



ALASKA MARITIME Prevention & Response Network

www.ak-mprn.org

Network Membership Enrollment Form

Western Alaska Alternative Planning Criteria for
Oil Tankers Operating and/or Transiting in Western Alaska (WA-APC-T)

Operator Particulars/Contact Information

Note: This enrollment form is only to be used for Tank Vessels as defined by 33 CFR 155.1020.

Planholder

Name: _____

Mailing Address:

E-mail:
Phone:

Billing Address (if different):

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Vessel Operator

Name & Address:
E-mail:
Phone:

Vessel QI

Name & Address:
E-mail:
24 Hr Phone:

Vessel Information:

Name:	IMO:
Total Cargo Oil Capacity (bbbls):	
E-mail:	
24 Hr/Satellite Phone:	

Intended

Purpose/Destination:

Transiting WAK-COTP
Zone

or Operating WAK COTP Zone

Note: The WA-APC-T 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.

Contact Alaska Chadux Corporation at 907-348-2365, or mjensen@chadux.com for information in obtaining separate coverage for state waters of Western Alaska.

Notification Options: Who should be notified if covered vessel departs from APC operational requirements?

Vessel Operator
Yes No

Vessel QI
Yes No

Vessel Master
Yes No

Please review and check each box below. By doing so, the undersigned hereby acknowledges, and affirms, compliance with each statement.

- I/we have read the Alternative Planning Criteria for oil tankers sailing in Western Alaska COTP Zone, effective July 31, 2013.
- I/we agree to be bound by the terms and conditions of the WA-APC-T, including having established a subscription with Alaska Chadux.
- I/we understand participation in the Network must be renewed and acknowledged on an annual basis.
- I/we acknowledge operational compliance with the WA-APC-T rests solely with the operator and vessel master.
- I/we affirm we are duly authorized to confirm our organizations', and their covered vessels', participation in the Alternative Planning Criteria for oil tankers sailing in the Western Alaska COTP Zone.
- The planholder has acknowledged any departure from the conditions or operational guidelines in the WA-APC-T requires prior approval from the Captain of the Port Western Alaska.

Certified by: _____
Signature *Date*

Title: _____

Printed _____

Name: _____

Company: _____

E-mail: _____

24 Hr Phone: _____ Fax _____

_____ : _____

Fax or E-mail Signed Form To:

The "Network"

E-mail: enrollment@ak-mprn.org

Fax: (907) 348.2330

Network Contact Information:

Ph: Captain Ed Page (907) 463.5078

Inquiries: admin@ak-mprn.org

24 Hr Operations Center (Vessel Info.):

(907) 463.3064

2014 Annual Membership Fee:

Fee, per vessel, for obtaining a "Certificate of Participation" in the WA-APC-T is US\$7500.00 for calendar year, 2014. *An invoice with wire instructions will be issued within one business day of receipt of completed enrollment form.*