



**WARNING: For security purposes all ZIP files transmitted to DFW/OSPR via-email will be returned undeliverable.**

**NOTE: A Contingency Plan is also required, pursuant to Government Code Section 8670.29**

Please type or print clearly in English when completing this application. Refer to pages 8 and 9 of application for instructions on completing this form.

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### SECTION A. GENERAL INFORMATION

1. Legal name of applicant:

2. Mailing

3. Telephone:

4. Email address:

5. Address of principal place of business of applicant if different from above.

6. Trade name (if any), dba, or other name generally known to the public

7. Financial contact person information: name, address, title, telephone, facsimilie, and email address.

Contact Name:

Title:

Mailing Address:

Telephone number:

Facsimile number:

Email address:

**8. If applicant is a subsidiary or not wholly owned, provide the following information:**

a. Name of parent corporation or owning entities:

Mailing

b. Date and state of incorporation of parent corporation/owning entities.

Date:

State:

**9. Certificate(s) recipient (who should receive certificates) including name, address, telephone, facsimile, email address. (No P.O. Boxes)**

Recipient Name:

Mailing Address:

Telephone number:

Facsimile number:

Email address:

**10. Agent for Service of Process. Agent must provide U.S. address. No P.O. Boxes.**

Name:

Mailing Address:

Telephone number:

**11. Name and address of lessor if the facility is leased or located on leased land.**

Lessor name:

Lessor address:

**SECTION B. GENERAL DESCRIPTION OF THE PIPELINE OR FACILITIES**

1. Type of facility or facilities ( Pipeline, Small Production Facility, or other type of facility). If application applies to more than one facility, list the types of facilities to which the application applies.

[Redacted]

2. Name and location of facility or facilities to which the application applies.

Facility Name:

[Redacted]

Facility location/description and reasonable worst case spill volume:

[Redacted]

Facility Name:

[Redacted]

Facility location/description and reasonable worst case spill volume:

[Redacted]

Facility Name:

[Redacted]

Facility location/description and reasonable worst case spill volume:

[Redacted]

Facility Name:

[Redacted]

Facility location/description and reasonable worst case spill volume:

[Redacted]

Facility Name:

[Redacted]

Facility location/description and reasonable worst case spill volume:

[Redacted]

Facility Name:

[Redacted]

Facility location/description and reasonable worst case spill volume:

[Redacted]

**SECTION C. SPECIFIC DESCRIPTION OF PIPELINE OR FACILITIES**

**1. PIPELINE(S)** (To be completed by pipeline owners or operators.)

a. Pipeline number or designation

Reasonable worst-case spill vol.


*Attach additional spread sheet if necessary*

b. For pipelines, provide the following information that is reflected in the contingency plan for the facility (Reference Title 14, California Code of Regulations, Section 817.04(k)(3)(B)

Largest Reasonable Worst Case Spill volume: \_\_\_\_\_ (US barrels)

**2. PRODUCTION FACILITY AND OTHER TYPE OF FACILITY** - This section should be used to describe facilities such as production facilities, and other types of facilities located on, in or near waters of the State or which are located where a release of oil would impact waters of the State.

a. Type of facility: \_\_\_\_\_

Location: \_\_\_\_\_

b. If a production facility, provide the following information:

1. Daily production (barrels)

Gas production: \_\_\_\_\_

Net oil: \_\_\_\_\_

2. Number of wells producing oil: \_\_\_\_\_

3. Number of free-flowing oil wells: \_\_\_\_\_

c. For facilities, provide the following information that is reflected in the contingency plan for the facility Reference Title 14, California Code of Regulations, Section 817.04(k)(3)(A) or (D)

*Attach additional spread sheet if necessary*

Largest Reasonable Worst Case Spill volume: \_\_\_\_\_ (US barrels)

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**SECTION D. DECLARATION**  
(Must be completed by all applicants)

I, \_\_\_\_\_ (print name) am the applicant, or I am a principal of the applicant, an authorized agent\*, or an official of the applicant, and have the authority to sign this application on behalf of the applicant. I DECLARE under penalty of perjury that I have examined this application, including all accompanying schedules and statements, and to the best of my knowledge, information and belief, find it to be true, correct, and complete. Furthermore, it is agreed that the applicant named in Section A of this application is the responsible party in the event of an oil spill. I execute this declaration in my capacity as applicant, principal of the applicant, official of the applicant or as the authorized agent as evidenced by the delegation of such authority provided below.

\_\_\_\_\_

DATE

\_\_\_\_\_

Signature

\_\_\_\_\_

Title or Official Capacity

NOTE: If the Declaration is signed by an authorized agent of the applicant, the applicant or a principal of the applicant must sign the following Section E. Delegation of Authority

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**SECTION E. DELEGATION OF AUTHORITY BY THE APPLICANT**

(Must be completed by the applicant or principal of the applicant if the above declaration has been executed by an agent acting on behalf of the applicant)

I, \_\_\_\_\_ (name of the applicant) hereby declare that \_\_\_\_\_ (name of authorized agent whose signature appears in Section D) is authorized to submit an application for a California Certificate of Financial Responsibility on behalf of the applicant.

\_\_\_\_\_

DATE

\_\_\_\_\_

Signature

\_\_\_\_\_

Title or Official Capacity

## INSTRUCTIONS

1 Owner or operator means, in the case of a facility, any person who owns, has ownership interest in, or operates the facility.

2. Submit completed application by selecting one of the following methods:

U.S. Mail or Courier Service:

Department of Fish and Wildlife  
Office of Spill Prevention and Response (OSPR)  
1700 K Street, Suite 250  
Sacramento, CA 95811

Fax: (916) 323-4727

Email: [cacofr-facilities@wildlife.ca.gov](mailto:cacofr-facilities@wildlife.ca.gov)

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3. Application Process: Applications will be reviewed within 30 calendar days of receipt provided that adequate information was furnished in the application and acceptable evidence of financial responsibility has been received. OSPR verifies the amount of financial responsibility provided per the formulas located in regulation.

To calculate financial responsibility, see Section 791.7 (e) (2) (G)  
at <https://www.wildlife.ca.gov/OSPR/Legal/OSPR-Regulations-Index>

4. Renewal Process: COFRs for facilities are good for two (2) years. Applications will be reviewed within 30 calendar days of receipt provided that adequate information was furnished in the application and acceptable evidence of financial responsibility has been received.

NOTE: Use of self insurance requires submission of audited financial statements annually.

5. Specific instructions relating to the application process.

Section A - General Information: MUST BE completed by all applicants.

Section B - Description of Facility: Description of the Facility: must be completed by all applicants. (If application applies to more than one facility, for each facility list the specific information required in Section C on separate sheets.)

### Section C - Specific Description of the Facility or Facilities:

1. **Pipeline:** Must be completed by the owner or operator of those pipeline(s) and for which the applicant intends to obtain certificate(s) of financial responsibility.
2. **Production Facility and Other Type of Facilities:** Must be completed by the owner or operator of those facilities that are located on or in waters of the State or are located where a release of oil could impact waters of the State. Note: A production facility includes the pipeline(s) located in or near waters of the state. The pipeline(s) are not considered a separate facility where the applicant is the owner or operator of both the facility and the pipeline(s).

### Section D - Declaration

### Section E - Delegation of Authority

#### Miscellaneous instructions:

- a. If a question does not apply, answer "not applicable."
- b. Incomplete applications will not be processed until OSPR receives additional information needed for processing.
- c. If additional space is required, supplemental sheets may be attached.

Please contact the Financial Responsibility Unit at (916) 445-9338 if you have any questions