



**STATE OF ALASKA**

Department of Environmental Conservation  
Division of Spill Prevention & Response  
P.O. Box 111800  
Juneau, AK 99811-1800  
dec.alaska.gov



**Statement of Contractual Terms between a Streamlined Oil Discharge Prevention and Contingency Plan Holder and a Cleanup Contractor**

Alaska Statutes 46.04.030 and 46.04.055 provide the basis for the requirements for an approved Oil Discharge Prevention and Contingency Plan (Plan). Alaska Administrative Code, Title 18, Chapter 75, Articles 4 and 5 provide the regulatory framework for a person to gain approval and maintain compliance with the Plan.

This document serves as the “statement” required under 18 AAC 75.531(8) for a person seeking registration as a Cleanup Contractor under 18 AAC 75.521.

This document is a certification to the Alaska Department of Environmental Conservation of the contract between the Streamlined Oil Discharge Prevention and Contingency Plan holder (plan holder) and the Cleanup Contractor.

This document further serves as evidence of the Cleanup Contractor’s obligation to the plan holder to act in the role of streamlined plan cleanup contractor under 18 AAC 75.426 and fulfill the requirements under 18 AAC 75.531 and 75.561.

**This completed form must be signed by both the Cleanup Contractor and the plan holder.**

I certify, under penalty of unsworn falsification in violation of AS 11.56.210, that I am a principal of the Cleanup Contractor, an authorized agent for the Cleanup Contractor, or an official of the Cleanup Contractor; that I have authority to sign this Statement of Contractual Terms (this document) on behalf of the Cleanup Contractor; and that I have examined this document in its entirety and to the best of my knowledge, information, and belief, find it to be true, correct and complete.

\_\_\_\_\_  
Signature Date

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

\_\_\_\_\_  
Signature Date

Name:		Title:		For:	
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