

APPLICATION FOR CERTIFICATE OF FINANCIAL RESPONSIBILITY FOR

MOBILE TRANSFER UNITS

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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 8670.29

Please type or print clearly in English when completing this application. Refer to page 5 of application for instructions on completing this form.

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

Contact Name:

Title:

Mailing Address:

Telephone number:

Facsimile number:

Email address:

8. If entity 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. Does the applicant carry oil owned by another entity? If so, does evidence of financial responsibility cover a pollution incident or product owned by entity other than the insured?

10. Type of activity performed (i.e., waste oil removal, refueling, etc.).

11. Has applicant or parent corporation/owning entities ever been named as debtor in a voluntary or involuntary proceeding under Title 11 (Bankruptcy) U.S. Code or similar non-U.S. statute?

12. Certificate(s) recipient (who should receive certificates) including name, address, telephone, facsimile, email address and title. (NO P.O. Boxes)

Recipient Name:

Title:

Mailing Address:

Telephone number:

Facsimile number:

Email address:

13. Agent for Service of Process. Agent must provide California address. No P.O. Boxes.

Name: _____

Mailing Address: _____

Telephone number: _____

SECTION B. DESCRIPTIONS OF UNITS

Provide a complete listing of units for which you wish to obtain certificates. For each unit, provide the following information (you may use this form or attach a separate listing labeled "Section B")

Yr of MFG	Make	Type	Capacity Gallons	License Number

Type = Tank Truck, Semi-Trailer, Pull Trailer, Vacuum Truck, Vacuum Trailer, or other (specify).

Attach additional sheets as necessary

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

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. 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

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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.wildlife.ca.gov/ospr/Law/index_ospr_regs.aspx

3. 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.