



AUTHORIZATION TO PROCEED
*California Shoreline Protection and/or
Santa Barbara Channel Transit*

TO: NATIONAL RESPONSE CORPORATION

FAX: (631) 224-9086 TELEX: 49617380 NRC UI PHONE: 1-631-224-9141 Ext 0
EMAIL: IOCDO@NRCC.COM

ATTN: IOC DUTY OFFICER

SUBJ: **REQUEST FOR STATE OF CALIFORNIA SHORELINE PROTECTION and/or
REQUEST FOR 6-HOUR ON-WATER-RECOVERY**
Provision for Additional Spill Response resources

In accordance with regulatory requirements contained in the Shoreline Protection Tables found in CCR, Title 14, Chapter 3, Section 818.02(f) and Subchapter 4, Section 827.02(i), and 6 Hour On-Water Recovery per requirements found in sections 818.02 and 827.02 of Title 14 of the California Code of Regulations. Request to provide additional spill response resources for the following vessel:

24 Hour Notification for Additional Spill Response Resources

Date & Time of Request: _____
Vessel Name: _____
RWCD (capacity of largest fuel tank): _____
Owner/Operator: _____
Shoreline Protection Table Location (Port): _____
ETA & ETD 3 mile State Waters Boundary: _____
ETA to Santa Barbara Channel: _____

Select Appropriate Operation:

California Shoreline Protection Only:
Santa Barbara Channel Transit Only:
CA Shoreline Protection for Port Hueneme & Santa Barbara Channel Transit:

I hereby acknowledge receipt of National Response Corporation's rate schedule published and effective as of February 18th annually, which is also posted on NRC's webpage <http://www.nrcc.com>, and hereby authorize National Response Corporation to provide goods and services for this job and also accept the terms of the rate schedule set forth and agree to pay according to said schedule any and all monies due and owing within ten (10) days from invoice date. I understand that a finance charge of 1 1/2% per month, which is an annual percentage rate of 18%, will be charged on all past due accounts.

Client/Master/QI Authorization:

Name: _____ Company: _____
(Please Print)

(Please Sign) 24 Hour Phone/ Fax: _____
E-Mail Address: _____

Agent: (if known)

Name: _____ Phone/Fax/E-mail: _____

3500 Sunrise Highway
Bldg 200 Suite 200
Great River, NY 11739-3500
(631) 224-9141 (Phone)
(631) 224-9086 (Fax)
iocdo@nrcc.com (email)