



## SMALL CRAFT REFUELING DOCK CERTIFICATION QUESTIONNAIRE



This complete form must be returned by \_\_\_\_\_; then mailed to:  
 DFG - OSPR Outreach Program  
 1700 K Street, Suite 250  
 Sacramento, CA 95814

**Please type or print legibly and make a copy of this completed form to retain in your records.**

APPLICATION DATE	<b>Facility Information</b> <input type="checkbox"/> Renewal <input type="checkbox"/> New <input type="checkbox"/> New ownership <input type="checkbox"/> Name change of Marina <input type="checkbox"/> Never had a refueling operation <input type="checkbox"/> Facility no longer in operation or terminated <input type="checkbox"/> Under Construction		
NAME OF FACILITY & FACILITY AKA	FUEL DOCK MANAGER OR HARBORMASTER	RESIDENCE PHONE	
FACILITY LOCATION (ADDRESS)		MAILING ADDRESS, IF DIFFERENT	
CITY	COUNTY	ZIP	
24-HOUR FACILITY PHONE	FAX	E-MAIL ADDRESS	

NAME(S) OF OWNER(S)

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OWNER'S ADDRESS

OWNER'S PHONE	FAX	EMAIL ADDRESS & Website
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YOUR 24-HOUR EMERGENCY PHONE NUMBER(S) FOR OIL SPILL RESPONSE

FUEL STORAGE TANK INFORMATION			
	GASOLINE	DIESEL	OTHER
Number of <i>storage tanks</i>			
Total capacity of largest storage tank (gal.)			
Number of underground tanks (USTs)			
Number of above-ground tanks (AGTs)			
Total storage capacity of all storage tanks			
Estimated gallons pumped annually			

OTHER PETROLEUM PRODUCTS PUMPED:

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NUMBER OF DISPENSERS EQUIPPED WITH WORKING AUTOMATIC BACK-PRESSURE MARINE APPLICATION NOZZLES:

GAS: \_\_\_\_\_ DIESEL: \_\_\_\_\_ NUMBER *WITHOUT* AUTO SHUT-OFF: \_\_\_\_\_

DO YOU SELL LUBRICATION OIL?  YES  NO IF YES, PLEASE INDICATE HOW IT IS DISPENSED:  
 IN SEALED CONTAINERS OF FIVE GALLONS OR LESS IN SIZE? PUMPED FROM DRUMS PUMPED FROM TANKS

DO YOU RECEIVE OR STORE USED OR WASTE OIL ON SITE?  YES  NO IF SO, FOR RECY-  YES  NO

DO YOU ACCEPT USED OIL FROM BOATERS WHO ARE NOT YOUR OWN TENANTS?  YES  NO

**IF "YES", PLEASE DESCRIBE STORAGE CONTAINER:**  
 ABOVE-GROUND  BELOW-GROUND  OTHER: \_\_\_\_\_

CAPACITY (IN GALLONS): \_\_\_\_\_ FREQUENCY OF OIL RE- \_\_\_\_\_ REMOVED BY: \_\_\_\_\_

**IF "NO", PLEASE NAME NEAREST WASTE OIL COLLECTION FACILITY FOR BOATERS:** \_\_\_\_\_

MAXIMUM VESSEL BERTHING CAPACITY AT FACILITY:	AVERAGE NUMBER OF VESSELS BERTHED AT FACILITY:
AVERAGE VESSEL SIZE (Length ft.):	MAXIMUM VESSEL SIZE SERVED LENGTH:

**YOUR CUSTOMERS' PRIMARY BOATING ACTIVITIES**

SAILING  FISHING:  RECREATIONAL  OTHERS: (please list) \_\_\_\_\_

POWER BOATING  COMMERCIAL \_\_\_\_\_

**OIL SPILL RESPONSE EQUIPMENT ON-SITE (ie: boom, skimmers, sorbent pads, etc. please include type, length/size, and location):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACCESSIBLE TO:  EMPLOYEES  BOATERS

**PLEASE INDICATE FORMAL TRAINING YOU AND/OR YOUR STAFF HAVE COMPLETED:**

SELF	# STAFF	
<input type="checkbox"/>	_____	OIL SPILL PREVENTION
<input type="checkbox"/>	_____	HAZWOPER (HAZARDOUS WASTE OPERATIONS AND EMERGENCY RESPONSE) and the name(s) of personnel that are certified _____
<input type="checkbox"/>	_____	OIL SPILL CLEAN-UP AND CONTAINMENT

PRINT NAME	PRINT TITLE
SIGNATURE	DATE

**Thank you for your assistance!**

**This completed application must reach OSPR by \_\_\_\_\_; mail to:**  
 ATTN: \_\_\_\_\_, Outreach Coordinator  
 Dept. Fish and Game OSPR  
 1700 K Street, Suite 250  
 Sacramento, CA 95814  
 \_\_\_\_\_@ospr.dfg.ca.gov  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_