MINERALS MANAGEMENT SERVICE

DESIGNATED APPLICANT INFORMATION CERTIFICATION

OIL POLLUTION ACT OF 1990

APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY

(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

AGENCY USE ONLY							
OSFRC NUMBER							

Pg. 1 of 1
Form MMS–1016 (September 2001)
OMB Control No. 1010–0106
OMB Approval Expires: 09/30/2004

1. DESIGNATED APPLICANT: _____ COMPANY LEGAL NAME _____ MMS QUALIFICATION NUMBER

_____ ADDRESS _____ MMS QUALIFICATION 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 (MMS-1018)	$		
■ Indemnity (MMS-1018)	$		
■ Surety Bonds (MMS-1020)	$		
■ Insurance (MMS-1019)	$		
■ Other:	$		
TOTAL AMOUNT	$		

3. AS AN OFFICER OR DESIGNATED AGENT OF THE DESIGNATED APPLICANT, I CERTIFY THE INFORMATION CONTAINED HEREIN, INCLUDING ALL INFORMATION IN THE ATTACHED FORMS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE DESIGNATED APPLICANT AGREES TO ESTABLISH AND MAINTAIN OIL SPILL FINANCIAL RESPONSIBILITY ON BEHALF OF ALL THE PARTIES RESPONSIBLE FOR THE LEASES, PERMITS, RIGHTS OF USE AND EASEMENT, AND PIPELINE SEGMENTS COVERED BY THIS APPLICATION. THE DESIGNATED APPLICANT AGREES TO BE LIABLE FOR CLAIMS UNDER THE OIL POLLUTION ACT OF 1990 JOINTLY AND SEVERALLY WITH ALL THE PARTIES RESPONSIBLE FOR THE LEASES, PERMITS, RIGHTS OF USE AND EASEMENT, AND PIPELINE SEGMENTS COVERED BY THIS APPLICATION. THE DESIGNATED APPLICANT WILL IMMEDIATELY NOTIFY THE OIL SPILL FINANCIAL RESPONSIBILITY PROGRAM OF ANY CHANGES IN THE INFORMATION INCLUDED IN THIS APPLICATION.

_____ NAME _____ SIGNATURE

_____ TITLE _____ DATE

4. THE DESIGNATED APPLICANT'S U.S. AGENT FOR SERVICE OF PROCESS IS: _____ NAME

_____ ADDRESS _____ MMS QUALIFICATION NUMBER

_____ CITY _____ STATE _____ ZIP CODE

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

If the designated U.S. Agent for Service of Process cannot be served due to death, disability, or unavailability, the Director, U.S. Coast Guard National Pollution Funds Center, is the U.S. Agent for Service of Process.