



## ESCORT TUG INSPECTION PROGRAM APPLICATION FOR ENROLLMENT

Name of Tug	Vessel Identification No. (IMO or Official No.)	Date of Next Scheduled Dry Dock	Name of Tug	Vessel Identification No. (IMO or Official No.)	Date of Next Scheduled Dry Dock	Name of Tug	Vessel Identification No. (IMO or Official No.)	Date of Next Scheduled Dry Dock
1)			6)			11)		
2)			7)			12)		
3)			8)			13)		
4)			9)			14)		
5)			10)			15)		

*Please attached additional sheets if needed*

Name of Tug Operator	(Office Telephone Number)	(Fax Telephone Number)	Please enclose the following Documentation for each enrolled Tug
			<b>Bollard Pull Certificate (most current) Vessel Particulars</b>
LOCATION: (Street Address) (City) (State) (Zip Code)			Enclose Tug Operator's Certificate of Compliance from one of the following Mangement Systems:
			<b>AWORCP                  ISM                  ISO</b>
Point of Contact (Title, Fist & Last Name)		Job Title	(E-Mail Address)

Home Port (Circle One)
<b>San Francisco    Los Angeles / Long Beach    San Diego    Humboldt Bay    Port Hueneme</b>

Please submit application and application documentation to the above letter haead address, attention Mr. David Mighetto, Oil Spill Prevention Specialist, or by mail at david.mighetto@wildlife.ca.gov. Additionally Mr. Mighetto can be contacted at telephone number (916)445-3157.

