



2347 Azurite Court,
Anchorage Alaska 99507
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FULL MEMBER Application

General Information

Name of Company: _____

Name of "Doing Business As" (DBA): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary and Alternate Contact

Primary Contact		Title/Position	
Phone		Fax	
Cell		E-mail	
Alternate Contact		Title/Position	
Phone		Fax	
Cell		E-mail	

Coverage Information

Vessel – Class A Member:

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

Facility – Class B Member:

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

Other – Class E Member:

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

Regulatory Documents

USCG Vessel Response Plan Filed	Plan Name	Plan Number	Expiration Date
<input type="checkbox"/> YES <input type="checkbox"/> NO			
EPA/USCG Facility Response Plan Filed	Plan Name	Plan Number	Expiration Date
<input type="checkbox"/> YES <input type="checkbox"/> NO			
ADEC Vessel Contingency Plan Filed	Plan Name	Plan Number	Expiration Date
<input type="checkbox"/> YES <input type="checkbox"/> NO			
ADEC Facility Contingency Plan Filed	Plan Name	Plan Number	Expiration Date
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Name of Qualified Individual Identified in VRP/FRP	24-hr Number
Name of Alt. Qualified Individual Identified in VRP/FRP	24-hr Number

Persons authorized to activate Alaska Chadux Resources

Name		Title/Position	
Phone		Fax	
Cell		E-mail	
Name		Title/Position	
Phone		Fax	
Cell		E-mail	
Name		Title/Position	
Phone		Fax	
Cell		E-mail	

Financial Contact Person

Name		Title/Position	
Phone		Fax	
Cell		E-mail	
Name		Title/Position	
Phone		Fax	
Cell		E-mail	

I certify that to the best of my knowledge the above information is true and correct and agree to provide additional information as requested to process this application.

Signed: _____

Printed Name: _____

Title: _____

Date: _____

Accepted by: _____

Date: _____