

COVERED OFFSHORE FACILITIES

**CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY
IN ACCORDANCE WITH THE REQUIREMENTS OF THE OIL POLLUTION ACT OF 1990**
(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

1. Designated Applicant: _____
COMPANY LEGAL NAME BOEM COMPANY NUMBER

2. The following list comprises all of the _____ locations of covered offshore facilities to be covered
NUMBER
by my certification of oil spill financial responsibility.

NAME OF AUTHORIZED REPRESENTATIVE SIGNATURE OF AUTHORIZED REPRESENTATIVE

TITLE DATE

3. Locations of covered offshore facilities:

| STATE OR OCS REGION | LEASE NUMBER | ALIQUOT PORTION (If Applicable) | AREA NAME | BLOCK NUMBER | PERMIT NUMBER | RUE or ROW NUMBER | PIPELINE SEGMENT NUMBER | POTENTIAL WORST CASE OIL-SPILL DISCHARGE (In Barrels) |
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3. Locations of covered offshore facilities (continued):

| STATE OR OCS REGION | LEASE NUMBER | ALIQOT PORTION (If Applicable) | AREA NAME | BLOCK NUMBER | PERMIT NUMBER | RUE or ROW NUMBER | PIPELINE SEGMENT NUMBER | POTENTIAL WORST CASE OIL-SPILL DISCHARGE (In Barrels) |
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If additional space is required, additional copies of this page may be attached as continuation pages.