U.S. Department of the Interior

Minerals Management Service

COVERED OFFSHORE FACILITIES

OMB Control No. 1010-0106

OMB Approval Expires: xx/xx/xxxx

OIL POLLUTION ACT OF 1990 APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY

(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

1.	DESIGNATE	D APPLICA	ANT:									
	COMPANY LEGAL NAME								MMS COMPANY NUMBER			
2.	THE FOLLOWING LIST COMPRISES PART OR ALL OF $_{\overline{\text{NUMBER}}}$ LOCATIONS OF COVERED OFFSHORE FACILITIES											
	TO BE COVERED BY MY APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY.											
	NAME C	FICER OR DESIGNA	ATED AGENT									
	TITLE								DATE			
3.	LOCATIONS	OF COVE	RED OFFSH	IORE FACILITI	ES:							
	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	POTENTIAL WORST CASE OIL- SPILL DISCHARGE (In Barrels)			

3. LOCATIONS OF COVERED OFFSHORE FACILITIES (continued):

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	POTENTIAL WORST CASE OIL- SPILL DISCHARGE (In Barrels)

IF ADDITIONAL SPACE IS REQURIED, ADDITIONAL COPIES OF THIS PAGE MAY BE ATTACHED AS CONTINUATION PAGES.