U.S. Department of the Interior
Minerals Management Service

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COVERED OFFSHORE FACILITIES OIL POLLUTION ACT OF 1990 APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY

(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

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

2. THE FOLLOWING LIST COMPRISES PART OR ALL OF _____ LOCATIONS OF COVERED OFFSHORE FACILITIES TO BE COVERED BY MY APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY.
NUMBER

_____ _____
NAME OF CORPORATE OFFICER OR DESIGNATED AGENT — SIGNATURE OF CORPORATE OFFICER OR DESIGNATED AGENT

_____ _____
TITLE — DATE

3. LOCATIONS OF COVERED OFFSHORE FACILITIES:

STATE OR OCS REGION	LEASE NUMBER	ALIQUOT PORTION (If Applicable)	AREA NAME	BLOCK NUMBER	PERMIT NUMBER	RIGHT OF USE AND EASEMENT NUMBER	PIPELINE SEGMENT NUMBER	POTENTIAL WORST CASE OIL-SPILL DISCHARGE (In Barrels)

3. LOCATIONS OF COVERED OFFSHORE FACILITIES (continued):

STATE OR OCS REGION	LEASE NUMBER	ALIQUOT PORTION (If Applicable)	AREA NAME	BLOCK NUMBER	PERMIT NUMBER	RIGHT OF USE AND EASEMENT NUMBER	PIPELINE SEGMENT NUMBER	POTENTIAL WORST CASE OIL-SPILL DISCHARGE (In Barrels)

IF ADDITIONAL SPACE IS REQURIED, ADDITIONAL COPIES OF THIS PAGE MAY BE ATTACHED AS CONTINUATION PAGES.