



WASHINGTON STATE DEPARTMENT OF  
**Natural Resources**

# Derelict Vessel Removal Program Guidelines

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Prepared by:

Aquatic Resources Program Policy Unit  
October 10, 2003

Revised September 2007  
Derelict Vessel Removal Program

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## Appendix A: Agency Contact Information

### Emergency Contacts

**Spills of Hazardous Substances**—Report all spills or releases of oil or other hazardous substances on water or land to the following agencies:

- U.S. National Spill Response Center: (800) 424-8802
- Washington State Department of Emergency Management: (800) 258-5990.
- Washington Department of Ecology 24-hour Spill Response Hotline: (360) 407-6300

### Marine Emergencies

- For all marine emergencies in Puget Sound and in the Pacific Ocean north of Grays Harbor (N 47°-00'), notify: U.S.C.G. Seattle Marine Safety Office, (206) 217-6232.
- For marine emergencies in the Pacific Ocean from Grays Harbor south and on the Columbia River, notify: U.S.C.G. Portland Marine Safety Office, (503) 240-9301.

### Non-emergency Contacts

#### Washington State Department of Natural Resources

Derelict Vessel Removal Program  
1111 Washington St. SE  
P.O. Box 47027  
Olympia, WA 98504-7027  
(360) 902-1100 or (360) 902-1574  
DVRP@dnr.wa.gov  
<http://www.dnr.wa.gov>

#### U.S. Coast Guard

Marine Safety Office Sector Seattle  
1519 Alaskan Way South, Bldg. 4  
Seattle, WA 98134-1192  
(206) 217-6200  
<http://www.uscg.mil/d13/units/msopuget/index.htm>

#### U.S. Coast Guard

Marine Safety Office Sector Portland  
6767 North Basin Ave.  
Portland, OR 97217  
(503) 240-9310  
[http://www.uscg.mil/D13/portland/sector\\_info.htm](http://www.uscg.mil/D13/portland/sector_info.htm).

#### U.S. Army Corps of Engineers

Seattle District Operations Division  
Navigation Section  
P.O. Box 3755  
Seattle, WA 98124  
(206) 764-6987  
<http://www.nws.usace.army.mil/>

**Department of Ecology**

Spill Prevention, Preparedness and Response  
P.O. Box 47600  
Olympia, WA 98504-7600  
(360) 407-6375  
<http://www.ecy.wa.gov>

**Department of Ecology**

Remedial Action Grant Program  
P.O. Box 47600  
Olympia, WA 98504-7600  
(360) 407-6062

**Washington Department of Fish and Wildlife**

600 Capitol Way N.  
Olympia, WA 98501-1091  
(360) 902-2200  
<http://www.wdfw.wa.gov/>

**Washington State Parks and Recreation Commission**

Boating Program  
7150 Cleanwater Dr SW  
P.O. Box 42650  
Olympia, WA 98504-2650  
(360) 586-6592  
<http://www.parks.wa.gov/>

**Washington Public Port Association**

Environmental Affairs Coordinator  
P.O. Box 1518  
Olympia, WA 98507-1518  
(360) 943-0760  
<http://www.washingtonports.org/>

## Appendix B: Derelict Vessel Reporting Form

**Washington State Department of Natural Resources  
Derelict Vessel Removal Program**

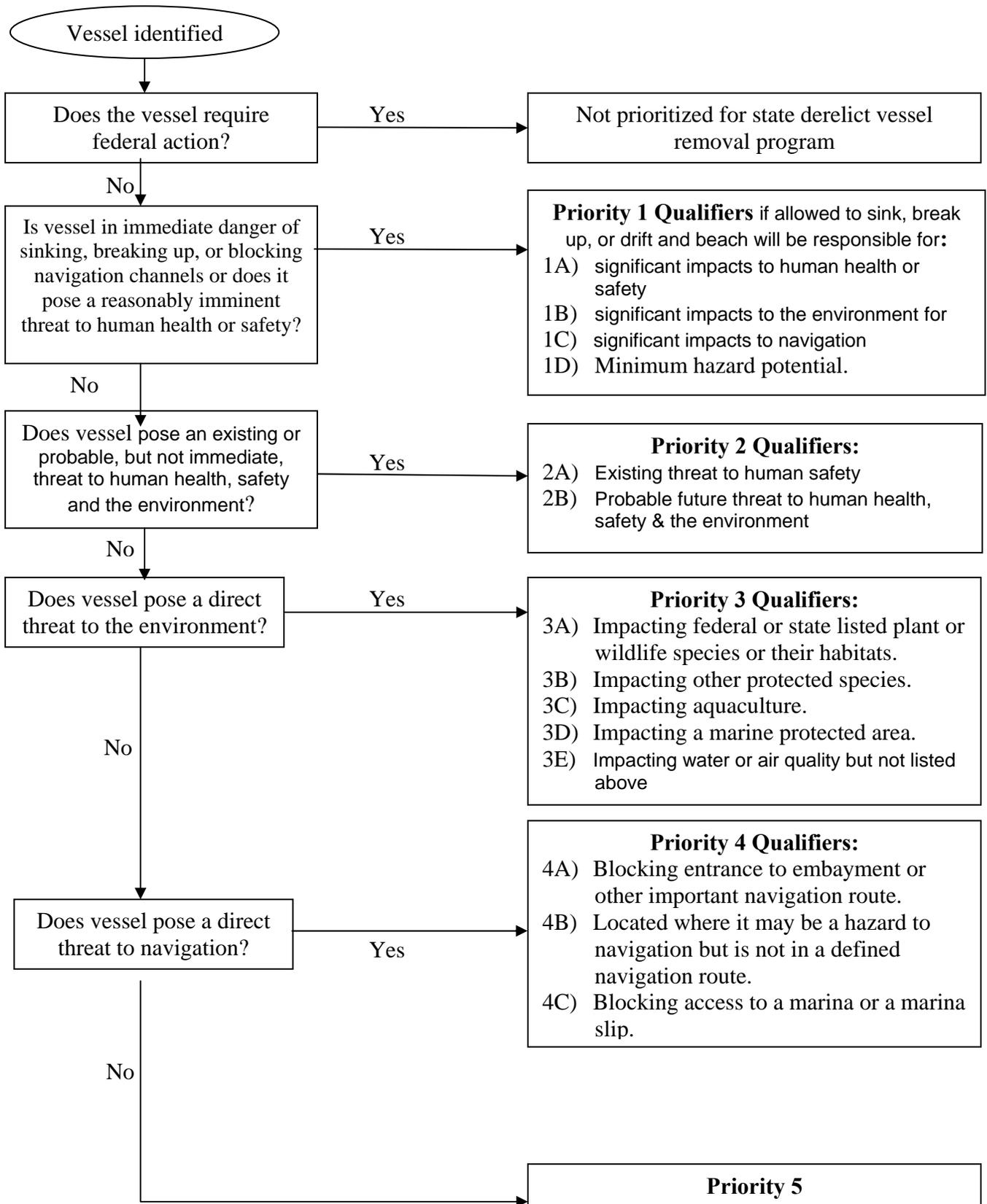
PO Box 47027  
Olympia, WA 98504-7027  
Fax: (360) 902-1786  
Email: DVRRP@dnr.wa.gov

**Instructions:** Please enter as much of the information below as possible. If information is estimated, please indicate that. **Items marked with an asterisk must be filled in.** Proposals for the use of Derelict Vessels Fund for vessel removal will not be processed until the vessel has been reported to the Derelict Vessel Removal Program. Once this form has been received by the program, the derelict vessel will receive an identification number that is required on the application for removal. That number will be sent to the reporting individual unless no contact information is supplied, or if the reporting individual expressly requests not to be contacted. Complete and return this form to the above.

DERELICT VESSEL INFORMATION		COUNTY
* Today's date:	* Date sighted:	Date of incident:
* Reported by:		*Phone number:
* Address:		
* General location:		
Latitude:	Longitude:	Water Depth:
* Type of hazard (check all that apply): Navigation <input type="checkbox"/> ; Human health <input type="checkbox"/> ; Environmental <input type="checkbox"/> ; Aesthetic <input type="checkbox"/> ; Other		
Vessel name:		Identification number:
Length:           feet	Beam (width):           feet	Gross tonnage:
Hull type (wood, fiberglass, etc.):	Propulsion (Power, sail, other):	Type of fuel (gas, diesel):
Estimated fuel capacity of all tanks on board: (gallons)	Estimated fuel on board when the vessel sank: (gallons)	
Other hazardous materials on board (e.g. hydraulic fluid, propane, oil) and estimated amounts:		
Vessel is located on: State-owned aquatic land. ; DNR leasehold <input type="checkbox"/> (Type           ); Private land <input type="checkbox"/> ; Other		
What government agencies have responded to this incident? (Include copies of all incident reports)	Summary of actions by other government agencies:	
Additional comments:		

www.dnr.wa.gov

## Appendix C: Funding Prioritization and DNR Removal Prioritization Flowchart



## Appendix D: Request for Assurance of Funds

**Washington State Department of Natural Resources  
Derelict Vessel Removal Program**

PO Box 47027

Olympia, WA 98504-7027

Fax: (360) 902-1786 --Email: DVRP@dnr.wa.gov

See instructions below, complete and return this form to the above.

Part I – General Information		County:	
Date: _____		Derelict Vessel ID#: _____	
Reporting Form Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Photo Available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Authorized Public Entity Information:</b> _____ Authorized Public Entity Type: _____ <input type="checkbox"/> County <input type="checkbox"/> DNR <input type="checkbox"/> City <input type="checkbox"/> State Parks <input type="checkbox"/> Town <input type="checkbox"/> WDFW <input type="checkbox"/> Metro Park District <input type="checkbox"/> Port District		<b>Estimated Cost of Project:</b> _____ 1) Estimated Total Cost:            \$ _____ 2) Eligible for reimbursement:    \$ _____ 3) Cost Recovery:                    \$ _____ 4) Public/Private Contributions:    \$ _____ Total Requested*:                    \$ _____ *Total requested = (2 – 3 – 4) x .90	
APE Name Department Address		Project Period: Project Location: Contact Person: Contact Phone: Email Address:	
<b>Vessel Owner:</b> Name Address Vessel owner covered by insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Agency: Policy#:		<input type="checkbox"/> <b>Property Owner or</b> <input type="checkbox"/> <b>Lessee*:</b> Name Address * Enter lessee information if property owned by state. Lessee/owner covered by insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Agency: Policy#:	



<b>Part IV – Certification and Agreement</b>	
<p>The undersigned representative certifies that the information submitted herewith is true and correct to the best of his/her knowledge and belief, and is authorized to sign and submit this application.</p> <p>The Applicant agrees that if reimbursement is granted on the basis of this application or any revision or amendment thereof, it will comply with all applicable statutory provisions and with the applicable terms, conditions and provisions of the Department of Natural Resource’s derelict vessel removal program guidelines.</p>	
Signature of Authorized Representative	Typed Name and Title
Date	Phone Number

**Instructions for completing this form**

**Part I – General Information**

- Date: Enter the date application completed.
- Derelict vessel ID#: Enter the ID# assigned to this vessel after it was reported. If the vessel has not been reported, enter “Not yet reported”.
- Reporting Form Submitted: Check “yes” if a Derelict Vessel Reporting Form has been submitted.
- Photo Available: Check yes or no if a photo of the vessel is available. Attach if available.
- Authorized Public Entity Type: Check the box that represents the type of Authorized Public Entity requesting the assurance.
- Estimated Cost of Project:
  - 1) Enter the total estimated cost of the project.
  - 2) Enter the costs eligible to be considered for reimbursement (see 7.6.7 of the Program Guidelines).
  - 3) Enter the amount of funds recovered from the owner of the vessel or from the sale of any part of or the entire vessel.
  - 4) Enter any public or private contributions received to complete the removal of the vessel.
  - Enter the total requested funds by subtracting the amount of cost recovery and the amount of private contributions received from the costs eligible for reimbursement, and multiplying the result by 90%.
- Authorized Public Entity Name/Department/Address: Self explanatory.
- Project Period: The project period consists of the project start date to its end date. Project start date is the date initially notification of intent to obtain custody of the vessel is posted. The end date is the estimated date of completion of the project to include disposal of the vessel.
- Project Location: Enter the general location of the project.
- Contact Person: Enter the name of the person acting as the Authorized Public Entity’s representative for the project.
- Email Address: Enter the contact’s email address.
- Vessel Owner: Fill in the name and address of the owner of the vessel if known. If unknown, state “unknown”. If the vessel owner is known, complete the rest of the information if known. If unknown, state “unknown”.
- Lessee or Property Owner: Check whether the information is for the lessee or the property owner. If the property is owned by the state of Washington, enter the lessee. Enter the name and address of the lessee or owner of the property the vessel is on or above. This information must be determined. Entering “unknown” in this block will delay the approval of this request. Complete the rest of the information in this block if known.

**Part II – Estimated Itemized Costs**

- For each identifiable task or work item, enter its cost and when delivery or completion of the task or work item is anticipated. Add up the cost of all items and put total in the last row.

**Part III – Additional Information**

- Authorized Public Entity has read and understands RCW 79.100 and the Derelict Vessel Removal Program Guidelines: Check “yes” if RCW 79.100 and the program guidelines have been read and understood. The statutes and guidelines may be obtained from the program website at:  
[http://www.dnr.wa.gov/htdocs/aqr/derelict\\_vessel/index.html](http://www.dnr.wa.gov/htdocs/aqr/derelict_vessel/index.html)  
or by contacting the program manager at the address and phone number shown on the first page of this application.
- Have all procedures in RCW 79.100.040 been completed: This RCW outlines the procedures for taking custody of an abandoned or derelict vessel. If custody has not been obtained, include the scheduled completion of those procedures.
- Has the vessel owner been found to be unable to pay: If the owner of the vessel is known and can be located, it must be shown that the owner is unable to pay before reimbursement can be made for the removal of the vessel. Answering “no” to this question **will not** disqualify the Authorized Public Entity from obtaining an assurance of funds for the removal.
- What is the funding priority of this vessel: Enter the funding priority for this vessel. If the vessel has not been reported, it will not have a funding priority. If it has been reported, and you do not know its priority, contact the program manager.
- What is the Authorized Public Entity’s Federal Tax ID number: Enter the Authorized Public Entity’s federal tax ID number.
- Contractor retained to complete the work (if applicable): If a contractor has been retained to complete the work, enter the name of the contractor here.

**Part IV – Certification and Agreement**

- This section must be completed by an authorized representative of the Authorized Public Entity.

## **Appendix E: Assurance of Funds Contract**

**STATE OF WASHINGTON  
DEPARTMENT OF NATURAL RESOURCES  
DOUG SUTHERLAND, Commissioner of Public Lands**

**Interagency Agreement for Derelict Vessels with**

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**Agreement No. IAA –XXXX-XXX**

This Agreement is between \_\_\_\_\_ and the Washington State Department of Natural Resources, referred to as (the DNR) for assurance of funds for derelict vessels as authorized under RCW 79.100.100.

The DNR and \_\_\_\_\_ enter into this Agreement under authority of Chapter 39.34RCW of Washington State, Interlocal Cooperation Act, and Chapter 79.100 RCW, Derelict Vessels.

The purpose of this Agreement is for DNR to assure reimbursement of expenses from the Derelict Vessel Removal Account (DVRA) for costs incurred by \_\_\_\_\_ as a result of exercising the latter's authority under RCW 79.100.030.

**IT IS MUTUALLY AGREED THAT:**

**1.01 Statement of Work.**

**2.01 Period of Performance.**

**3.01 Reimbursement.** To receive reimbursement upon completion of the removal project, the Authorized Public Entity will submit an itemized list of all costs actually incurred to effect the removal. After receipt of that list and verification by DNR that the submitted costs are eligible for reimbursement, payment will be made to the Authorized Public Entity. The DNR will review all funding requests on a quarterly basis. Funding requests will be reimbursed in order of the priority of the vessel removed, starting with priority 1 vessels and working down to the priority 5 vessels. In the event a completed removal operation for a priority 1, 2, 3, or 4 vessel cannot be reimbursed because DVRA funds have been exhausted, that reimbursement application will be granted an assurance of future funds. Assurance of future funds can be granted for up to two years.

**4.0 Records Maintenance.** The parties to this Agreement shall each maintain books, records, documents and other evidence, which sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records

shall be subject to inspection, review, or audit by personnel of both parties, other personnel duly authorized by both party, and the Office of the State Auditor. All books, records, documents, and other material relevant to this Agreement will be retained for six years after expiration and the Office of the State Auditor and any persons duly authorized by the parties shall have full access to and the right to examine any of these materials during this period.

Records and other documents in any medium furnished by one party to this agreement to the other party will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose this material to any third parties without first notifying the furnishing party and giving it a reasonable opportunity to respond. Each party will use reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

**5.01 Amendments.** This Agreement may be amended by mutual agreement of the parties. Amendments shall be in writing and signed by personnel authorized to bind each of the parties.

**6.01 Termination.** Either party may terminate this Agreement by giving the other party 30 days prior written notice. If this Agreement is terminated, the terminating party shall be liable to pay only for those services provided or costs incurred prior to the termination date according to the terms of this Agreement.

**7.01 Termination for Cause.** If for any cause either party does not fulfill in a timely and proper manner its obligations under this Agreement, or if either party violates any of the terms and conditions, the aggrieved party will give the other party written notice of the failure or violation. The aggrieved party will give the other party 15 working days to correct the violation or failure. If the failure or violation is not corrected within 15 days, the aggrieved party may immediately terminate this Agreement by notifying the other party in writing.

**8.01 Disputes.** If a dispute arises, a dispute board shall resolve the dispute like this: Each party to this agreement shall appoint a member to the dispute board. These board members shall jointly appoint an additional member to the dispute board. The dispute board shall evaluate the facts, contract terms, applicable statutes and rules, then determine a resolution. The dispute board's determination shall be final and binding on the parties. As an alternative to the dispute board, either of the parties may request intervention by the Governor, as provided by RCW 43.17.330. In this case, the Governor's process will control the dispute resolution.

**9.01 Governance.** This contract is entered into the authority granted by the laws of the State of Washington and any applicable federal laws. The provisions of this agreement shall be construed to conform to those laws.

If there is an inconsistency in the terms of this Agreement, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

- (1) Applicable State and federal statutes and rules;
- (2) Statement of Work; and
- (3) Any other provisions of the agreement, including materials incorporated by reference.

**10.01 Complete Agreement in Writing.** This Agreement contains all the terms and conditions agreed upon by the parties. No other understanding, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties.

**11.01 Contract Management.** The Project Coordinator for each of the parties shall be the contact person for this agreement. All communications and billings will be sent to the project coordinator.

**12.01 Project Coordinators.**

**IN WITNESS WHEREOF, the parties have executed this Agreement.**

Authorized Public Entity

Dated: \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

STATE OF WASHINGTON  
DEPARTMENT OF NATURAL RESOURCES

Dated: \_\_\_\_\_, 20\_\_

By: Richard Doenges,

Title: Division Manager, Aquatics Resources  
Division

Address: 1111 Washington St SE  
Olympia, WA 98504-7027

Interagency Agreement  
Approved as to form  
By the Assistant Attorney General  
State of Washington

**Attachment A**

**ITEMIZED COSTS**

As per RCW 79.100.100, DVRA funds will be used to reimburse an authorized public entity for up to ninety percent of the total reasonable and auditable administrative, removal, disposal, and environmental damage costs of abandoned or derelict vessels when the previous owner is either unknown after a reasonable search effort or found to be unable to pay as described in RCW 79.100.100(1).

<b>Item</b>	<b>Quantity</b>	<b>Unit</b>	<b>Unit Price</b>	<b>Extended Price</b>
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
<b>TOTAL</b>				<b>\$0.00</b>

90% Reimbursement (DVRA)	\$0.00
10% Authorized Public Entity Contribution	\$0.00





<b>Part IV – Additional information</b>		
The Authorized Public Entity (Authorized Public Entity) identified on this application has read and followed all procedures described in RCW 79.100 and the DVRP Guidelines or, where appropriate RCW 53.08.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the vessel owner been found to be unable to pay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the funding priority of this vessel?		
What is the Authorized Public Entity's Federal Tax ID number		
Contractor retained to complete the work (if applicable):		

<b>Part V – Certification and Agreement</b>	
<p>The undersigned representative certifies that the information submitted herewith is true and correct to the best of his/her knowledge and belief, and is authorized to sign and submit this application.</p> <p>The Applicant agrees that if reimbursement is granted on the basis of this application or any revision or amendment thereof, it will comply with all applicable statutory provisions and with the applicable terms, conditions and provisions of the Department of Natural Resource's derelict vessel removal program guidelines.</p>	
Signature of Authorized Representative	Typed Name and Title
Date	Phone Number

### **Instructions for Completing this Form**

#### **Part I – General Information**

- Date: Enter the date application completed.
- Derelict vessel ID#: Enter the ID# assigned to this vessel after it was reported. If the vessel has not been reported, enter "Not yet reported".
- Reporting Form Submitted: Check "yes" if a Derelict Vessel Reporting Form has been submitted.
- Photo Available: Check yes or no if a photo of the vessel is available. Attach if available.
- Authorized Public Entity Type: Check the box that represents the type of Authorized Public Entity requesting the assurance.
- Actual Cost of Project:
  - 1) Enter the total actual cost of the project.
  - 2) Enter the costs eligible to be considered for reimbursement (see 7.6.7 of the Program Guidelines).
  - 3) Enter the amount of funds recovered from the owner of the vessel or from the sale of any part of or the entire vessel.
  - 4) Enter any public or private contributions received to complete the removal of the vessel.
  - Enter the total requested funds by subtracting the amount of cost recovery and the amount of private contributions received from the costs eligible for reimbursement, and multiplying the result by 90%.
- Authorized Public Entity Name/Department/Address: Self explanatory.

- **Project Period:** The project period consists of the project start date to its end date. Project start date is the date initially notification of intent to obtain custody of the vessel is posted. The end date is the estimated date of completion of the project to include disposal of the vessel.
- **Project Location:** Enter the general location of the project.
- **Contact Person:** Enter the name of the person acting as the Authorized Public Entity's representative for the project.
- **Email Address:** Enter the contact's email address.
- **Vessel Owner:** Fill in the name and address of the owner of the vessel if known. If unknown, state "unknown". If the vessel owner is known, complete the rest of the information if known. If unknown, state "unknown".
- **Lessee or Property Owner:** Check whether the information is for the lessee or the property owner. If the property is owned by the state of Washington, enter the lessee. Enter the name and address of the lessee or owner of the property the vessel is on or above. This information must be determined. Entering "unknown" in this block will delay the approval of this request. Complete the rest of the information in this block if known.

#### **Part II –Actual Itemized Costs**

- For each identifiable task or work item, enter its cost and when delivery or completion of the task or work item. Add up the cost of all items and put total in the last row.

#### **Part III – Cost Recovery**

- **Owner of abandoned or derelict vessel:** Enter the amount recovered from the owner of the vessel.
- **Proceeds from the sale of the vessel or its parts:** Enter any money derived from the sale of the vessel in whole or in part.
- **Derelict Vessel Remedial Action Grant Program:** Enter any funds received from the Department of Ecology's Derelict Vessel Remedial Action Grant Program.

#### **Part IV – Additional Information**

- **Authorized Public Entity has read and understands RCW 79.100 and the Derelict Vessel Removal Program Guidelines:** Check "yes" if RCW 79.100 and the program guidelines have been read and understood. The statutes and guidelines may be obtained from the program website at:  
<http://www.dnr.wa.gov>

contact the program manager at the address and phone number shown on the first page of this application.

- **Have all procedures in RCW 79.100.040 been completed:** This RCW outlines the procedures for taking custody of an abandoned or derelict vessel. If custody has not been obtained, include the scheduled completion of those procedures.
- **Has the vessel owner been found to be unable to pay:** If the owner of the vessel is known and can be located, it must be shown that the owner is unable to pay before reimbursement can be made for the removal of the vessel. Answering "no" to this question could delay reimbursement to the Authorized Public Entity.
- **What is the funding priority of this vessel:** Enter the funding priority for this vessel. If the vessel has not been reported, it will not have a funding priority. If it has been reported, and you do not know its priority, contact the program manager.
- **What is the Authorized Public Entity's Federal Tax ID number:** Enter the Authorized Public Entity's federal tax ID number.
- **Contractor retained to complete the work (if applicable):** If a contractor has been retained to complete the work, enter the name of the contractor here.

#### **Part V – Certification and Agreement**

- This section must be completed by an authorized representative of the Authorized Public Entity.

## Appendix G: Reimbursement Processing Flowchart Instructions

- Vessels are prioritized for funding based on the prioritization criteria.
  - Requests for funds (including both assurances of funds before removals take place, and reimbursements for completed removals) are received and reviewed during a quarterly review period. Only those requests for funds received during the review period or carried over from a previous review period will be processed.
  - Requests for funds are run through the key starting with the highest priority vessel first, working towards the lowest priority vessel.
  - Before a removal operation can be reimbursed, the Authorized Public Entity conducting the removal must demonstrate that the owner of the vessel is not known or is unable to pay.
1. Request is for:
    - A. Completed removal → go to 2.
    - B. Future Removal → go to 6.
  2. Existing DVRA funds:
    - A. Were previously assured (encumbered) for this removal → *Reimburse the cost of removal from existing DVRA funds – END.*
    - B. Were not previously assured for this removal → go to 3.
  3. Available DVRA balance:
    - A. Is large enough to cover the cost of this removal → *Reimburse the cost of removal from existing DVRA funds – END.*
    - B. Is not large enough to cover the cost of this removal → go to 4.
  4. Vessel removed is a:
    - A. Priority 1 → go to 5.
    - B. Priority 2, 3, or 4 → *Assure reimbursement from future DVRA funds – END.*
    - C. Priority 5 → Go to 6
  5. Emergency DVRA funds:
    - A. Will cover actual costs of removal → *Reimburse the cost of removal from emergency DVRA funds – END.*
    - B. Will not cover actual costs of removal → *Assure reimbursement from future DVRA funds – END*
  6. Vessel is a:
    - A. Priority 1, 2, 3, or 4 → go to 7.
    - B. Priority 5 → *No assurance of existing or future funds authorized – END.*
  7. Available DVRA balance:
    - A. Will cover actual costs of removal → *Assure cost of removal from existing DVRA funds – END.*
    - B. Will not cover actual costs of removal → *Assure reimbursement from future DVRA funds – END.*

## Appendix H: Change in Primary Responsibility Request Form

Washington State Department of Natural Resources  
 Derelict Vessel Removal Program  
 PO Box 47027  
 Olympia, WA 98504-7027  
 Fax: (360) 902-1786 --Email: DVRP@dnr.wa.gov

See instructions below, complete this form and return to the above.

Part I – General Information	
Date: _____	Derelict Vessel ID#: _____
Reporting Form Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo Available: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Authorized Public Entity Information:</b> _____ Authorized Public Entity Type: <input type="checkbox"/> County <input type="checkbox"/> DNR <input type="checkbox"/> City <input type="checkbox"/> State Parks <input type="checkbox"/> Town <input type="checkbox"/> WDFW <input type="checkbox"/> Metro Park District <input type="checkbox"/> Port District	<b>Vessel Owner:</b> _____ Name _____ Address _____ _____ _____ Vessel owner covered by insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Agency: _____ Policy#:
Authorized Public Entity Name Department Address	<input type="checkbox"/> <b>Property Owner</b> or <input type="checkbox"/> <b>Lessee*:</b> Name _____ Address _____ _____ Lessee/owner covered by insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Agency: _____ Policy#:

\* Enter lessee information if property owned by state.

www.dnr.wa.gov

<b>Part II – Justification for Change of Primary Responsibility</b>	
<input type="checkbox"/>	<u>Ability of the Primary Authorized Public Entity to Fund the Removal</u>
<input type="checkbox"/>	<u>Technical Complexity of the Removal</u>
<input type="checkbox"/>	<u>Other Reasons</u>

<b>Part III – Certification and Agreement</b>	
<p>The undersigned representative certifies that the information submitted herewith is true and correct to the best of his/her knowledge and belief, and is authorized to sign and submit this application.</p> <p>The Applicant agrees that if reimbursement is granted on the basis of this application or any revision or amendment thereof, it will comply with all applicable statutory provisions and with the applicable terms, conditions and provisions of the Department of Natural Resource's derelict vessel removal program guidelines.</p>	
Signature of Authorized Representative	Typed Name and Title
Date	Phone Number

## **Instructions for completing this form**

### **Part I – General Information**

- Date: Enter the date application completed.
- Derelict vessel ID#: Enter the ID# assigned to this vessel after it was reported. If the vessel has not been reported, enter “Not yet reported”.
- Reporting Form Submitted: Check “yes” if a Derelict Vessel Reporting Form has been submitted.
- Photo Available: Check yes or no if a photo of the vessel is available. Attach if available.
- Authorized Public Entity Type: Check the box that represents the type of Authorized Public Entity requesting the assurance.
- Estimated Cost of Project:
  - 1) Enter the total estimated cost of the project.
  - 2) Enter the costs eligible to be considered for reimbursement (see 7.6.7 of the Program Guidelines).
  - 3) Enter the amount of funds recovered from the owner of the vessel or from the sale of any part of or the entire vessel.
  - 4) Enter any public or private contributions received to complete the removal of the vessel.
  - Enter the total requested funds by subtracting the amount of cost recovery and the amount of private contributions received from the costs eligible for reimbursement, and multiplying the result by 90%.
- Authorized Public Entity Name/Department/Address: Self explanatory.
- Project Period: The project period consists of the project start date to its end date. Project start date is the date initially notification of intent to obtain custody of the vessel is posted. The end date is the estimated date of completion of the project to include disposal of the vessel.
- Project Location: Enter the general location of the project.
- Contact Person: Enter the name of the person acting as the Authorized Public Entity’s representative for the project.
- Email Address: Enter the contact’s email address.
- Vessel Owner: Fill in the name and address of the owner of the vessel if known. If unknown, state “unknown”. If the vessel owner is known, complete the rest of the information if known. If unknown, state “unknown”.
- Lessee or Property Owner: Check whether the information is for the lessee or the property owner. If the property is owned by the state of Washington, enter the lessee. Enter the name and address of the lessee or owner of the property the vessel is on or above. This information must be determined. Entering “unknown” in this block will delay the approval of this request. Complete the rest of the information in this block if known.

### **Part II – Estimated Itemized Costs**

- For each identifiable task or work item, enter its cost and when delivery or completion of the task or work item is anticipated. Add up the cost of all items and put total in the last row.

### **Part III – Certification and Agreement**

- This section must be completed by an authorized representative of the Authorized Public Entity.

## Appendix I: Letter to vessel owner—Bill Due

Date

*First Name Last Name, Title*

*Street Address*

*PO Box*

*City, State Zip*

**CERTIFIED MAIL**

**SUBJECT: Notice of Payment Due pursuant to Derelict Vessel Removal and/or disposal**

Dear Mr. *Last Name*:

This notice is provided to you by the Washington State Department of Natural Resources (the "State"). RCW 79.100.060 provides that:

(1) The owner of an abandoned or derelict vessel is responsible for reimbursing an authorized public entity for all reasonable and auditable costs associated with the removal or disposal of the owner's vessel under this chapter. These costs include, but are not limited to, costs incurred exercising the authority granted in RCW [79.100.030](#), all administrative costs incurred by the authorized public entity during the procedure set forth in RCW [79.100.040](#), removal and disposal costs, and costs associated with environmental damages directly or indirectly caused by the vessel.

(2) Reimbursement for costs may be sought from an owner who is identified subsequent to the vessel's removal and disposal.

(3) If the full amount of all costs due to the authorized public entity under this chapter is not paid to the authorized public entity within thirty days after first notifying the responsible parties of the amounts owed, the authorized public entity or the department may bring an action in any court of competent jurisdiction to recover the costs, plus reasonable attorneys' fees and costs incurred by the authorized public entity.

You are hereby notified that you owe the State Amount in association with the salvage, removal and/or disposal of *Vessel name* per the provisions of RCW 79.100. A detailed accounting of these charges is enclosed.

Total Due: Spell out Dollar Amount Dollars (Numeric Amount)

You must satisfy this debt by paying the total due listed above to the State by no later than Due Date of Defaults. If you fail to pay by the due date, the State has the option of referring the debt to a collection agency pursuant to RCW 19.16.500. The Department also has the option of bringing an action in court to recover the debt, plus reasonable attorneys' fees and costs incurred

by the authorized public entity. Please contact me at **DVRP Manager Phone Number**, if you have any questions about this letter or these charges.

Sincerely,

***First Name Last Name***, Derelict Vessel Removal Program Manager  
Aquatics Division

## **Appendix J: Programmatic Hydraulic Project Approval (HPA)**

***PLEASE REQUEST A COPY FROM  
THE DERELICT VESSEL REMOVAL PROGRAM MANAGER AT (360) 902-1574***