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| Department of Homeland Security United States Coast Guard CG-6083 (05-06) | <h2 style="margin: 0;">APPLICATION FOR APPROVAL/REVISION OF VESSEL POLLUTION RESPONSE PLANS</h2> | SUBMISSION DATE: VRP CONTROL NUMBER: VESSEL NAME: |
| Vessel Response Plan Review Team Commandant, USCG (CG-3PCV-1) 2100 Second St. S.W Rm. 2100 Washington, DC 20593 Fax: 202-372-1921 | | |
| 1. PLAN HOLDER (Company and POC): | 1.a. ADDRESS: | 1.b. TELEPHONE: 1.c. FAX: 1.d. E-MAIL: |
| 2. PLAN PREPARER: | 2.a. ADDRESS: | 2.b. TELEPHONE: 2.c. FAX: 2.d. E-MAIL: |
| (○ Same as block 1) | | |
| 3. PLAN TYPE (Check all that apply): <input type="radio"/> Vessel Response Plan for Oil (VRP) <input type="radio"/> Primary Carrier <input type="radio"/> Secondary Carrier <input type="radio"/> Vessel Response Plan for HazSub (HazSub) <input type="radio"/> Nontank Vessel Response Plan (NTVRP) <input type="radio"/> Shipboard Oil Pollution Emergency Plan (SOPEP) <input type="radio"/> Shipboard Marine Pollution Emergency Plan (SMPEP) <input type="radio"/> Shipboard Marine Pollution Emergency Plan for Noxious Liquid Substances (SMPEP-NLS) | 4. SUBMISSION TYPE (Check all that apply): <input type="radio"/> Original or New Plan Submission <input type="radio"/> Revision (Revision Number: _____) <input type="radio"/> Add/Delete COTP Zone <input type="radio"/> Change in Owner/Operator (33CFR155.1070(c)(1)) <input type="radio"/> Vessel Name Change <input type="radio"/> Add/Change Oil Group Carried <input type="radio"/> OSRO Change <input type="radio"/> QI Change <input type="radio"/> Add/Delete Vessel <input type="radio"/> Change or Correction <input type="radio"/> Annual Review <input type="radio"/> Resubmission <input type="radio"/> 5 Year Re-Approval <input type="radio"/> Change in Owner/Operator (33CFR155.1070(b)(2)) <input type="radio"/> Other (Please explain below) | 5. ACTION (Check all that apply): <input type="radio"/> Approval (Applies to new, resubmitted, or reactivated plans and revisions that affect the plan holder, added vessels, zone changes, and vessel name changes.) <input type="radio"/> Duplicate Approval Letter <input type="radio"/> Corrected Approval Letter <input type="radio"/> Plan Deactivation <input type="radio"/> Plan Reactivation <input type="radio"/> Vessel Deactivation <input type="radio"/> Vessel Reactivation <input type="radio"/> Policy Interpretation <input type="radio"/> Plan Review Status <input type="radio"/> No Response Needed <input type="radio"/> Other (Please explain below) |
| 6. OTHER EXPLAINED | | OFFICE USE ONLY |
| 7. ATTACHMENTS INCLUDED¹: | | |
| <input type="radio"/> Entire Plan <input type="radio"/> Revision Filing Instructions <input type="radio"/> Revision(s) <input type="radio"/> Vessel Specific Appendix <input type="radio"/> Geographic Specific Appendix <input type="radio"/> Plan Holder Information <input type="radio"/> Changed/Corrected Pages <input type="radio"/> Record of Changes <input type="radio"/> List of Effected Pages | | |
| 8. VESSEL RESPONSE PLAN CERTIFICATION AND AUTHORIZATION: I, _____, certify that this submission meets all applicable requirements set forth in 33 CFR 155 and/or NVIC 01-05 and that we have identified and ensured the availability of, through contract or other approved means, the necessary private resources to respond, to the maximum extent practicable, to a worst case discharge or substantial threat of such a discharge from the vessel. The resources hereafter identified are listed with their permission. (See 18 USC 1001) | | |
| Authorizing Signature: _____ | | Date: _____ |
| 9. SOPEP/SMPEP AUTHORIZATION: Authorizing Signature: _____ | | |
| Authorizing Signature: _____ | | Date: _____ |
| NOTE: 1. This application and attachments may be faxed or emailed providing that faxes are less than 15 pages and electronic documents are less than 15 pages and less than 1.5 megabytes. | | |

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is 10 minutes. You may submit any comments concerning the accuracy of this burden or any suggestions for reducing the burden to: Commandant (CG-3PCV), U.S. Coast Guard Paperwork Reduction Project (1625-0066), Washington, DC 20593-0001.

10. COMMENTS: _____

INTRODUCTION: This application is offered as an *optional* replacement or supplement to submitting a cover letter. This application is intended to: simplify the plan submission process among industry, simplify the review process among Coast Guard personnel, and promote a standardized procedure in an attempt to lessen the amount of time required for the review process. When submitted properly, this application meets the requirement for a Vessel Response Plan certification statement as required by 33 CFR 155.1065(b). This application may be submitted with the plan(s) or revision(s) to the Vessel Response Plan Program (CG-3PCV-1) Room 2100, 2100 Second St. S.W. Washington, DC 20593-0001. To ensure Coast Guard receipt of your plan or revisions it is recommended that items be sent via trackable means such as a courier service or the Postal Service's Registered Mail system. This application may be submitted by facsimile to 202-372-1921 and electronic mail only if the total submission is no greater than **15 pages per week and less than 1.5 megabytes**. If this application is faxed or emailed and is intended to act as a valid certification statement, then a hard copy with an original signature must be mailed.

INSTRUCTIONS

- BLOCK 1:** Enter the Plan Holder information. Include company name and point of contact.
 - BLOCK 1.a.:** Enter the address for the Plan Holder. Include: street, city, state/province, and zip/postal code.
 - BLOCK 1.b.:** Enter the telephone number for the Plan Holder point of contact. Include country and area code as applicable.
 - BLOCK 1.c.:** Enter the fax number for the Plan Holder point of contact. Include country and area code as applicable.
 - BLOCK 1.d.:** Enter a valid email address for the Plan Holder point of contact if available.
- BLOCK 2:** Enter the Plan Preparer information. Include company name and point of contact or plan writer. If the subject plan is prepared by the Plan Holder, select the "Same as block 1" option
 - BLOCK 2.a.:** Enter the address for the Plan Preparer. Include: street, city, state/province, and zip/postal code.
 - BLOCK 2.b.:** Enter the telephone number for the Plan Preparer. Include country and area code as applicable.
 - BLOCK 2.c.:** Enter the fax number for the Plan Preparer. Include country and area code as applicable.
 - BLOCK 2.d.:** Enter a valid email address for the Plan Preparer if available.
- BLOCK 3:** Select the type(s) of plan(s) to be submitted with this application.
- BLOCK 4:** Select the type(s) of submission(s) enclosed with this application.
- BLOCK 5:** Select the action or response requested. Note: Approval letters will only be issued for plans that are new, resubmitted, or reactivated, and for revisions that request a change in plan holder, added vessels, vessel name changes, and COTP zone changes.
- BLOCK 6:** Explain in detail any submission that is not covered above.
- BLOCK 7:** Select the type(s) of attachments included with this application.
- BLOCK 8:** For Vessel Response Plans: Authorizing personnel should read and sign certifying that the submitted plan meets the requirements of 33 CFR 155. Authorizing persons are those that accept liability for the compliance of the vessel(s) listed in the submitted plan in the event of an incident or marine casualty. Authorizing personnel include, but are not limited to: the vessel owner, the vessel operator, or the plan preparer.
- BLOCK 9:** For Shipboard Oil Pollution Emergency Plans/Shipboard Marine Pollution Emergency Plans: This block should be completed by a person authorized to write and revise the submitted plan.
- BLOCK 10:** Space for additional comments and suggestions.