



**STATE OF ALASKA**  
**DEPARTMENT OF NATURAL RESOURCES**  
**Division of Mining, Land and Water**

**STATE AGENCY APPLICATION**  
**REIMBURSEMENT FOR ABANDONED AND DERELICT VESSEL REMOVAL**

Submit completed application electronically via email to [dnr.adv@alaska.gov](mailto:dnr.adv@alaska.gov), or mail to the following office:

SAIL Section  
550 West 7<sup>th</sup> Ave, Suite 640  
Anchorage, AK 99501-3577  
(907) 465-3513  
TTY: 711 for Alaska Relay or  
1-800-770-8973

Complete this application to request reimbursement for abandoned and derelict vessel removal. Use additional pages if more space is necessary to answer the questions completely.

Please contact the Statewide Abatement of Impaired Land Section (SAIL) if you have questions about completion of this application.

**Applicant Information:**

Department: \_\_\_\_\_ Division: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Applicant Contact: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_

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**Vessel Information:**

Vessel Name: \_\_\_\_\_ Date of Removal: \_\_\_\_\_

Vessel Identification Number: \_\_\_\_\_

Vessel Description (include the size, type, and hull material type):  
\_\_\_\_\_

Location of Vessel Before Removal (Latitude/Longitude or geographic description):  
\_\_\_\_\_  
\_\_\_\_\_

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**Reimbursement Request:**

Total Amount Requested For Reimbursement: \$ \_\_\_\_\_

List of Expenses (attach copies of all receipts):

Description of Expense	Amount (\$)	Receipt/Invoice No.	Date of Expense
_____	_____	_____	_____
_____	_____	_____	_____

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**Additional Information** (if applicable):

How long was the vessel derelict and how did it meet the definition of a derelict vessel in [AS 30.30.090](#)?

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**Were efforts made to identify and locate and hold accountable the party responsible for the vessel?**

Yes  No

If yes, please describe the efforts:

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**Did the removal of the vessel adversely affect any cultural resources?**

Yes  No

If yes, please explain:

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**Was the removal associated with a state or federally funded spill response?**

Yes  No

If yes, please provide details:

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**Did the vessel pose an environmental hazard?**

Yes  No

If yes, please explain:

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**Did the vessel pose a public safety threat?**

Yes  No

If yes, please explain:

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**Did the vessel obstruct other productive uses of the area?**

Yes  No

If yes, please explain:

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**Certification:**

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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**For Internal Use Only:**

Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_

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

Decision:

Approved

Denied

Reimbursement Amount Approved: \$ \_\_\_\_\_

Comments:

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