

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

APPLICATION FOR APPROVAL OF A TANK VESSEL OIL DISCHARGE CONTINGENCY PLAN (ODCP)

Virginia Department of Environmental Quality
Office of Spill Response and Remediation
P. O. Box 10009
Richmond, Virginia 23240 USA

Location address:
629 East Main Street
Richmond, Virginia 23219 USA

Please type or print all items (except signature in certification section). This form must be completed for each tank vessel transferring or transporting oil upon Virginia waters subject to regulation 9 VAC 25-101-10 et seq. If multiple vessels are to be included in this application, list the tank vessel name, flag and cargo capacity of each additional tank vessel and attach as a continuation page. If U. S. Coast Guard Vessel Response Plan (VRP) approval is submitted with this application, the tank vessel operator shall be the same entity as indicated on the VRP approval letter. Additional instructions for this application are found on the attached sheet.

Please check one: Is this the first application for plan approval? _____ or a renewal? _____

Please check one: Does this application include 1) U. S. Coast Guard VRP approval, including authorization for operating the vessel in the COTP zone of Hampton Roads, VA? _____ or 2) submittal of an actual ODCP as per 9 VAC 25-101-40? _____ (If checking 2), please refer to instruction sheet for fee schedule.)

| Tank Vessel Name | Flag | Oil cargo capacity (US gallons) |
|------------------|------|---------------------------------|
|------------------|------|---------------------------------|

Name and mailing address of tank vessel operator

Name of agent or person authorized for spill response (Qualified Individual)

Telephone number of tank vessel operator

Telephone number of QI/agent

Fax number of tank vessel operator

Fax number of QI/agent

Certification

I certify that I have personally examined and am familiar with the information submitted in this and all attached documents, and I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (To be signed by the tank vessel operator.)

Printed name of tank vessel operator

Signature of authorized person

Date

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

**AGENT DESIGNATION FORM FOR COMMONWEALTH OF VIRGINIA
TANK VESSEL OIL DISCHARGE CONTINGENCY PLAN (ODCP) AND
FINANCIAL RESPONSIBILITY REQUIREMENTS**

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Please type or print all information except signature. Tank vessel operators subject to regulation 9 VAC 25-101-10 et seq. may delegate signatory authority to an agent for: 1) notification of changes to the ODCP or notifications of reissuance or renewal of applicable U. S. Coast Guard Vessel Response Plan (VRP) approval and/ or, 2) submittal of the Annual Certification of Tank Vessel Financial Responsibility form (DEQ101-7) or notification of reissuance or renewal of applicable U. S. Coast Guard Certificate of Financial Responsibility (COFR). Please specify below either or both requirements for which the agent is designated. A different agent may be designated by the tank vessel operator for either requirement by submitting a separate and completed form. Please note that designation of the agent for service of process is done by completion and submittal of an Application for Approval of Tank Vessels Financial Responsibility (DEQ101-6) available from the department.

Name of tank vessel operator: _____

I hereby designate the following agent to submit notifications and/or submittals for the referenced tank vessel operator to the Virginia Department of Environmental Quality in accordance with the requirements of regulation 9 VAC 25-101-10 et seq. for:

(Please indicate one or both requirements for this agent designation.)

_____ 1) notification of changes to the tank vessel oil discharge contingency plan or notifications of reissuance or renewal of the applicable U. S. Coast Guard VRP approval,

_____ 2) submittal of the Annual Certification of Tank Vessel Financial Responsibility form or notification of reissuance or renewal of applicable U. S. Coast Guard COFR approval.

I understand that this designation will remain in effect until superseded by the operator's submission of an updated agent designation form.

Designated Agent Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Signature of tank vessel operator

Date