

DESIGNATED APPLICANT INFORMATION CERTIFICATION

**CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY
IN ACCORDANCE WITH THE REQUIREMENTS OF THE OIL POLLUTION ACT OF 1990**
(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

1. Designated Applicant: _____

COMPANY LEGAL NAME

BOEM COMPANY NUMBER

ADDRESS

BOEM COMPANY REGION

CITY

STATE

ZIP CODE

CONTACT PERSON

()
AREA CODE and TELEPHONE NUMBER

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 (BOEM-1018)	\$		
■ Financial Guarantee (BOEM-1023)	\$		
■ Surety Bonds (BOEM-1020)	\$		
■ Insurance (BOEM-1019)	\$		
■ Other	\$		
TOTAL AMOUNT	\$		

3. The Designated Applicant, for all of the Responsible Parties whose Designated Applicant authorizations (form BOEM-1017) are on file or attached, agrees to establish and maintain oil spill financial responsibility (OSFR), under the Oil Pollution Act of 1990, as amended, 33 U.S.C. § 2701 *et seq.*, for all said Responsible Parties. This OSFR will be maintained continuously for those leases, permits, rights of use and easement, and pipeline segments identified in form(s) BOEM-1017 on file or attached. I will immediately notify the Responsible Parties of any claims that I receive. I will immediately notify the BOEM OSFR program if information on this form changes. I certify the information contained herein, including all the information on the attached forms, is complete, true, and correct to the best of my information and knowledge.

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE

TITLE OF AUTHORIZED REPRESENTATIVE

DATE

4. The Designated Applicant's U.S. Agent for Service of Process is: _____

NAME

ADDRESS

BOEM COMPANY NUMBER

CITY

STATE

ZIP CODE

() _____

AREA CODE and TELEPHONE NUMBER

() _____

AREA CODE and FAX NUMBER

E-MAIL ADDRESS