

**APPLICATION FOR CERTIFICATE OF FINANCIAL RESPONSIBILITY FOR RAILROAD**



**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 Address:**

**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, fax 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 Address:

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 (Do not list 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 (Do not list P.O. Boxes):**

Agent Name:

Mailing Address:

Telephone number:

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**SECTION B. GENERAL DESCRIPTION OF LINE AND ROLLING STOCK**

1. Type of Train: \_\_\_\_ unit train, \_\_\_\_ manifest.

[Redacted area]

2. Type of rail line: \_\_\_\_ Class I \_\_\_\_ Class II \_\_\_\_ Class III

3. Types of products handled:

Products:

[Redacted area]

4. Name and location of rail line to which the application applies:

Name:

[Redacted area]

Location:

[Redacted area]

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**SECTION C. SPECIFIC DESCRIPTION OF REASONABLE WORST CASE SPILL**

1. **RAIL LINES(S)** For railroads transporting oil as cargo this is : The product of the reasonable worst case scenario volume measured in barrels (as determined in the applicant's oil spill contingency plan), multiplied by \$10,000.

a. (Reference Title 14, California Code of Regulations, Section 817.04(k)(3)(c):

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

*Attach additional sheets if necessary*

For associated rail yards, fueling stations, transfer terminal, or other types of locations, use the Inland Facilities Application.

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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 railroad facility, any person who owns, has ownership interest in, or operates the railroad 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) A-F at <https://www.wildlife.ca.gov/OSPR/Legal/OSPR-Regulations-Index>

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

4. Renewal Process: COFRs for marine facilities are good for two (2) years. COFRs for mobile transfer units are good for one (1) year. 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.

5. Specific instructions relating to the application process.

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

Section B - General Description of rail facility(s)

Section C - Specific Description of the Facility(s) Reasonable Worst Case Spill:

1. **Railroad Facility:** Must be completed by the owner or operator of a railroad that transports oil as cargo.

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.