

**APPENDIX #1**

<b>Abandoned Vessel Removal Application Form</b>		
File Number (to be assigned by Agency):		
Today's date:	Date sighted or incident:	
When did the vessel become abandoned and how was this determined (please attach documentation)?		
Removal form filed by:	Contact phone numbers	
Mailing address:	Cell:	
	Office:	
	Email:	
General location of vessel:		
Latitude:	Longitude:	Water Depth:
Is vessel on private property?	If so property owners name and address:	
Vessel Name:	Identification Number:	Photos shall be attached detailing various views.
Vessel owner's name:	Owner's address:	Owner's Insurance:
		Agency
		Policy #
Has the vessel owner been found to be unable to pay? Please elaborate.		
How is the vessel secured?		
Length: FT	Beam: FT	Tonnage:
Hull Type (wood, fiberglass etc):	Propulsion (sail, power):	Type of Fuel (gas/diesel):
Is there anything leaking?	Estimated Fuel on board (gal)	Any other hazardous material?
What government agencies have responded to this incident (attach/include reports)?		
What was the outcome of this response?		

Is/was this vessel a human health or safety hazard (attach additional info as needed)?
Is/was this vessel an environmental hazard (attach additional info as needed)?
What was the Actual cost for the removal of the vessel? Please attach a full accounting.
Was the vessel salvaged or disposed? Amount of salvage.
Is the written estimate/invoice for the removal attached to the application?
Is there anything additional the Commission should know about this vessel?
<b>Certification and Agreement:</b>

I, the undersigned, hereby state under the penalty of perjury, that I am authorized to represent the \_\_\_\_\_ for the purposes of this application and that I have reviewed the Derelict and Abandoned Vessel and Obstruction Removal Commission Rules and Regulations. I hereby certify to the best of my knowledge and belief that the representations set out in this application and any supporting documents are true and correct. I hereby certify that I am submitting this application in accordance with the provisions of Chapter 46-6 of the General Laws, as amended. I understand that submission of a false certification to the DEM may constitute a violation of Rhode Island General Laws § 11-18-1 and subject me to criminal penalties and/or a fine.

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Printed Name Date

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public # \_\_\_\_\_

My Commission Expires \_\_\_\_\_