

# VESSELS OF OPPORTUNITY

## Enrollment Form

<b>Full name:</b> _____		
<b>Email:</b> _____		
<b>Address:</b> _____		
(street)		
_____	_____	_____
(city)	(state)	(zip code)
<b>Primary phone number:</b> _____		
<b>VOO region of your homeport area (see page 4):</b> _____		
<b>Address where the vessel is normally located:</b> _____		
	(street)	
_____	_____	_____
(city)	(state)	(zip code)

**I am registering a:**

- Commercial Vessel
- Recreational Vessel

**Name of vessel:** \_\_\_\_\_

**Length of vessel (in feet):** \_\_\_\_\_

**Year, make, and model of vessel:** \_\_\_\_\_

**Vessel's Lloyds Registry and/or International Maritime Organization (LR/IMO) number or official number:**

\_\_\_\_\_

**Vessel engine type and horsepower:** \_\_\_\_\_

**Hull construction:**

- Metal
- Fiberglass
- Wood
- Other: \_\_\_\_\_

**Date of most recent marine survey** (if you've never had a marine survey, mark "never"): \_\_\_\_\_

**Date of most recent USCG compliance inspection or boarding:**

- Date of inspection or boarding: \_\_\_\_\_.
- Never had an inspection.
- Unknown.
- Not applicable, I have a recreational vessel.

**Expiration date of USCG "Certificate of Compliance of Inspection", or "Fishing Vessel Safety Examination" decal:**

- Expiration date: \_\_\_\_\_.
- Never obtained one.
- Unknown.

**Vessel insurance information and coverage plan:**

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**Vessel crew training records relevant to oil spill response.** (Check all that apply.)

- 8 hour HAZWOPER. Completion date: \_\_\_\_\_
- 16 hour HAZWOPER. Completion date: \_\_\_\_\_
- 24 hour HAZWOPER. Completion date: \_\_\_\_\_
- 40 hour HAZWOPER. Completion date: \_\_\_\_\_
- None

**Select the maximum distance from shore you intend to operate:**

- 1 mile
- 2 miles
- 5 miles
- >5 miles

**Number of passengers certified to carry per USCG COI** (if applicable):

- 1
- 2-5
- 5-10
- 10-20
- Not applicable

**Number of berths:**

- 1
- 2-3
- 4-6
- 7-10
- None

**Does the vessel have an installed toilet?**

- Yes
- No

**Seasonal operations of the vessel. Please describe your availability.** (For example, "in Puget Sound 9 months of the year and 3 months in Alaska"): \_\_\_\_\_

\_\_\_\_\_

**Is there a drug testing program for captain and crew?**

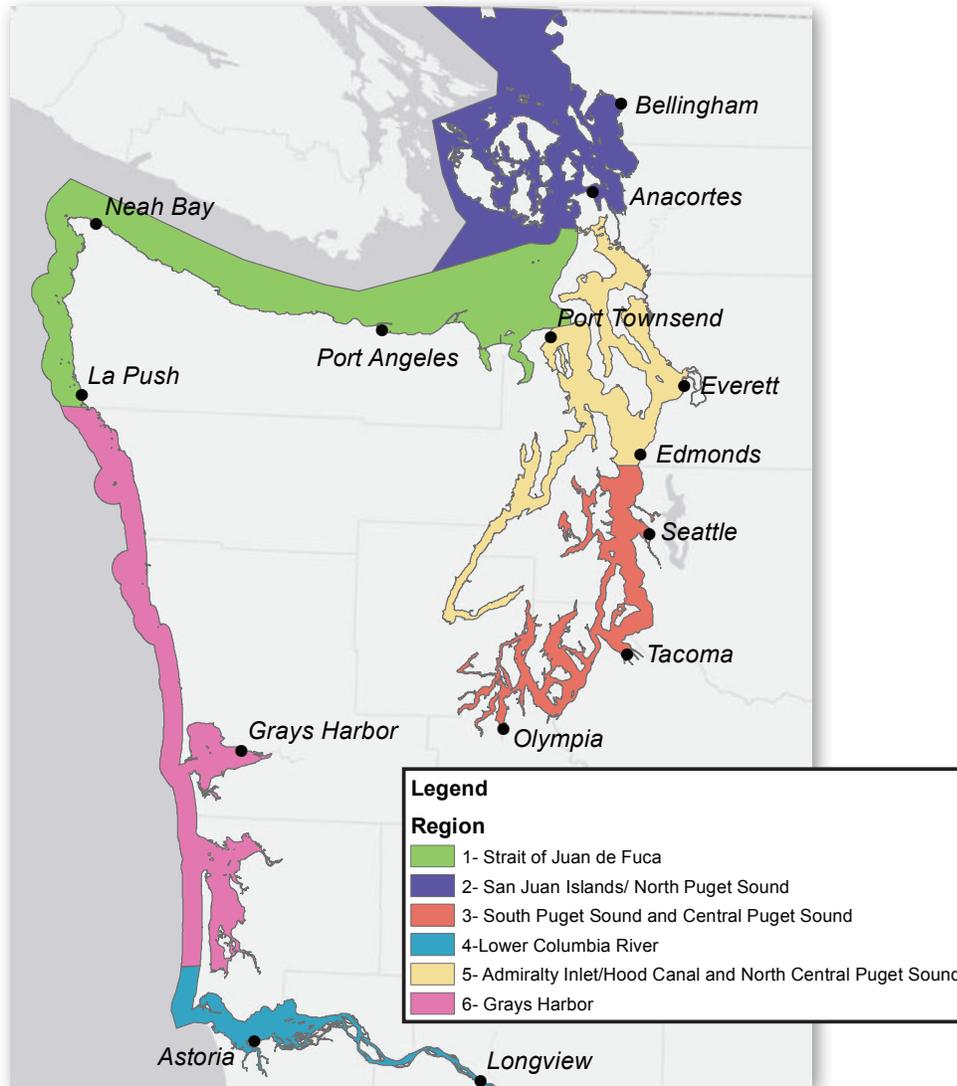
- Yes. Please describe: \_\_\_\_\_
- No

**Are you currently contracted to a Washington State approved Primary Response Contractor (PRC)?**

- Yes. If so, which one:
  - Marine Spill Response Corporation (MSRC)
  - National Response Corporation (NRC)
  - Other: \_\_\_\_\_
- No

# VOO Regions

VOO regions cover all marine waters of Washington State. Use this map to identify your VOO region. Locate your homeport on the map, then use the legend to find which VOO region it falls under.



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## Mail your completed enrollment form to:

Washington Department of Ecology  
Spill Prevention, Preparedness, and Response Program  
PO Box 47600  
Olympia, WA 98504-7600

If you have questions about this form, please contact Sonja Larson at 360-407-6682.

### Special Accommodations:

To request this document in a format for the visually impaired, please call the Ecology Spills Program at (360) 407-7455. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.