



Alaska Department of Environmental Conservation
 Division of Spill Prevention and Response
 Contractor Registration Program
 P.O. Box 111800
 Juneau, Alaska 99811 – 1800
 Phone: 907-465-5250
 Email: dec.spar.pprp.ind.fr@alaska.gov



Oil Spill Primary Response Action Contractor Application for Registration

Submit with payment at least 60 days in advance.

Check One: New Application Renewal Application

I. This application is for the following region or regions of operation (check all that apply: (Please refer to the map at 18 AAC 75.495))

- | | | |
|-----|----------------------|--------------------------|
| 1. | Southeast Alaska | <input type="checkbox"/> |
| 2. | Prince William Sound | <input type="checkbox"/> |
| 3. | Cook Inlet | <input type="checkbox"/> |
| 4. | Kodiak Island | <input type="checkbox"/> |
| 5. | Aleutian Islands | <input type="checkbox"/> |
| 6. | Bristol Bay | <input type="checkbox"/> |
| 7. | Western Alaska | <input type="checkbox"/> |
| 8. | Northwest Arctic | <input type="checkbox"/> |
| 9. | North Slope | <input type="checkbox"/> |
| 10. | Interior Alaska | <input type="checkbox"/> |

II. Fee (check one)

- | | | |
|---------------------|--|---------------------------------|
| Initial application | | \$500: <input type="checkbox"/> |
| Renewal | | \$100: <input type="checkbox"/> |

Alaska Financial Responsibility staff will email a link to an online portal and invoice for simplified credit card payment processing. Contact dec.spar.pprp.ind.fr@alaska.gov to obtain link or for other payment options.

III. Applicant information

(A) Applicant details

A.1 Applicant name: _____

A.2 Contact person: _____

A.3 Mailing Address: _____

City: _____ State: _____ Postal Code: _____

A.4 Email: _____ A.5 Phone: _____

(B) Attach a complete list of the oil discharge prevention and contingency plans in which the applicant has agreed in writing to be listed as a primary response action contractor.

OIL SPILL PRIMARY RESPONSE ACTION CONTRACTOR
APPLICATION FOR REGISTRATION

(C) Attach a call-out list of appropriate response personnel by **name & telephone** number, or labor subcontractor and labor contract.

(D) For the following, check all that apply:

E.1 Type of oil trained & equipped to respond to:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crude	Persistent Noncrude (bunker, #4, #6)	Nonpersistent Noncrude

E.2 Type of receiving environment trained & equipped to respond:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nearshore Marine	Fresh Water	Open Ocean	Ice	Land

(E) Attach a complete description and most recent inventory of oil spill response resources, including:

F.1 **Number and location** of trained personnel;

F.2 Description of applicant's minimum training requirements for response personnel and procedures for training additional personnel if needed; and

F.3 Amount and location of:

F.3.i Oil containment equipment

F.3.ii Oil recovery equipment & nameplate rating (bbls/hour)

F.3.iii Transfer, storage, disposal equipment

F.3.iv Dispersant or burning equipment

F.3.v Other significant resources and equipment

(F) 1) Attach a chronological summary of applicant's previous oil spill activities- *If no responses include exercises. Also expand on one or more larger response (or exercises) and provide 2-3 lines of participation detail.*

(G) 1) A statement regarding past compliance with state and federal environmental laws. If there are specific instances of noncompliance, include how noncompliance was resolved and how the applicant is preventing future recurrence.

OIL SPILL PRIMARY RESPONSE ACTION CONTRACTOR
APPLICATION FOR REGISTRATION

IV. Applicant certification:

I certify that all the information in this application for registration as an oil spill primary response action contractor in the State of Alaska is complete, true and correct, that I have attached the correct fee payable to the State of Alaska, that I will operate in compliance with the oil discharge prevention and contingency plan requirements and response planning standards set out in AS 46.04.030 and 18 AAC 75.425 -- 18 AAC 75.495, and that I will operate in compliance with the minimum registration standards in 18 AAC 75.560.

I certify that, as representative of the contractor named below, I have authority to legally bind the contractor in this matter. I am aware that false statements, representations, or certifications may be punishable as civil and/or criminal violations of law.

Signature: _____ Date: _____

Typed or Printed Name: _____

Title: _____

On behalf of: _____
(Contractor Company Name)