



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



**NONTANK VESSEL STREAMLINED
 OIL DISCHARGE PREVENTION AND CONTINGENCY PLAN
 APPLICATION FOR VOLUNTARY SUSPENSION**

Suspension of plan #S _____	Date of this application: _____
Planholder name: _____	
Name(s) of Vessel(s): _____	

The planholder wishes to discontinue response contracts with its Incident Management Team and/or Cleanup Contractor(s). I hereby request that the Department suspend its approval of the above-referenced streamlined plan, including all vessels covered thereby, effective as of _____(date).

This request is voluntary and I waive the rights under 18 AAC 75.490 to a hearing. I understand that this suspension does not extend the expiration of the plan and that to reactivate the plan a complete reinstatement application must be submitted at least five (5) days prior to any vessel covered by the plan operating in state waters.

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 _____