

Reset Form



NATURAL RESOURCES
HILARY S. FRANZ
COMMISSIONER OF PUBLIC LANDS

AGENCY USE ONLY

Date received: _____

Complete Incomplete

DVRP Vessel Number: _____

Approval to pay initials: _____

PRG/PRJ: _____ Amount: _____

PRG/PRJ: _____ Amount: _____

PRG/PRJ: _____ Amount: _____

All Back-Up Documents Attached? ___ Yes No ___

**WASHINGTON STATE DEPARTMENT OF NATURAL RESOURCES
DERELICT VESSEL REMOVAL PROJECT APPLICATION FOR REIMBURSEMENT**

Complete and return this form to:
Washington State Department of Natural
Resources Derelict Vessel Removal
Program PO Box 47027
Olympia, WA 98504-7027
FAX: (360) 902-1786
EMAIL: dvrp@dnr.wa.gov

GENERAL INFORMATION

DERELICT VESSEL ID#:

WA REGISTRATION #:

NAME OF VESSEL:

PHOTO AVAILABLE: Yes No CUSTODY DATE:

PROJECT LOCATION:

PROJECT MANAGER:

PHONE NUMBER:

CONTACT EMAIL:

PAYMENT REIMBURSEMENT INFORMATION (AUTHORIZED PUBLIC ENTITY)

NAME:

DEPARTMENT:

MAILING ADDRESS:

CITY: STATE ZIP:

FEDERAL TAX ID #:

UBI:

VESSEL OWNER INFORMATION

OWNER NAME: UNKNOWN:

STREET ADDRESS:

CITY: STATE ZIP:

HOW DO YOU KNOW THEY ARE THE OWNER?

VESSEL OWNER INSURANCE

OWNER COVERED BY INSURANCE? YES NO

INSURANCE REQUIRED (RCW 53.08.310): YES NO

INSURANCE AGENCY:

POLICY NUMBER:

HAS DISPOSITION BEEN REPORTED TO THE TITLING AGENCY?: YES NO

STATUTE UNDER WHICH THE VESSEL WAS SEIZED: RCW 53.08.310 RCW 79.100

IF SEIZED UNDER RCW 53.08.310 DOES THE MOORAGE FACILITY HAVE INSURANCE MEETING THE REQUIRMENTS IN RCW 53.08.480?

YES (IF YES, PLEASE PROVIDE A CERTIFICATE OF COVERAGE)

NO

WAS THE VESSEL SUBJECT TO A MOORAGE AGREEMENT?: Choose One

DID THE VESSEL SINK?: YES NO

WAS THE OWNER'S INSURANCE CALLED?: YES NO

IF NO, THE INSURANCE WAS NOT CALLED, WHY WEREN'T THEY CALLED?:

DID THE OWNER'S INSURANCE COVER THE VESSEL? IF NOT, WHY?:

COST RECOVERY

OWNER:

PROCEEDS:

TOTAL RECOVERY:

COST OF PROJECT

TOTAL COST:

COST RECOVERY:

PUBLIC/PRIVATE CONTRIBUTIONS:

TOTAL REQUESTED:

ADDITIONAL INFORMATION

	YES	NO
Has the owner been identified? If so, please explain how, in "Other" box	<input type="radio"/>	<input type="radio"/>
Has the owner been found?	<input type="radio"/>	<input type="radio"/>
There is no identifiable owner. (No vessel ID numbers)	<input type="radio"/>	<input type="radio"/>
Has the owner been found to be unable to pay?	<input type="radio"/>	<input type="radio"/>
The owner was invoiced for the full cost of the removal and disposal, and did not pay within 30 days. (Please attach copy of invoice)	<input type="radio"/>	<input type="radio"/>

Other (Please explain):

	YES	NO
The Authorized Public Entity identified on this application has read and followed all procedures described in Chapter 79.100 RCW and the DVRP Guidelines, or when appropriate, Chapter 53.08.320 RCW.	<input type="radio"/>	<input type="radio"/>
The Authorized Public Entity or its contractor conducted all work in connection with vessel salvage and disposal operations in accordance with all federal, state and local laws, rules and regulations, including the state solid waste disposal and hazardous waste management provisions provided for in Chapters 70.95 RCW and 70.105 RCW.	<input type="radio"/>	<input type="radio"/>
Authorized Public Entity or its contractor acquired all necessary permits/rights of entry and copies of all permits are attached.	<input type="radio"/>	<input type="radio"/>
If reimbursed from the Derelict Vessel Removal Account, the Authorized Public Entity certifies that it will reinstate funds to the Account should the vessel's previous owner subsequently pays costs owing for the removal and disposal operations.	<input type="radio"/>	<input type="radio"/>
Are all documents supporting proper custody attached? Owner letters, legal notice, vessel posting, ect... Document requirements are different for RCW 58.08 and RCW 79.100.	<input type="radio"/>	<input type="radio"/>

FUNDING PRIORITY:

	Notice on Vessel (15 Days)	Letter to Owner or other lienholders on record	Posting on DNR Website
Notification Procedures (Check if completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The undersigned representative certifies that the information submitted herewith is true and correct to the best of his/her knowledge and belief, and he/she is authorized to sign and submit this application on behalf of the Authorized Public Entity described on Page one of this application.

Signature of Authorized Representative: _____

Name:

Title:

Phone Number:

Date: