

# APPLICATION FOR CERTIFICATE OF FINANCIAL RESPONSIBILITY FOR MARINE FACILITIES



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**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.

## 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 contact 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 California address. No P.O. Boxes.**

Name:

Mailing Address:

Telephone number:

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## SECTION B. GENERAL DESCRIPTION OF THE FACILITY OR FACILITIES

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

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

Facility Name:

Facility location:

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

Lessor name:

Lessor address:

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## SECTION C. SPECIFIC DESCRIPTION OF FACILITY OR FACILITIES

### 1. MARINE TERMINAL(S)

- a. For each terminal, fill out the pipeline information in 2. below, and provide the following information that is reflected in the contingency plan for the facility following information that is reflected in the contingency plan for the facility.

Description/location:

Reasonable Worst Case Spill volume:

*Attach additional spread sheet if necessary*

### 2. PIPELINE(S) (To be completed by pipeline owners or operators as well as owners or operators of offshore platforms and marine terminals.)

- a. Pipeline number or designation

Description/location:

Reasonable Worst Case Spill volume:

*Attach more forms as necessary*

*Attach additional spread sheet if necessary*

**3. SMALL MARINE FUELING FACILITY(S)** (For mobile transfer units, use the "Application for Certificate of Financial Responsibility for Mobile Transfer Units", DFW 1946 (6/14)). For each small marine fueling facility indicate:

a. Type of vessels served (e.g., recreational/commercial/combination).

b. During the past twelve-month period, approximately what percent of the craft serviced by this facility were greater than 20 meters in length?

 %

c. Types of oil products handled.

  
  

d. Annual throughput volume of over-the-water transfers (in gallons).

e. Indicate the capacity in each storage tank at the facility.

Description/location:

Reasonable Worst Case Spill volume:

*Attach additional spread sheet if necessary*

**4. OFFSHORE FACILITY** (If the offshore facility is located in California marine waters, complete this Section and Section C (2) of this application. If the offshore facility is in Federal waters and has a pipeline coming into California waters, complete Section C (2)).

a. For each offshore facility indicate type of facility (e.g., production platform, drilling unit, satellite well, production pier, artificial island, etc.):

  
  
  

b. Is the owner or operator of the facility currently authorized to engage in drilling operations under a permit issued by the California State Lands Commission or Division of Oil and Gas and Geothermal?

Yes

No

If yes, Issue date:  Expiration date:

c. If a production facility, provide maximum daily production rate, in barrels, of gross production and net oil

Gross production: \_\_\_\_\_ Net Oil: \_\_\_\_\_

d. Rate of transfer, in barrels per hour, into pipeline(s) connected to facilities located on-shore.

Gross production: \_\_\_\_\_ Net Oil: \_\_\_\_\_

e. Emergency reaction time (in minutes) - Amount of time required discovering a release of oil and complete emergency shut-off of operations to stop discharge of oil into marine waters. (Indicate both automatic and manual emergency shut-down times.):

Discovery time: \_\_\_\_\_ Auto shut-off time: \_\_\_\_\_ Manual shut-off time: \_\_\_\_\_

f. Type(s) and quantity of oil and petroleum products stored on the facility:

Type:	Quantity:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

g. Enter the number of oil wells as follows:

Total number of oil wells: \_\_\_\_\_

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

Total number of oil wells currently in production: \_\_\_\_\_

h. For each offshore facility, provide the following information that is reflected in the contingency plan for the facility (Reference Title 14, California Code of Regulations, Section 817.02(d) (1)-(3):

Reasonable Worst Case Spill volume: \_\_\_\_\_

**5. OTHER TYPE OF MARINE FACILITY** (This section should be used to describe facilities such as production facilities, dehydration facilities, and other types of facilities located on or in California marine waters or which are located where a release of oil.

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

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 all types of facilities reported in this section provide separate documents describing the facility. These documents should include all relevant information which could affect reasonable worst case spill volume. This information should include transfer rates, line fill capacities, discover times, automatic and manual shut-down times, storage tank capacities and type of secondary containment. Also, provide a diagram of the facility showing location of flow lines, gathering lines, storage tanks, and any other physical characteristics of the facility.

d. For each facility, provide the following information that is reflected in the contingency plan for the facility (Reference Title 14, California Code of Regulations, Section 817.02(d)(1)-(3)).

Reasonable Worst Case Spill volume: \_\_\_\_\_ (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 marine facility, any person who owns, has ownership interest in, or operates the marine facility.

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

U.S. Mail:  
Department of Fish and Wildlife  
Office of Spill Prevention and Response  
P.O. Box 944209  
Sacramento, CA 92444-2090

Courier Service:  
Department of Fish and Wildlife  
Office of Spill Prevention and Response  
1010 Riverside Parkway  
West Sacramento, CA 95605

Fax: (916) 371-8941

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

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3. Application Process: Applications will be reviewed within 21 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 [http://www.dfg.ca.gov/ospr/Law/index\\_ospr\\_regs.aspx](http://www.dfg.ca.gov/ospr/Law/index_ospr_regs.aspx)

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 21 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 applications.

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. **Marine Terminal:** Must be completed by the owner or operator of those marine terminal(s) for which the applicant intends to obtain certificate(s) of financial responsibility. A marine terminal includes the pipeline(s) located in marine waters. The pipeline(s) are not considered a separate facility where the applicant is the

owner or operator of both the terminal and the pipeline(s).

2. **Pipeline:** Must be completed by the owner or operator of those pipeline(s) and offshore platforms for which the applicant intends to obtain certificate(s) of financial responsibility. For the purpose of this application, the pipeline(s) that is (are) used to transfer oil from an offshore platform(s) located outside California marine waters to an on-shore facility(s) is (are) considered to be a separate facility(s).
3. **Small Marine Fueling Facility:** Must be completed by the owner or operator of the small marine fueling facility(s) unless the facility is a "small craft refueling dock". Certificates of Financial Responsibility are not required for "small craft refueling docks". However, each "small craft refueling dock" must be registered with the Department of Fish and Game's Office of Spill Prevention and Response. A "small craft refueling dock" is a waterside operation that dispenses non-persistent products (e.g., gasoline and diesel fuel) in bulk and/or small amounts of persistent lubrication oil in containers, primarily to small craft and does not have storage capacity exceeding 20,000 gallons in any single storage tank or tank compartment, and has a total useable tank storage capacity not exceeding 75,000 gallons. For these purposes, "small craft" is defined as a waterborne craft, other than a tanker or barge, which is less than 20 meters in length.
4. **Offshore Facilities:** Must be completed by the owner or operator of those offshore platform(s), production piers, artificial island, or any other type of offshore facility located in California marine waters for which the applicant intends to obtain certificate(s) of financial responsibility.
5. **Other Types of Facilities:** Must be completed by owners or operators of other types of facilities that are located on or in California marine waters or are located where a release of oil could impact marine waters.

Section D - Declaration

Section E - Delegation of Authority

Sections A, B, C and D must all be completed by the applicant or delegated authority. Section E, Delegation of Authority, must be executed by the applicant or a principal of the applicant when an application is signed by an agent of the applicant.

6. 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) 375-6072 if you have any questions.