



**APPLICATION FOR CERTIFICATE OF FINANCIAL RESPONSIBILITY
FOR INLAND FACILITIES**

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 page 4 of application for instructions on completing this form.

SECTION A. APPLICANT INFORMATION

1. Legal name of applicant:

Mailing Address:

Phone Number:

Email:

2. Address of principal place of business of applicant if different from above:

3. Trade name (if any), dba, or other name generally known to the public:

4. Financial contact person:

Contact Name:

Title:

Mailing Address:

Phone Number:

Fax Number:

Email:

5. If applicant is a subsidiary or not wholly owned, provide the following information:

Name of parent corporation or owning entities:

Mailing Address:

Date and State of incorporation of parent corporation/owning entities:

Date:

State:

6. Certificate recipient (who should receive certificates):

Recipient Name:

Mailing Address:

Phone Number:

Fax Number:

Email:

7. Agent for Service of Process. Agent must provide a California address. (No P.O. Boxes):

Agent Name:

Mailing Address:

Phone Number:

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

Lessor Name:

Lessor Address:



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SECTION B. DESCRIPTION OF INLAND FACILITIES

1. Type of facility or facilities (pipeline, production facility, railroad line, or other type of facility). If application applies to more than one type of facility, list the types of facilities to which the application applies:

2. List the name and location of facility or facilities to which the application applies below. Include pipeline number, beginning and terminus of pipelines. Provide beginning and terminus of railroad lines.

3. Please indicate the type risk (Intermittent or Perennial) imposed by each facility listed below by circling the correct risk type.

Facility Name: Risk Type - Perennial or Intermittent

Facility location and reasonable worst case spill volume:

*RWCS_____

Facility Name: Risk Type - Perennial or Intermittent

Facility location and reasonable worst case spill volume:

*RWCS_____

Facility Name: Risk Type - Perennial or Intermittent

Facility location and reasonable worst case spill volume:

*RWCS: _____

Facility Name: Risk Type - Perennial or Intermittent

Facility location and reasonable worst case spill

*RWCS: _____

Facility Name: Risk Type - Perennial or Intermittent

Facility location and reasonable worst case spill volume:

*RWCS: _____

*Reasonable worst case spill (RWCS) volume reported in applicant's California oil spill contingency plan. (Reference Title 14, California Code of Regulations, section 817.04(k)(3))



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**SECTION C. DECLARATION
(Must be completed by all applicants)**

I, _____ (print name) am the applicant, or 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 D. Delegation of Authority.

SECTION D. 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 C) is authorized to submit an application for a California Certificate of Financial Responsibility on behalf of the applicant.

Date

Signature

Title or Official Capacity



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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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2. Application Process: Applications will be reviewed within 30 calendar days of receipt provided that adequate information is furnished in the application and acceptable evidence of financial responsibility is received. OSPR verifies the amount of financial responsibility provided per the formulas located in regulation.

To calculate financial responsibility, see Title 14, California Code of Regulations, section 791.7(e)(2)(A-G) at <https://www.wildlife.ca.gov/OSPR/Legal/OSPR-Regulations-Index>

3. Renewal Process: COFRs for facilities are valid for two (2) years. Applications will be reviewed within 30 calendar days of receipt provided that adequate information is furnished in the application and acceptable evidence of financial responsibility is received.

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

4. Specific instructions relating to the application process:

Section A - Applicant Information: All applications must include an 'Agent for Service of Process', see #7.

Section B - Description of Facility: Include reasonable worst case spill (RWCS) volume, reported in applicant's California oil spill contingency plan, for each facility.

Section C - Declaration

Section D - 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) 375-6072 if you have any questions.