

**Network Subscription Form**  
**Alternate Planning Criteria – Tank Vessels and Secondary Oil**  
**Cargo Carriers Operating**

**Operator Particulars / Contact Information**

**Class of Vessel(s):**     Oil Tankers(s)                       Secondary Oil Cargo Carrier(s)

**Vessel Owner / Operator**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Vessel QI**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**VPR Administrator**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 24 hr \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Vessel Contact**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 24 hr \_\_\_\_\_  
 Phone: \_\_\_\_\_

	<b>Vessel's Name</b>	<b>IMO Number</b>	<b>Sat Phone #</b>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

**Notification Options:** Who does the operator want to be notified if covered Vessel departs from APC operational requirements?

Vessel Operator  
 Yes     No

Vessel QI  
 Yes     No

Vessel Master  
 Yes     No

# Assurance Foreningen LTD.

Protection & indemnity Association

[www.assurance ltd.net](http://www.assurance ltd.net)

Please review and check the applicable boxes below. By doing so, the undersigned hereby acknowledges and affirms compliance with each statement.

- I / we have read the Alternative Planning Criteria (APC) for oil tankers sailing in Western Alaska COTP Zone approved in Feb. 2012
- I / we agree to be bound by the terms and conditions of the APC including routing, tracking, notice and OSRO relationship(s) as set forth in the APC.
- I / we understand participation in the Network must be renewed and acknowledged on an annual basis.
- I / we acknowledge operational compliance with the APC rests solely with the operator and vessel master and the Network acts only to facilitate compliance.
- I / we affirm we are duly authorized to confirm our organizations' and their covered vessels' participation in the APC for oil tankers and secondary oil cargo carriers sailing in Western Alaska COTP Zone.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

24 hr phone: \_\_\_\_\_

**Network Use Only:**

Date Rec'd: \_\_\_\_\_

Completion Confirmed:

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