## **DESIGNATION OF APPLICANT**

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

## 1. DESIGNATED APPLICANT: \_

	MMS COMPANY NUMBER			
	STATE	ZIP CODE		
2. RESPONSIBLE PARTY:				
	MMS COMPANY NUMBER			
		MMS COMPANY REGION		
	CITY	STATE	ZIP CODE	
CONTACT PERSC	DN	CONTACT F	ERSON'S TITLE	
_() AREA CODE and TELEPHONE NUMBER			E-MAIL ADDRESS	
AMOUNTS SPECIFIED BY THE MIN THAT IT WILL BE JOINTLY, SEVER PARTIES, FOR ALL OIL SPILL REM ACT OF 1990. THIS DESIGNATION IS EFFECTIVE	ECIFIED LOCATIONS IN ACCORDANCE NERALS MANAGEMENT SERVICE. TH ALLY, AND STRICTLY LIABLE, TOGET IOVAL COSTS AND DAMAGES IN ACC E BEGINNING ON	E RESPONSII HER WITH TH ORDANCE W	BLE PARTY CERTIFIES IE OTHER RESPONSIBLE ITH THE OIL POLLUTION . THE RESPONSIBLE	
	<u></u>	SIGNATURE		
	TITLE		DATE	
<b>4.</b> THE RESPONSIBLE PARTY'S U.S.	S:	NAME		
	ADDRESS		MMS COMPANY NUMBER	
	CITY	STATE	ZIP CODE	
_() AREA CODE and TELEPHONE 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.

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## 5. LOCATIONS OF COVERED OFFSHORE FACILITIES:

STATE OR OCS REGION	LEASE NUMBER	ALIQUOT PORTION (If applicable)	AREA NAME	BLOCK NUMBER	PERMIT NUMBER	RIGHT OF USE AND EASEMENT NUMBER	PIPELINE SEGMENT NUMBER

IF ADDITIONAL SPACE IS REQUIRED, ADDITIONAL COPIES OF THIS PAGE MAY BE ATTACHED AS CONTINUATION PAGES. **MMS FORM MMS-1017** (Mo/Year – Supersedes all previous versions of form MMS-1017 which may not be used). Page 2 of 2