



ALASKA
Chadu
Network

NETWORK ENROLLMENT AGREEMENT

Tank Vessel

PART I

- A. Alaska Maritime Prevention & Response Network (Network) is a nonprofit Alaska business entity formed for the purpose of providing vessel owners with the opportunity for regulatory compliance through Alternative Planning Criteria for Tank Vessels developed by the Network and approved by the United States Coast Guard (Network TV APC).
- B. The TV APC is applicable to tank vessels which transit or trade in Western Alaska Captain of the Port Zone. Enrollment of a tank vessel in the Network TV APC will allow the vessel owner/operator and the vessel (collectively, Planholder) to comply with the Code of Regulations, Title 33, Chapter 155, Subpart D, Tank Vessel Response Plans in those areas covered by the TV APC.
- C. Planholder wishes to utilize the Network TV APC for regulatory compliance purposes and requests enrollment therein.

AGREEMENT

The Network and the Planholder identified herein agree that the Planholder will be enrolled in and allowed to utilize the Network TV APC for regulatory compliance purposes subject to completion and submission of the information required below (Part I) and subject to the further terms and conditions set forth in (Part II).

Enrollment of the Planholder and Planholder's tank vessels in the Network TV APC shall occur upon (a) the completion and submission of Part I, of this agreement and (b) issuance thereafter of a fully executed Certificate of Participation.

The Planholder identified below agrees that Part II, Terms and Conditions of the Network Enrollment Agreement, is fully incorporated herein and further accepts the authorized signature on Planholder's Certificate of Participation as Network's endorsement and acceptance of this Enrollment Agreement.

Certified By: _____
Signature

Title: _____

Printed Name: _____

Date: _____

Company: _____

E-mail: _____

Phone: _____

Fax: _____

Note: *The TV APC is intended only to facilitate compliance with federal regulations. If this vessel intends to operate within State of Alaska waters, the Planholder is required to demonstrate compliance with the State of Alaska requirements.*

PART I

REQUIRED ENROLLMENT INFORMATION AND APPLICATION

Operator Particulars/Contact Information

Note: This enrollment form is only to be used for tank vessels as defined by 33 CFR 155 Subpart D

Planholder

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|-------------------------|
| Name: |
| E-mail: |
| Phone: |
| Mailing Address: |

Vessel Operator

| |
|-------------------------|
| Name: |
| E-mail: |
| Phone: |
| Mailing Address: |

Billing Information

| |
|-------------------------|
| Account Name: |
| Billing Address: |

Enrolled Vessels

| | Vessel Name | IMO | E-mail (24 Hr) | Phone (24 Hr/Sat.) | Fuel Capacity (bbls) | Vessel QI | Vessel SMFF | Vessel Type |
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Intended Purpose: Transiting WAK-COTP Zone Operating WAK-COTP Zone