

INDEPENDENT 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)

This form is intended for use by Designated Applicants that are not also Responsible Parties,
as defined in BOEM Regulations at 30 CFR part 553.

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:

As an Authorized Representative of the Designated Applicant, I explicitly agree that the Designated Applicant will be jointly and severally liable for claims, under the Oil Pollution Act of 1990, as amended, 33 U.S.C. § 2701 *et seq.*, with the Responsible Parties for the covered offshore facilities covered by this certification.

| | | | |
|-------|--|-------|-----------|
| _____ | NAME OF AUTHORIZED REPRESENTATIVE OF DESIGNATED APPLICANT | _____ | SIGNATURE |
| _____ | TITLE OF AUTHORIZED REPRESENTATIVE OF DESIGNATED APPLICANT | _____ | DATE |