



ALASKA MARITIME  
Prevention & Response Network

## Network Subscription Form

### Alternate Planning Criteria - Tank Vessels and Secondary Oil Cargo Carriers Operating in Western Alaska

#### Operator Particulars / Contact Information

<b>Class of Vessel(s):</b>	Oil Tankers(s)	Secondary Oil Cargo Carrier(s)
<b>Vessel Owner / Operator</b>		<b>Vessel QI</b>
Name: _____	Name: _____	_____
Address: _____	Address: _____	_____
_____	_____	_____
E-mail: _____	E-mail: _____	_____
Phone: _____	Phone: _____	_____

<b>VPR Administrator</b>	<b>Vessel Contact</b>
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
E-mail: _____	E-mail: _____
24 hr Phone: _____	24 hr Phone: _____

	Vessel's Name	IMO Number	Sat Phone #
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

**Notification Options:** Who does the operator want to be notified if covered Vessel departs from APC operational requirements?

Vessel Operator		Vessel QI		Vessel Master	
Yes	No	Yes	No	Yes	No

Please review and check the applicable boxes below. By doing so, the undersigned hereby acknowledges and affirms compliance with each statement.

I / we have read the Alternative Planning Criteria (APC) for oil tankers sailing in Western Alaska COTP Zone approved in Feb. 2012

I / we agree to be bound by the terms and conditions of the APC including routing, tracking, notice and OSRO relationship(s) as set forth in the APC.

I / we understand participation in the Network must be renewed and acknowledged on an annual basis.

I / we acknowledge operational compliance with the APC rests solely with the operator and vessel master and the Network acts only to facilitate compliance.

I / we affirm we are duly authorized to confirm our organizations' and their covered vessels' participation in the APC for oil tankers and secondary oil cargo carriers sailing in Western Alaska COTP Zone.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

24 hr phone: \_\_\_\_\_

**Network Use Only:**

Date Rec'd: \_\_\_\_\_

Completion Confirmed:

By: \_\_\_\_\_

**Mail and fax the signed form to :**

The "Network"  
C/O Marine Exchange of Alaska  
1000 Harbor Way, Suite 204  
Juneau, Ak 99801  
Fax: 800-783-0513

**To contact the Network:**

Ph: 907 463 3064 (24 hr) or  
E-mail: enrollment@ak-mprn.org  
Inquires: edpage@ak-mprn.org

## **Fees and Payment**

Fees per vessel, per calendar year for obtaining a "Certificate of Participation" in the Network are as follows:

Tanker: \$6,000 per calendar year, 2012

Secondary Cargo Carrier: \$1,800 per calendar year, 2012

Note: add \$30 to vessel fee if wiring funds; see instructions below

Routing instructions for incoming wires are as follows:

Bank name: Wells Fargo Bank of Alaska  
Address: 745 E. Dimond Blvd  
Anchorage, AK 99515

Routing #: 125200057  
Account #: 1508379243

Swift Code: WFBIUS6S

Wire fees are approximately \$30

Fees for membership or "Subscription" as applicable for required agreement with Western Alaska OSRO, Alaska Chadux, are paid separately to Alaska Chadux Corporation.