

## State of Alaska Non-Tank Vessel Clean-Up Contractor (NVCC) Coverage Agreement

The NVCC Agreement for Provision of Response Resources between 1-Call Alaska, LLC.  
(Provider) and \_\_\_\_\_ (Client), dated \_\_\_\_\_

In accordance with the provisions and definitions set forth in Alaska Statute [AS 46.04.055](#) and [AS 46.04.030](#), Provider shall maintain an Alaska Non-Tank Vessel Clean-up Contractor program known as “1-Call Alaska NVCC Program”, for areas within the United States and its Exclusive Economic Zone defined as 1-Call Alaska LLC’s State Response Area . See 1-Call Alaska Coverage Maps as described and posted on [www.1callalaska.com](http://www.1callalaska.com) .

1. Provider shall make available to Client its NVCC Certification approval letter for the Client’s and/or its plan preparer’s use in obtaining an Alaska Streamlined Non-tank Vessel Streamlined Oil Discharge Prevention and Contingency Plan (NTV C-Plan).
2. Client, on behalf of its vessels covered by this Agreement (Covered Vessels), shall permit the tracking of its Covered Vessels when operating in Western Alaska and Prince William Sound COTP zones.
3. In addition to the required notifications to the U.S. Coast Guard and the Qualified Individual (QI); The Client shall firstly notify Alaska DEC in accordance with **18 AAC 75.300**, and then 1-Call Alaska if/when there is an incident.
4. Enrolment of Clients’ non-tank vessels in the 1-Call Alaska LLC NVCC Program shall occur upon the completion and submission of this agreement, the Statement of Contractual Terms between a Streamlined Oil Discharge Prevention and Contingency Plan Holder and a Clean-up Contractor form, attached to this agreement and issuance of an executed 1-Call Alaska LLC State Coverage Certificate.
5. The client agrees to the 1-Call Alaska LLC. standard terms and conditions which are incorporated by reference and can be found on 1-Call Alaska web site at <https://1callalaska.com/vessel-enrollment/documents/>

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

Position: \_\_\_\_\_

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

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

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

Position: \_\_\_\_\_

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

1-Call Alaska, LLC Signature: \_\_\_\_\_

Please return signed copy to [csr@1callalaska.com](mailto:csr@1callalaska.com).

For any questions, please email [csr@1callalaska.com](mailto:csr@1callalaska.com) or phone +1 907 243 0069.



**STATE OF ALASKA**  
Department of Environmental Conservation Division of  
Spill Prevention & Response  
P.O. Box 111800  
Juneau, AK 99811-1800  
dec.alaska.gov



**Statement of Contractual Terms between a Streamlined Oil Discharge Prevention and Contingency Plan Holder and a Cleanup Contractor**

Alaska Statutes 46.04.030 and 46.04.055 provide the basis for the requirements for an approved Oil Discharge Prevention and Contingency Plan (Plan). Alaska Administrative Code, Title 18, Chapter 75, Articles 4 and 5 provide the regulatory framework for a person to gain approval and maintain compliance with the Plan.

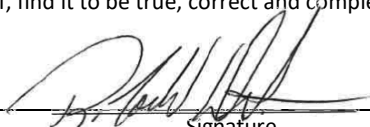
This document serves as the "statement" required under 18 AAC 75.531(8) for a person seeking registration as a Cleanup Contractor under 18 AAC 75.521.

This document is a certification to the Alaska Department of Environmental Conservation of the contract between the Streamlined Oil Discharge Prevention and Contingency Plan holder (plan holder) and the Cleanup Contractor.

This document further serves as evidence of the Cleanup Contractor's obligation to the plan holder to act in the role of streamlined plan cleanup contractor under 18 AAC 75.426 and fulfill the requirements under 18 AAC 75.531 and 75.561.

**This completed form must be signed by both the Cleanup Contractor and the plan holder.**

I certify, under penalty of unsworn falsification in violation of AS 11.56.210, that I am a principal of the Cleanup Contractor, an authorized agent for the Cleanup Contractor, or an official of the Cleanup Contractor; that I have authority to sign this Statement of Contractual Terms (this document) on behalf of the Cleanup Contractor; and that I have examined this document in its entirety and to the best of my knowledge, information, and belief, find it to be true, correct and complete.



Signature

Date

Name:	R. Todd Duke	Title:	General Manager	For:	1-Call Alaska LLC
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I certify, under penalty of unsworn falsification in violation of AS 11.56.210, that I am the plan holder, a principal of the plan holder, an authorized agent for the plan holder, or an official of the plan holder; that I have authority to sign this document on behalf of the plan holder; and that I have examined this document in its entirety and to the best of my knowledge, information, and belief, find it to be true, correct, and complete.

Signature

Date

Name:		Title:		For:	
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## Appendix - A CLIENT ENROLLMENT FORM

<b>Company Name</b>	
<b>Company Address</b>	
<b>Billing Address</b> <i>Please complete if different than company address. Please complete Appendix C for vessels with a unique billing address.</i>	
<b>Primary Operator Contact Name</b>	
<b>Primary Operator Phone Number (1)</b>	
<b>Primary Operator Phone Number (2)</b>	
<b>Primary Operator Email Address</b>	
<b>Company Website</b>	
<b>Qualified Individual</b>	
<b>Designated Person Ashore (DPA) Name</b>	
<b>DPA Phone Number (1)</b>	
<b>DPA Phone Number (2)</b>	
<b>DPA Email Address</b>	

**Appendix - B**  
**AK NVCC VESSEL ENROLLMENT FORM**

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

Vessel Name	IMO #	MMSI #	Fuel Cap in BBL	VRP Number	Vessel Email	Vessel Sat Phone

### Appendix - C Vessel Specific Billing Information

*Please complete Appendix C for vessels with a unique billing address.*

Vessel Name	Bill To	C/O	Billing Address