

**COVERED OFFSHORE FACILITIES**

**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

2. The following list comprises all of the \_\_\_\_\_ locations of covered offshore facilities to be covered  
NUMBER  
 by my certification of oil spill financial responsibility.

\_\_\_\_\_  
NAME OF AUTHORIZED REPRESENTATIVE SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
TITLE DATE

3. Locations of covered offshore facilities:

STATE OR OCS REGION	LEASE NUMBER	ALIQUOT PORTION (If Applicable)	AREA NAME	BLOCK NUMBER	PERMIT NUMBER	RUE or ROW NUMBER	PIPELINE SEGMENT NUMBER	POTENTIAL WORST CASE OIL-SPILL DISCHARGE (In Barrels)

