



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

**MUNICIPALITY 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:**

**Municipality:** \_\_\_\_\_ **Applicant Contact:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Vessel Information:**

**Vessel Name:** \_\_\_\_\_  
**Vessel Identification Number:** \_\_\_\_\_  
**Vessel Description** (include the size, type, and hull material type):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reimbursement Request:**

**Date of Removal:** \_\_\_\_\_  
**Location of Vessel Before Removal** (Latitude/Longitude or geographic description): \_\_\_\_\_  
**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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**Reimbursement Guarantee Request:**

Formal Estimate of Removal Cost (attach copy): \_\_\_\_\_

Current Ownership Status of the Vessel: \_\_\_\_\_

Anticipated Future Removal Date: \_\_\_\_\_

Total Amount Requested for Reimbursement Guarantee: \_\_\_\_\_

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

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**Additional Information (if applicable):**

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

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**Have efforts been made to identify, locate, and hold accountable the party responsible for the vessel?**

Yes  No

If yes, please describe the efforts:

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**Did or will removal of the vessel affect any cultural resources?**

Yes  No

If yes, please explain:

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

Yes  No

If yes, please explain:

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

Yes  No

If yes, please explain:

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

Yes  No

If yes, please explain:

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**Describe the condition of the vessel and whether the vessel poses a risk of sinking or breaking up:**

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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:** \_\_\_\_\_

**For Internal Use Only:**

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

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

Decision:

Approved

Denied

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

Comments:

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