| | Y USE ONLY |
|--------------------------|------------------|
| Date received: | |
| Complete Incomp | lete |
| OVRP Vessel Number: | |
| pproval to pay initials: | |
| PRG/PRJ: | Amount: |
| PRG/PRJ: | Amount: |
| PRG/PRJ: | Amount: |
| | |
| All Back-Up Documents A | 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 REIMBURSMENT INFORMATION (AUTHORIZED PUBLIC ENTITY)

| NAME: | |
|-------------------|------------|
| DEPARTMENT: | |
| MAILING ADDRESS: | |
| CITY: | STATE ZIP: |
| FEDERAL TAX ID #: | |
| UBI: | |

VESSEL OWNER INFORMATION

| OWNER NAME: | | | UNK | NOWN: | | |
|---|----------------|--|-----------|---------------|---------|-------|
| STREET ADDRESS: | | | | | | |
| CITY: | | STATE | | ZIP: | | |
| HOW DO YOU KNOW THEY ARE THE OWNER? | | | | | | |
| VESSEL OWNER INSURA | ANCE | | | | | |
| OWNER COVERED BY INSURANCE? | □ YES □ NO | INSURANCE REC (RCW 53.08.310) | | □ YES □ NO | | |
| INSURANCE AGENCY: | | | | | | |
| POLICY NUMBER: | | | | | | |
| HAS DISPOSITION BEEN THE TITLING AGENCY?: | REPORTED TO | ☐ YES ☐ NO | | | | |
| STATUTE UNDER WHICH WAS SEIZED: | THE VESSEL | RCW 53.08.310RCW 79.100 | | | | |
| IF SEIZED UNDER RCW 5 THE REQUIRMENTS IN R | | HE MOORAGE FACIL | LITY HAVE | E INSURA | NCE MEE | eting |
| 🗌 YES (IF YES, PLEA | SE PROVIDE A C | CERTIFICATE OF CO | VERAGE) | | | |
| □ NO | | | | | | |
| WAS THE VESSEL SUBJE | CT TO A MOORA | GE AGREEMENT?: C | Choose On | ne | | |
| | | | | | | |
| DID THE VESSEL SINK?: | ☐ YES ☐ NO | WAS THE OV INSURANCE CA | | ☐ YES ☐ NO | | |
| IF NO, THE INSURANCE W THEY CALLED?: | AS NOT CALLED |), WHY WEREN'T | | | | |
| DID THE OWNER'S INSUF | RANCE COVER T | HE VESSEL? IF NOT | , WHY?: | | | |
| | | | | | | |

COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ACCURATE AND TIMELY PROCESSING. PLEASE CHOOSE YES OR NO (THE DEFAULT IS NO):

| CHOOSE YES OR NO (THE DEFAULT IS NO): | YES | NO |
|---|------------|------------|
| Vessel custody notice | 0 | 0 |
| Owner notification letters with mail receipts (if owner is known) | 0 | 0 |
| Any letter "Return to Sender"/ "Unable to Deliver" receipts | 0 | 0 |
| Auction notice (RCW 53.08 only) | 0 | 0 |
| Email requesting website upload of custody notice (RCW 79.100 only) | 0 | 0 |
| Vessel deconstruction receipts with disposal weight tickets | 0 | 0 |
| Any other receipts for which reimbursement is being requested | 0 | 0 |
| An accurate account of administrative costs | 0 | 0 |
| Proof of cost recovery attempt(s) from owner or insurance company | \bigcirc | \bigcirc |
| Proof of ownership | | |
| | | |

ITEMIZED COSTS LIST

For each identifiable task or work item, enter its cost and when delivery or completion of the task or work item is anticipated. **Appropriate paperwork to support these itemized costs must be attached**.

TASK OR WORK ITEMS:

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COMPLETION

TOTAL COST:

COST RECOVERY

| OWNER: | | |
|-----------------|------------------------|---|
| PROCEEDS: | | |
| TOTAL RECOVERY: | | |
| COST OF PROJECT | TOTAL COST: | |
| | COST RECOVERY: | |
| PUBLIC/ | PRIVATE CONTRIBUTIONS: | |
| | TOTAL REQUESTED: | 3 |

ADDITIONAL INFORMATION

| | YES | NO |
|--|-----|----|
| Has the owner been identified? If so, please explain how, in "Other" box | 0 | 0 |
| Has the owner been found? | 0 | 0 |
| There is no identifiable owner. (No vessel ID numbers) | 0 | 0 |
| Has the owner been found to be unable to pay? | 0 | 0 |
| 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) | 0 | 0 |

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. | 0 | 0 |
| 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. | 0 | 0 |
| Authorized Public Entity or its contractor acquired all necessary permits/rights of entry and copies of all permits are attached. | 0 | 0 |
| 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. | 0 | 0 |
| 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. | 0 | 0 |

FUNDING PRIORITY:

| | Notice on Vessel (15 Days) | Letter to Owner or other lienholders on record | Posting on DNR Website |
|---|-------------------------------|---|---------------------------|
| Notification Procedures (Check if completed) | | | |

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: | |