

STATE OF ALASKA

Department of Environmental Conservation
Division of Spill Prevention & Response
410 Willoughby Ave.; Suite 303, PO Box 111800;
Juneau, Alaska 99811-1800
www.alaska.gov



**NONTANK VESSEL STREAMLINED
OIL DISCHARGE PREVENTION AND CONTINGENCY PLAN
NOTIFICATION OF VOLUNTARY SUSPENSION OR TERMINATION**

NOTIFICATION TYPE: **Suspension** **Termination**

Date: _____ **Plan #S** _____

Covered Vessel(s)/IMO #(s): _____

Plan Holder Name: _____

Preparers Name and Association _____

By request, the above listed vessel(s) are no longer approved for operation in Alaska state waters and the notification is considered effective as of the date listed above. Submittal of this notification is voluntary; as such the plan holder waives the rights under 18 AAC 75.490 to a hearing. The department will update the records for this plan number accordingly.

The plan holder must gain department approval for the reinstatement of a suspended plan before any vessel listed in the plan operates in Alaska state waters. To request plan reinstatement approval, the plan holder is required to complete and submit an application on a form provided by the department, to the department for review and approval at least 5 days before a vessel is to arrive in Alaska state waters. The department will make a decision on a plan within 5 days after receipt of a complete application. The suspension of a plan will not change the expiration date of any prior approval.

A request by a plan holder to terminate a plan shall void prior approval for any vessel listed in the plan to operate in Alaska state waters. Terminated plans cannot be reinstated.

I certify, under penalty of unsworn falsification in violation of AS 11.56.210, that I am the applicant, a principal of the applicant, an authorized agent for the applicant, or an official of the applicant; that I have authority to sign this application; and that I have examined this application in its entirety and to the best of my knowledge, information, and belief, find it to be true, correct and complete.

Signature _____ Company _____

Typed/Printed Name and Title with the company _____