APPLICATION FOR CERTIFICATE OF FINANCIAL RESPONSIBILITY FOR **MOBILE TRANSFER UNITS**

(***WARNING: For security purposes all ZIP files transmitted to DFG/OSPR via e-mail will be returned undeliverable***)

(Ple			h when completing this application). ge 5 before completing this form)	(Refer to the
		SECTION A.	GENERAL INFORMATION	
1.	Legal name of ap	plicant.		
2.	Mailing address o	of applicant.		
	E-mail address:			
3.	Address of princip	oal place of busir	ness of applicant if different from 2 above	e.
4.	Trade name (if an	ny), dba, or other	name generally known to the public.	
5.			d by another entity? If so, does evidence ident or product owned by entity other the	
6.	Type of activity pe	erformed (i.e., wa	aste oil removal, refueling, etc.).	

7.	Name, address, title, and telephone number, facsimile number, and e-mail address of financial contact person.				
	Name:				
	Address:				
	Title:				
	Telephone Number:				
	Facsi	mile Number:			
	E-mai	I Address:			
8.	If entity is a subsidiary or is not wholly owned, provide the following information.				
	а	Name and address of parent corporation/owning entities:			
	b	Date and state of incorporation of parent corporation/owning entities:			
		Date			
		State			
9.	volunt	pplicant or parent corporation/owning entities ever been named as debtor in a tary or involuntary proceeding under Title 11 (Bankruptcy) U.S. Code or similar J.S. statute?			
10.		ess and title of person to whom the certificate(s) should be sent, ephone, facsimile number, and e-mail address. (No P.O. Boxes).			
	Name	:			
	Addre	ess:			
	Title:				
	Telephone Number:				
	Facsimile Number:				
	E-mai	I Address:			

SECTION B. DESCRIPTION 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 Mfgr.	Make	Type [*]	Capacity in Gallons	License Number

(You may attach a continuation sheet if necessary)

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

olicant, an audication on bed this application on bed this applicants, and to more, it is assible party in the principal	othorized agent or an officiance of the applicant. I Disciplinate of the applicant. I Disciplination, including any accont the best of my knowledge agreed that the applicant nation the event of an oil spill.	t name), am the applicant, or I am a princi- al of the applicant, and have the authority ECLARE under penalty of perjury that I had appanying documents, schedules, and/or and belief, it is true, correct, and complete med in Section A of this application is the execute this application in my capacity as if the applicant or as the authorized agent provided below:		
Date		Signature		
		Title or Official Capacity		
* Note:		gned by an authorized agent of the application of the application of the applicant must sign the following Sprity:		
I	D. DELEGATION OF AUTI	HORITY BY THE APPLICANT		
	npleted by the applicant or ecuted by an agent acting o	principal of the applicant if the above dec on behalf of the applicant)		
,		(name of the applicant) he		
declare that (name of authorized agent whose signature appears in Section C) is authorized to submit an applicatio 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 or Courier Service:
Department of Fish and Game
Office of Spill Prevention
and Response (OSPR)
1700 K Street - Suite 250
Sacramento, CA 95811

Fax: (916) 323-4727

E-mail:

KHANF@OSPR.DFG.CA.GOV

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2. Application Process:

Applications will be reviewed within 21 calendar days provided that adequate information was furnished in the application and acceptable evidence of financial responsibility has been received.

3. Miscellaneous instructions:

If a question does not apply, answer "not applicable."

Applications which are incomplete will not be processed until receipt of additional information needed to complete processing.

If additional space is required, supplemental sheets may be attached.

Please contact the Financial Responsibility Unit at (916) 324-3413 if you have any questions.