

Date of Application: _____

SECTION A. APPLICANT INFORMATION

Planholder Name (include English equivalent of legal name if customarily written in a language other than English):		
Complete Mailing Address:	Billing Address (if different):	Telephone Number:
		FAX Number:
		E-mail Address:
Name of primary contact:		24-Hour Telephone Number:
Applicant is: (check applicable) <input type="checkbox"/> Operator <input type="checkbox"/> Owner (who retains operational control) <input type="checkbox"/> Charterer <input type="checkbox"/> Authorized Representative		

Qualified Individual(s) for Vessels Identified: (as defined in U.S. Federal law)				
Name & Company:	Title within Company:	24-Hour Telephone:	FAX Number:	E-mail Address:

SECTION B. OIL SPILL REMOVAL ORGANIZATION INFORMATION – SECTOR ANCHORAGE, ALASKA

Alaska Chadux Corporation			
Address:	24-Hour Telephone:	FAX Number:	E-mail Address:
2347 Azurite Court Anchorage, AK 99507	907.348.2365	907.348.2330	info@chadux.com

CERTIFICATION: I certify, that I am the applicant, a principal of the applicant, an authorized agent for the applicant, or an official of the applicant; that I have authority to sign this application and commit the resources necessary to implement a response to Vessel(s) on behalf of the applicant; and that I have examined this application in its entirety and to the best of my knowledge, information, and belief, find it to be true, correct and complete. I acknowledge that failure to operate in compliance with applicable state or federal law may result in the revocation of Chadux’s permission to be identified in applicant’s VRP contract.

Typed/Printed Name: _____ Date: _____

Signature: _____

Title & Company: _____

OSRO Classification: OSRO (river/canals, inland, & nearshore MMPD) - Does not meet response requirements of 33 CFR 155 Subpart D.
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Planholder Name:

**REQUEST FOR VESSEL COVERAGE
CERTIFICATION through December 31st**

Coverage Year:

Enter Information for Each Vessel Requesting Coverage.

Vessel Definitions

Transiting Vessel:	a vessel that travels through some part of the Western Alaska Captain of the Port Zone and does not stop to conduct any business or trade while underway.
Operating Vessel:	a vessel that travels through some part of the Western Alaska Captain of the Port Zone and stops or lays over to conduct business or trade and then departs without entering State of Alaska waters.

	Vessel Name	Please check one:		Unique No. (ON/IMO/Lloyd's)	VRP Plan No.	Vessel Type	Total Vessel Capacity in Barrels*
		Transiting	Operating				
1		<input type="checkbox"/>	<input type="checkbox"/>				
Owner Name & Address:				Operator Name & Address:			
2		<input type="checkbox"/>	<input type="checkbox"/>				
Owner Name & Address:				Operator Name & Address:			
3		<input type="checkbox"/>	<input type="checkbox"/>				
Owner Name & Address:				Operator Name & Address:			
4		<input type="checkbox"/>	<input type="checkbox"/>				
Owner Name & Address:				Operator Name & Address:			
5		<input type="checkbox"/>	<input type="checkbox"/>				
Owner Name & Address:				Operator Name & Address:			

*Total Vessel Capacity = Cargo + Fuel