

APPLICATION FOR APPROVAL/REVISION OF VESSEL POLLUTION RESPONSE PLANS

COMMANDANT, (CG-5431) ATTN VESSEL RESPONSE PLANS U.S. COAST GUARD 2100 SECOND ST. SW STOP 7581 WASHINGTON, DC 20593-7581 FAX: (202) 372-1921	Submission Date Vessel Name	VRP Control Number Vessel Identification Number/IMO Number
1. PLAN HOLDER <i>(Company and POC)</i>	1a. ADDRESS	1b. TELEPHONE
		1c. FAX
		1d. E-MAIL
2. PLAN PREPARER	2a. ADDRESS	2b. TELEPHONE
		2c. FAX
		2d. E-MAIL
3. PLAN TYPE <i>(Check all that apply):</i> Vessel Response Plan for Oil (Subpart D) Primary Carrier Manned Unmanned Secondary Carrier Tanker Loading Cargo at a Facility Permitted under the Trans-Alaska Pipeline Authorization Act (Subpart E) Vessel Carrying Animal Fats and Vegetable Oils as Primary Cargo (Sub F) Vessel Carrying other Non-Petroleum Oils as a Primary Cargo (Subpart G) Nontank Vessel Response Plan (NTVRP) Shipboard Oil Pollution Emergency Plan (SOPEP) Shipboard Marine Pollution Emergency Plan for Noxious Liquid Substances (SMPEP) Other <i>(Please explain below)</i>	4. SUBMISSION TYPE <i>(Check all that apply):</i> Original or New Plan Submission Revision (Revision Number: _____) Add/Delete COTP Zone Change in Owner/Operator (33CFR155.1070(c)(1)) Vessel Name Change Add/Change Oil Group Carried OSRO Change QI Change Add/Delete Vessel Change or Correction Annual Review Plan Deactivation Plan Reactivation Resubmission 5 Year Re-Approval Change in Owner/Operator (33CFR155.1070(b)(2)) Nontank VRP Recertification (2 Year) Other <i>(Please explain below)</i>	5. Cargo Type <i>(Check all that apply):</i> I II III IV V <div style="border: 1px solid black; padding: 2px; text-align: center;">OFFICE USE ONLY</div> Date Received: Due Date: Date Completed: WCD:
6. OTHER EXPLAINED		
7. VESSEL RESPONSE PLAN CERTIFICATION AND AUTHORIZATION: <i>(ensure signature and name is legible)</i> I, <i>(print name)</i> _____, certify that this submission meets all applicable requirements set forth in 33CFR155 / <i>subpart D / subpart E / subpart F / subpart G / subpart I</i> , and/or, 33 U.S.C. 1321(j) (5), as applicable, and that I have identified and ensured the availability of, through contract or other approved means, the necessary private resources to respond to the maximum extent practical, a worst case discharge or a substantial threat of such a discharge from the vessel. (See 18 U.S.C. 1001) Authorizing Signature: _____ Date: _____		
8. I, as the plan holder, authorize plan preparation company: _____ to act on my behalf regarding all vessel response plan related correspondence. Print: _____ Signature: _____		
NOTE: 1. This application and attachments may be faxed to (202) 372-1921 or emailed to VRP@USCG.MIL providing that faxes are less than 15 pages and electronic documents are less than 15 pages and less than 1.5 megabytes. 2. Submissions exceeding this size may be submitted online at homeport.uscg.mil/vrpexpress .		

9. COMMENTS

Privacy Act Statement

a. **Authority:** 5 U.S.C. 301; 14 U.S.C. 89a; 14 U.S.C. 93(a) and (c); 14 U.S.C 632; the Federal Records Act; 33 U.S.C. 1228; 33 U.S.C.1321(j)(5); 33 CFR 151 and 155.

b. **Purpose:** to coordinate the review and issuance of approval for a Vessel Response Plan or MARPOL 73/78 Shipboard Oil Pollution Emergency Plan/Shipboard Marine Pollution Emergency Plan.

c. **Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the Department of Homeland Security as a routine use pursuant to 5 U.S.C.552a(b)(3) as follows: in accordance with DH/USCG-013 Marine Information for Safety and Law Enforcement (MISLE) System of Records.

d. **Disclosure:** Completion/furnishing of this form is VOLUNTARY. However, failure to provide the requested information may result in a delay or the inability to process or approve your Application for Approval/Revision of Vessel Pollution Response Plans and delay and/or prevent vessel operation in U.S. waters and/or overseas.

INTRODUCTION: This application is offered as an *optional* replacement or supplement to submitting a cover letter. Submissions exceeding this size may be submitted online at homeport.uscg.mil/vrpexpress. This application is intended to: simplify the plan submission process for industry, simplify the review process for Coast Guard personnel, and promote a standardized procedure in an attempt to reduce 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-5431) COMMANDANT (CG-5431), ATTN VESSEL RESPONSE PLANS, US COAST GUARD, 2100 2ND ST SW STOP 7581, WASHINGTON, DC 20593-7581. 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 to VRP@USCG.MIL and is intended to act as a valid certification statement, please ensure that a legible signature is provided.

INSTRUCTIONS

BLOCK 1: Enter the Plan Holder information. Include company name and point of contact.

BLOCK 1a.: Enter the address for the Plan Holder. Include: street, city, state/province, and zip/postal code.

BLOCK 1b.: Enter the telephone number for the Plan Holder point of contact. Include country and area code as applicable.

BLOCK 1c.: Enter the fax number for the Plan Holder point of contact. Include country and area code as applicable.

BLOCK 1d.: 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 2a.: Enter the address for the Plan Preparer. Include: street, city, state/province, and zip/postal code.

BLOCK 2b.: Enter the telephone number for the Plan Preparer. Include country and area code as applicable.

BLOCK 2c.: Enter the fax number for the Plan Preparer. Include country and area code as applicable.

BLOCK 2d.: 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 type(s) of cargo the vessel(s) are carrying.

BLOCK 6: Explain in detail any submission that is not covered above.

BLOCK 7: For Vessel Response Plans: The vessel owner or operator (as defined in 33 CFR 155.1020) should read and sign the certification to indicate the submitted plan meets the requirements of 33 CFR 155 subpart D, E, F, G or I (as applicable) for the vessel(s) listed. Certification indicates the vessel owner or operator accepts responsibility for the compliance of the vessel(s) in the event of an incident or marine casualty. Certification statements must be submitted in accordance with 33 CFR 155.1065(b) and 33 CFR 155.1070(d).

BLOCK 8: For Vessel Response Plans: The vessel owner or operator (as defined in 33 CFR 155.1020) should read and sign the statement giving the contracted plan preparer ability to act on the owner/operator's behalf regarding plan related correspondence.

BLOCK 9: Space for additional comments and suggestions.