DESIGNATED APPLICANT INFORMATION CERTIFICATION

OIL POLLUTION ACT OF 1990 APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY (TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

1. DESIGNATED APPLICANT:				
	COMPANY LEGAL NAME		MMS COMPANY NUMBER	
	ADDRESS		MMS COMPANY REGION	
	CITY	STATE	ZIP CODE	
	CONTACT PERSON) REA CODE and TELEPHONE NUMBEF	
	CONTACT PERSON'S TITLE		AREA CODE and FAX NUMBER	

E-MAIL ADDRESS

2. SUMMARY OF EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY:

Type of Evidence	Amount (in U.S. Dollars)	Effective Date of Evidence	Expiration Date of Evidence
■ Self-Insurance (MMS-1018)	\$		
Indemnity (MMS-1018)	\$		
Surety Bonds (MMS-1020)	\$		
■ Insurance (MMS-1019)	\$		
■ Other:	\$		
TOTAL AMOUNT	\$		

3. AS AN OFFICER OR DESIGNATED AGENT OF THE DESIGNATED APPLICANT, I CERTIFY THE INFORMATION CONTAINED HEREIN, INCLUDING ALL INFORMATION IN THE ATTACHED FORMS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE DESIGNATED APPLICANT AGREES TO ESTABLISH AND MAINTAIN OIL SPILL FINANCIAL RESPONSIBILITY ON BEHALF OF ALL THE PARTIES RESPONSIBLE FOR THE LEASES, PERMITS, RIGHTS OF USE AND EASEMENT, AND PIPELINE SEGMENTS COVERED BY THIS APPLICATION. THE DESIGNATED APPLICANT AGREES TO BE LIABLE FOR CLAIMS UNDER THE OIL POLLUTION ACT OF 1990 JOINTLY AND SEVERALLY WITH ALL THE PARTIES RESPONSIBLE FOR THE LEASES, PERMITS, RIGHTS OF USE AND EASEMENT, AND PIPELINE SEGMENTS COVERED BY THIS APPLICATION. THE DESIGNATED APPLICANT WILL IMMEDIATELY NOTIFY THE OIL SPILL FINANCIAL RESPONSIBILITY PROGRAM OF ANY CHANGES IN THE INFORMATION INCLUDED IN THIS APPLICATION.

NAME			SIGNATURE	
	TITLE		DATE	
4. THE DESIGNATED APPLICANT'S U	.SS IS:	NAME		
ADDRESS			MMS COMPANY NUMBER	
	CITY	STATE	ZIP CODE	
_() AREA CODE and TELEPHONE NUMBER	 AREA CODE and FAX NUMBER		E-MAIL ADDRESS	

If the designated U.S. Agent for Service of Process cannot be served due to death, disability, or unavailability, the Director, U.S. Coast Guard National Pollution Funds Center, is the U.S. Agent for Service of Process.