



2347 Azurite Court, Anchorage Alaska 99507
Phone: 907.348.2365 Fax: 907.348.2330
E-mail: info@chadux.com

ASSOCIATE MEMBER APPLICATION

General Information

Name of Company: _____

Name of 'Doing Business As' if applicable
DBA: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company Contact Information

| | <u>Primary Contact</u> | <u>Alternate Contact</u> | <u>Financial Contact</u> |
|---------------|------------------------|--------------------------|--------------------------|
| Name | | | |
| Title | | | |
| Office number | | | |
| Cell number | | | |
| Fax number | | | |
| Other number | | | |
| E-mail | | | |

Off-season Information (if applicable)

Off-season phone number: _____ Off-season fax number: _____

Off-season address: _____

City: _____ State: _____ Zip Code: _____

Additional Information Required

Tank Farms:

| <u>Name</u> | <u>Location</u> | <u>Total Capacity</u> |
|-------------|-----------------|-----------------------|
| | | |
| | | |
| | | |

Vessels:

| <u>Name</u> | <u>Official Number</u> | <u>Total Capacity</u> |
|-------------|------------------------|-----------------------|
| | | |
| | | |
| | | |

Regulatory Documents:

USCG Vessel Response Plan Filed:

YES NO N/A

Plan Name: _____

Plan #: _____ Expiration Date: _____

EPA/USCG Facility Response Plan Filed:

YES NO N/A

Plan Name: _____

Plan #: _____ Expiration Date: _____

Qualified Individual Identified in VRP/FRP

Name: _____ 24 hr Phone: _____

Alternate Qualified Individual Identified in VRP/FRP

Name: _____ 24 hr Phone: _____

ADEC Vessel Contingency Plan Filed:

YES NO N/A

Plan Name: _____

Plan #: _____ Expiration Date: _____

ADEC Facility Contingency Plan Filed:

YES NO N/A

Plan Name: _____

Plan #: _____ Expiration Date: _____

Do you intend to identify Chadux in Federal Facility Response Plan? YES NO N/A

If yes what is FRP number? _____

What is FRP name? _____

Individuals authorized to activate Response Resources

| | | |
|-----------------|--|--|
| Name | | |
| Title | | |
| Office number | | |
| Cell number | | |
| Fax number | | |
| Other (specify) | | |
| E-mail | | |

I certify that to the best of my knowledge the above information is true and correct and agree to provide additional information if requested to assist Alaska Chadux Corporation in the processing of this application.

Signed: _____

Printed Name: _____

Title: _____

Date: _____

Approved by: _____

Date: _____