

# Application for Inland Oil Spill Response Services Rating

{ 14 CCR Section 819.02 }

Date of Application: \_\_\_\_\_

## Service Coverage Area

**List Counties below in which rated services will be provided:**

**or**

**Choose the appropriate RPA(s) in the box on the right if all counties in marked RPA(s) will be serviced.**

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Response Planning Area (RPA):

- \_\_\_\_\_ RPA I - Counties of Los Angeles, Orange, San Luis Obispo, Santa Barbara and Ventura
- \_\_\_\_\_ RPA II - Counties of Humboldt, Del Norte, Mendocino, Lake, Sonoma, Marin, Napa, Solano, Contra Costa, Alameda, San Francisco, San Mateo, Santa Clara, San Benito, Santa Cruz, and Monterey
- \_\_\_\_\_ RPA III - Counties of Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, and Yuma
- \_\_\_\_\_ RPA IV - Counties of Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Tuolumne, and Yolo
- \_\_\_\_\_ RPA V – Counties of Fresno, Kern, Kings, Madera, Mariposa, Merced, and Tulare
- \_\_\_\_\_ RPA VI – Counties of Imperial, Inyo, Mono, Riverside, San Bernadino, and San Diego
- \_\_\_\_\_ Statewide

## **SECTION A. GENERAL INFORMATION**

**1. OSRO Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. Subcontractors (attach a separate sheet if necessary):**

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**3. Plan holders – list all planholders contracted with (attach a separate sheet if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Communications – list quantity and type of communications equipment (attach a separate sheet if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of Certified Communications operators :** \_\_\_\_\_

**List Frequencies Used:** \_\_\_\_\_  
\_\_\_\_\_









# Equipment Description Templates (cont'd)

## Heavy Equipment (819.02 (b)(4))

Equipment	Manufacturer	Type	Size	Capabilities	Capacity
Backhoe					
Bulldozer					
Hydraulic Cranes					
Vacuum Truck					
Pumps					
Portable Storage Tanks					
Fixed Storage Tanks					