



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, or mail to the following office:

SAIL Section
550 West 7th 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: _____

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):

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
_____	_____	_____	_____
_____	_____	_____	_____

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](#)?

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

Yes No

If yes, please describe the efforts:

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

Yes No

If yes, please explain:

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

Yes No

If yes, please provide details:

Did the vessel pose an environmental hazard?

Yes No

If yes, please explain:

Did the vessel pose a public safety threat?

Yes No

If yes, please explain:

Did the vessel obstruct other productive uses of the area?

Yes No

If yes, please explain:

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: _____

For Internal Use Only:

Date Received: _____ Application Number: _____

Reviewed By: _____

Decision:

Approved

Denied

Reimbursement Amount Approved: \$ _____

Comments:

