

APPOINTMENT OF DESIGNATED APPLICANT

**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

2. Responsible Party: _____
COMPANY LEGAL NAME BOEM COMPANY NUMBER

ADDRESS BOEM COMPANY REGION

CITY STATE ZIP CODE

CONTACT PERSON CONTACT PERSON'S TITLE

() _____
AREA CODE and TELEPHONE NUMBER AREA CODE and FAX NUMBER E-MAIL ADDRESS

3. I, the undersigned, serving as the Authorized Representative of the Responsible Party named in section 2, do hereby appoint and authorize the Designated Applicant identified in section 1 to act on behalf of the Responsible Party to obtain a certification of oil spill financial responsibility (OSFR) for each covered offshore facility at the locations described in section 5, and to establish and maintain OSFR on the Responsible Party's behalf for these specified covered offshore facilities in accordance with 30 CFR Part 553 and in the amounts specified by the Bureau of Ocean Energy Management (BOEM). On behalf of the Responsible Party, I explicitly agree that the Responsible Party be strictly liable, jointly and severally, together with the other Responsible Parties for each covered offshore facility described in section 5, for all oil spill removal costs and damages in accordance with the Oil Pollution Act of 1990, as amended, 33 U.S.C. § 2701 *et seq.*

This appointment is effective beginning on _____ DATE. I agree, on behalf of the

Responsible Party, that the Responsible Party will notify the BOEM oil spill financial responsibility program in writing when this appointment is canceled; that the Responsible Party will concurrently appoint a substitute Designated Applicant; and that the Responsible Party shall be bound by the actions of the Designated Applicant hereby appointed until such time as BOEM receives such notice and a substitute Designated Applicant so appointed.

NAME OF AUTHORIZED REPRESENTATIVE SIGNATURE

TITLE OF AUTHORIZED REPRESENTATIVE DATE

4. The Responsible Party's U.S. Agent for Service of Process is: _____
NAME

ADDRESS BOEM COMPANY NUMBER

CITY STATE ZIP CODE

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AREA CODE and TELEPHONE NUMBER AREA CODE and FAX NUMBER E-MAIL ADDRESS

5. Locations of Covered Offshore Facilities:

STATE OR OCS REGION	LEASE NUMBER	ALIQUOT PORTION (If Applicable)	DEPTH RANGE (If Applicable)	AREA NAME	BLOCK NUMBER	PERMIT NUMBER	RUE OR ROW NUMBER	PIPELINE SEGMENT NUMBER