

## Vessel Response Plan (VRP) Subscription Application

SECTION A. APPLICANT		DATE OF APPLICATION:						
Planholder Name (include B	English equi	valent of le	egal nan	ne if customari	ly wrı	tten 1n	a languag	e other than English):
Complete Mailing Address:		Billing Address (if different):			FAX Number:		ephone Nu	mber:
							X Number	:
						E-n	nail Addre	ss:
Name of primary contact:				24-Hour Telephone Number:				
Applicant is: (check applicab	ole)							
☐ Operator ☐ Owner	r(who retair	is operatio	nal cont	trol)   Ch	artere	r [	☐ Author	ized Representative
Ovalified Individual(s) for	Veggela Ide	ntified. (e	a dafina	din II C Fodo	mol 1ov	)		
		ssels Identified: (as defined i			Цоиг		AT 1	F '1 4 11
Name & Company	Tit	Title		Telephone		FAX Number		E-mail Address:
SECTION B. OIL SPILL RI	EMOVAL (	ORGANIZ	ZATIO	N INFORMA	TION	I-SE	CTOR AN	ICHORAGE, AK
Alaska Chadux Corporatio		0 1 0 1 1 1 1 1 1				, ,,,		
Address	Address 24-		Hour Telephone		FAX Number		E-mail Address	
2347 Azurite Court Anchorage, AK 99507	907.3		7.348.2365 907.34		3.2330 is		ir	nfo@chadux.com
CERTIFICATION: I certify, an official of the applicant; the a response to Vessel(s) on be of my knowledge, information compliance with applicable sapplicant's VRP contract.	at I have au half of the a	thority to s applicant; a f, find it to	ign this and that be true,	application and I have examin correct and correct in the revocat	d comed this	mit th s appli te. I ac	e resource cation in i knowledge	s necessary to implements entirety and to the best that failure to operate it
Printed Name:					Date:			
Signature:								
Title/Company:								

**OSRO Classification:** Alaska Chadux Corporation is a WCD1 and WCD2 USCG classified OSRO in all operating environments in the Western Alaska and Prince William Sound COPT zones (and all ACC sites in those zones). This does not fully meet the planning standards for tank vessels operating under 33 CFR Part 155 Subpart D.

Planholder Name:	

1 1411	noidei ivaine.		CERTIFICATION through December 31st				
Cove	rage Year:		CERTIFICATION Unrough December 31st				
		Enter Information for	Each Vessel Requesting Coverage.				
Ve	ssel Definitions		Zuen vesser respecting coveringer				
Tra	nsiting Vessel	A vessel passing through the Wactivity and is sailing to or from	VA-COTPZ without stopping to conduct any operation or commercial m a U.S. port.				
Tra	nsiting Plus Vessel		ne Chadux coverage area in WA-COPTZ and then makes a port call in where Chadux is not the primary OSRO provider.				
Оре	erating Vessel	A vessel stopping to conduct a inside or outside the State of A	ny cargo operation or commercial activity within the WA-COTPZ, whether alaska waters.				
SECT	TION C. VESSEL IN	FORMARION					
1	Vessel Name: Check one: ☐ Transiting ☐ Transiting P ☐ Operating	lus	IMO #: VRP Plan #: Vessel Type: Total Capacity in Barrels*: Alaska Ports of Call:				
Owi	ner Name & Address	:	Operator Name & Address:				
2	Vessel Name: Check one: Transiting Transiting P Operating Derivation of the control of the contr		IMO #: VRP Plan #: Vessel Type: Total Capacity in Barrels*: Alaska Ports of Call: Operator Name & Address:				
Own	ier rume & rudress		operator Name & Nadress.				
3	Vessel Name: Check one: ☐ Transiting ☐ Transiting P ☐ Operating	lus	IMO #: VRP Plan #: Vessel Type: Total Capacity in Barrels*: Alaska Ports of Call:				
Ow	ner Name & Address	:	Operator Name & Address:				
4	Vessel Name: Check one: Transiting Transiting P Operating		IMO #: VRP Plan #: Vessel Type: Total Capacity in Barrels*: Alaska Ports of Call:				
Ow	ner Name & Address	:	Operator Name & Address:				

<sup>\*</sup>Total Vessel Capacity = Cargo + Fuel