



STATE OF ALASKA
 Department of Environmental Conservation
 Division of Spill Prevention & Response
 410 Willoughby Ave.; Suite 303, PO Box 111800;
 Juneau, Alaska 99811-1800



**NONTANK VESSEL STREAMLINED
 OIL DISCHARGE PREVENTION AND CONTINGENCY PLAN
 APPLICATION FOR VOLUNTARY TERMINATION**

Termination of plan #S _____ **Date of this application:** _____

Planholder name: _____

Name(s) of Vessel(s): _____

I hereby request that the Department terminate its approval of the above-referenced streamlined Oil Discharge Prevention and Contingency Plan, including all vessels covered thereby, effective as of _____ (date).

This request is voluntary and I waive the rights under 18 AAC 75.490 to a hearing. I understand that a complete application must be submitted to the Department at least five (5) days prior to any vessel operating in state waters and that the vessel(s) may not enter Alaska waters until the Oil Discharge Prevention and Contingency Plan is approved.

I certify, under penalty of unsworn falsification in violation of AS 11.56.210, that I am the applicant, a principal of the applicant, an authorized agent for the applicant, or an official of the applicant; that I have authority to sign this application; and that I have examined this application in its entirety and to the best of my knowledge, information, and belief, find it to be true, correct and complete.

Signature _____ Company _____

Typed/Printed Name and Title with the company _____