



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

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	
<i>Phone</i>		<i>Fax</i>	
<i>Cell</i>		<i>E-mail</i>	
Alternate Contact		Title/Position	
<i>Phone</i>		<i>Fax</i>	
<i>Cell</i>		<i>E-mail</i>	

Coverage Information

Vessel – Class A Member:

Name	Official Number / IMO	Type	Total Capacity (bbls)

Facility – Class B Member:

Name	Location	Total Capacity (bbls)

Other – Class E Member:

Name	Location	Total Capacity (bbls)

Regulatory Documents

USCG Vessel Response Plan Filed	Plan Name	Plan Number	Expiration Date
<input type="checkbox"/> YES <input type="checkbox"/> NO			
USCG/EPA 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	
<i>Phone</i>		<i>Fax</i>	
<i>Cell</i>		<i>E-mail</i>	
Name		Title/Position	
<i>Phone</i>		<i>Fax</i>	
<i>Cell</i>		<i>E-mail</i>	
Name		Title/Position	
<i>Phone</i>		<i>Fax</i>	
<i>Cell</i>		<i>E-mail</i>	

Financial Contact Person

Name		Title/Position	
<i>Phone</i>		<i>Fax</i>	
<i>Cell</i>		<i>E-mail</i>	
Name		Title/Position	
<i>Phone</i>		<i>Fax</i>	
<i>Cell</i>		<i>E-mail</i>	

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 assist Alaska Chadux Corporation in the processing of this application.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Approved by: _____

Date: _____