

## DECLARATION (PART III OF 4 PARTS)

12. Applicant's mailing address (street, number, post office box, city, state or country. Indicate ZIP code if in the United States):	14. Type or print in this space the name and title of the official who is signing this application:
13. Telefax number and/or telex number and answerback:	15. Address of principal office in the United States (if any):
	16. Telephone no. (area code and number):

I declare that I have examined this application, including any accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete. Furthermore, the applicant named in item 1 (a) of Part I above is the responsible operator of all vessels now listed in or later added to this application. I agree that in the event the agent designated in item 4 of Part I above, or that agent's replacement as may be designated later with the approval of the Director, Coast Guard National Pollution Funds Center, cannot be served due to death, disability, unavailability, or similar event, the Director, Coast Guard National Pollution Funds Center, is considered the agent for service of process. I have signed this application in my capacity as an authorized official of the applicant, or, if acting under a power of attorney, pursuant to the power vested in me by the applicant as evidenced by the attached power of attorney.

**IMPORTANT**



DATE	SIGNATURE OF AUTHORIZED OFFICIAL
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**NOTE:** Please be sure that Parts I, II, and III have been completed in full and that Part III has been dated and signed. Then proceed to Part IV, attached.

**NO CERTIFICATE WILL BE ISSUED UNLESS A COMPLETED APPLICATION FORM HAS BEEN RECEIVED, PROCESSED AND APPROVED.**

COMMENTS:

Any person who knowingly and willfully makes a false statement in this application is subject to the sanctions prescribed in 18 U.S.C. 1001.