OF APPLICANT'S MINIMUM TRAINING REQUIREMENTS FOR RESPONSE PERSONNEL AND PROCEDURES FOR TRAINING ADDITIONAL PERSONNEL IF NEEDED;
- D.3 AMOUNT AND LOCATION OF
  - D.3.i OIL CONTAINMENT EQUIPMENT
  - D.3.ii OIL RECOVERY EQUIPMENT & NAMEPLATE RATING (BBLs/HOUR)
  - D.3.iii TRANSFER, STORAGE, DISPOSAL EQUIPMENT
  - D.3.iv DISPERSANT OR BURNING EQUIPMENT
  - D.3.v OTHER SIGNIFICANT RESOURCES AND EQUIPMENT

- (E) ATTACH A CHRONOLOGICAL SUMMARY OF APPLICANT'S PREVIOUS OIL SPILL ACTIVITIES AND COMPLIANCE HISTORY (MUST BE COMPLETED IN ADDITION TO C AND D).

- (F) ATTACH A COMPLETE LIST OF THE OIL DISCHARGE PREVENTION AND CONTINGENCY PLANS IN WHICH THE APPLICANT HAS AGREED IN WRITING TO BE LISTED AS A PRIMARY RESPONSE ACTION CONTRACTOR.

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IV. Applicant must sign below:

I certify that all the information in this application for registration as an oil spill primary response action contractor in the State of Alaska is complete, true and correct, that I have attached the correct fee payable to the State of Alaska, that I will operate in compliance with the oil discharge prevention and contingency plan requirements and response planning standards set out in AS 46.04.030 and 18 AAC 75.425 -- 18 AAC 75.495, and that I will operate in compliance with the minimum registration standards in 18 AAC 75.560.

I certify that, as representative of the contractor named below, I have authority to legally bind the contractor in this matter. I am aware that false statements, representations, or certifications may be punishable as civil and/or criminal violations of law.

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_  
NAME (print): \_\_\_\_\_  
TITLE: \_\_\_\_\_  
FOR: \_\_\_\_\_  
CONTRACTOR