



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

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: _____