

COVERED OFFSHORE FACILITY CHANGES

**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 _____ changes to locations of covered offshore facilities
NUMBER
 or potential worst case oil spill discharges listed in the previously submitted certification of oil spill financial responsibility
 of _____.
DATE

NAME OF AUTHORIZED REPRESENTATIVE SIGNATURE OF AUTHORIZED REPRESENTATIVE

TITLE DATE

3. Changes to locations of covered offshore facilities or potential worst case oil-spill discharges:

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)	TYPE OF CHANGE * (A/D/N)

*A = Addition, D = Deletion, and N = New Potential Worst Case Oil Spill

If additional space is required, additional copies of this page may be attached as continuation pages.