**COMPANY LETTERHEAD**

**Street Address / Mailing Address/ Telephone / Facsimile Number/E-mail Address**

Date

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

**Subject: Participation in Washington State's Voluntary Program for Tank Vessels**

To Whom It May Concern:

NAME OF COMPANY wishes to participate in Washington State's Voluntary Best Achievable Protection (VBAP) program or Exceptional Compliance Program (ECOPRO) for Tank Vessels. Enclosed is our Oil Spill Prevention Plan for your review. The vessels covered by this plan are described by name, IMO number, and deadweight tonnage in our submitted plan.

We acknowledge that participation in the VBAP or ECOPRO program is voluntary. If at any time we wish to discontinue our participation, we may do so by letter under the signature of NAME OF COMPANY’s chief executive officer, or designee.

We understand that under these voluntary programs for tank vessels, NAME OF COMPANY and its employees, agents, vessels, and crew must comply with the policies, procedures, and practices described in the submitted plan while operating in Washington waters. We agree to comply with these standards in order to remain members of VBAP or ECOPRO.

In addition, we agree to allow our vessel(s) to be boarded and inspected by Department of Ecology inspectors without prior notice at reasonable times and places. We also agree to cooperate with the Department of Ecology in investigating and mitigating any risk posed, or that may be posed, by a vessel(s) that we own or operate upon Washington waters.

Finally, we agree to notify the Department of Ecology in a timely manner if one of our vessels experiences a malfunction of its propulsion, navigation, or safety systems; or breach of structural or watertight integrity of a bulkhead, hull, or scantling; prior to entering, or while operating in, Washington waters.

Questions and further information concerning the plan submitted and vessel(s) covered may be addressed to the primary point of contact for the plan:

Name

Title

Company

Address

Telephone

Facsimile

E-mail address

Please copy all correspondence to our consultant (if any):

Name

Title

Company

Address

Telephone

Facsimile

E-mail address

On behalf of NAME OF COMPANY and its employees, vessels, and crew:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Chief Executive Officer, or designee