

DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT SEAFOOD COMPENSATION PROGRAM CLAIM FORM (YELLOW FORM)



After you complete and sign your Claim Form, submit it to the Claims Administrator as directed in the Instructions Booklet that accompanies this Claim Form. If you submit your Claim Form by mail or delivery, do not separate this cover page from the Claim Form. If you have to take this Claim Form apart to photocopy or fax it, make sure you include this cover page as the first page when you submit it.

DEEPWATER HORIZON SETTLEMENT SEAFOOD COMPENSATION PROGRAM CLAIM FORM (YELLOW FORM)

To make a Seafood Compensation Program Claim under the Deepwater Horizon Economic and Property Damages Settlement Agreement (the "Settlement") for damages arising from the Deepwater Horizon Incident on April 20, 2010 (the "Spill"), you must complete and submit this Claim Form and all documentation required by the Settlement ("Supporting Documentation") to the Claims Administrator on or before the Bar Date, which is 30 days from the date of entry of the Final Order and Judgment of the Court ruling on the Settlement. The filing deadline for the Seafood Compensation Program Claim Form is earlier than all other damage types in the Settlement. The hearing for Final Approval of the Settlement is scheduled for November 8, 2012.

The Seafood Compensation Program is for individuals or businesses who satisfy the definition of a Commercial Fisherman, Seafood Boat Captain, Seafood Crew, Oyster Leaseholder, and/or Seafood Vessel Owner or Lessee as defined in Exhibit 3 of the Settlement and who seek losses or damages arising out of their commercial fishing related activities. All economic loss claims relating to Seafood by a Commercial Fisherman, Seafood Boat Captain, Seafood Crew, Oyster Leaseholder, and/or Seafood Vessel Owner or Lessee must be brought in the Seafood Compensation Program. A single Claimant may be eligible to receive compensation for multiple claim types for different Seafood species and his or her roles in the commercial fishing industry.

When completing this Claim Form, refer to the accompanying booklet called "Instructions for Completing the Seafood Compensation Program Claim Form (Yellow Form)," which contains detailed instructions for completing and submitting this Claim Form, helpful definitions, and the list of Supporting Documentation required to prove your claim.

If you have access to a computer with an internet connection, it will be far easier for you to fill out and submit your Claim Form online, rather than on this paper Claim Form. The online claim process will guide you through only the specific questions you need to answer and will instruct you about the specific Supporting Documentation you must submit based on the answers you enter as you go along. Go to www.deepwaterhorizonsettlements.com to submit a claim online.

If you do not have access to the internet, you may visit a Claimant Assistance Center for assistance with submitting a claim in person. Section 6 of the Seafood Instructions Booklet lists all the Claimant Assistance Centers.

A. Claimant Information

Provide the following information about the Natural Person or Business who is filing this Seafood Compensation Program Claim.

1. Name of Natural Person or Business:	Last Name or Full Name of Business	First Name	Middle Initial
2. Social Security Number: or Individual Taxpayer Identification Number: or Employer Identification Number:	SSN or ITIN _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _ _ _ EIN _ _ _ _ - _ _ _ _ _ _ _ _ _ _		

3. Claimant Number: If you previously filed a claim with the Gulf Coast Claims Facility ("GCCF"), you will keep that same seven-digit Claimant Number in the Deepwater Horizon Settlement Program. Check the box at the right called "GCCF Claimant Number" and provide that seven-digit Claimant Number.

If you did not file a claim with the GCCF, you will receive a new Claimant Number when you file your initial Registration Form with the Deepwater Horizon Settlement Program. If you have already received your new Settlement Program Claimant Number, check the box called "Deepwater Horizon Settlement Program Claimant Number" and provide that nine-digit Claimant Number.

If you do not yet have a Claimant Number, leave this question blank.

GCCF Claimant Number:

OR

Deepwater Horizon Settlement Program Claimant Number:

B. Information Required for a Seafood Program Claim

The Seafood Compensation Program is for Commercial Fishermen, Seafood Boat Captains, Seafood Crew, Oyster Leaseholders, and Seafood Vessel Owners or Lessees with economic loss claims relating to Seafood. All economic loss or damage claims by such claimants relating to Seafood must be brought in the Seafood Compensation Program. You may qualify for multiple claim categories within this Claim Form. For example, if you are a Vessel Owner or Lessee, you may also be the Boat Captain and you may commercially fish for different species each year.

If you come across a term in this Claim Form that you do not understand, refer to the definitions in Section 2 of the Seafood Instructions Booklet.

If you are seeking compensation as a Seafood Crew member, go to Section H.

If you are claiming as a Vessel Owner, Vessel Lessee, or Boat Captain for one or more Seafood species, then check the box(es) next to the applicable species and fill out the applicable section(s) of this Claim Form for each species.

- Shrimp (Go to Section C, Page 2)
- Oyster (Go to Section D, Page 7)
- Blue Crab (Go to Section E, Page 10)
- Other Seafood (Go to Section F, Page 14)
- Finfish (Go to Section G, Page 17)

Menhaden Claims: Claims relating to menhaden (or "pogy") fishing, processing, selling, catching, or harvesting are not recognized or released under the Settlement. Because such claims are not part of the Settlement, do not submit this or any other Claim Form for any such claims.

C. Shrimp Compensation Plan

If you seek losses under the Shrimp Compensation Plan during the period April 20, 2010, through December 31, 2010, complete all applicable questions in this Section C. If you are a Seafood Crew member, go to Section H of this Claim Form.

I am making this claim as a: Vessel Owner Vessel Lessee Boat Captain

I. SHRIMP VESSEL OWNERS AND LESSEES

I am making this claim as a Vessel Owner and/or a Vessel Lessee. Vessel Owners and Vessel Lessees may choose different Benchmark Periods and Compensation Methods for each vessel that performed commercial shrimping activities.

1. Identify all vessels that you owned or leased that performed commercial shrimping activities between April 20, 2010, and December 31, 2010. If you have earnings on more than one vessel, copy and fill out this Section I for as many shrimping vessels as necessary and attach each copied page to the end of this Claim Form.

(a) Vessel Information:

Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length	Vessel Type <input type="checkbox"/> Ice <input type="checkbox"/> Freezer <input type="checkbox"/> N/A
-------------	--	---------	---------------	---

(b) Indicate whether you are the Owner or Lessee of the vessel:	<input type="checkbox"/> Owner	<input type="checkbox"/> Lessee
---	--------------------------------	---------------------------------

(c) If you are the Owner, did you lease the vessel to another party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

(d) If you did lease the vessel, provide the annual amount of lease payments for the agreement in effect on April 20, 2010:	Identify the payment terms (e.g., monthly rent and/or percentage of revenue):
---	---

(e) If you did lease the vessel to another party, identify the lessee(s):

(f) Identify the Boat Captain for this vessel:	<input type="checkbox"/> I was the sole Boat Captain for this vessel between January 1, 2007, and December 31, 2009. <input type="checkbox"/> I was not the sole Boat Captain between January 1, 2007, and December 31, 2009. Provide the names of any other captains below:
--	---

(g) Select a Benchmark Period for this vessel:	<input type="checkbox"/> 2009 <input type="checkbox"/> 2008 and 2009 <input type="checkbox"/> 2007, 2008, and 2009 <p>The Claims Administrator will review all the documents and information you submit to determine the Benchmark Period that maximizes your recovery based on that information, even if that differs from the Benchmark Period you select above. If you do not wish to pick your Benchmark Period at all and instead would like the Claims Administrator to select your best Benchmark Period, check here:</p> <input type="checkbox"/> Claims Administrator Selected Benchmark Period.
--	--

(h) If applicable, indicate the reason and applicable year(s) that you could not shrimp at the same level of effort during 2007-2009:	Reason	Years
	<input type="checkbox"/> Illness <input type="checkbox"/> Disability <input type="checkbox"/> Major Mechanical Failure <input type="checkbox"/> Other: _____	_____ _____ _____ _____

(i) Select a Compensation Plan Method:	<input type="checkbox"/> Expedited Compensation Method <input type="checkbox"/> Reduced Expedited Compensation Method <input type="checkbox"/> New Entrant Compensation Method (answer Question 10) <input type="checkbox"/> Historical Revenue Method
	<p>The Claims Administrator will review all the documents and information you submit to determine the Compensation Plan Method that maximizes your recovery based on that information, even if that differs from the Compensation Plan Method you select above. If you do not wish to pick your Compensation Plan Method at all and instead would like the Claims Administrator to select your best Compensation Plan Method, check here:</p> <input type="checkbox"/> Claims Administrator Selected Compensation Method.

(j) As of April 20, 2010, did you hold a government license (even if expired) that authorized you or your vessel to commercially shrimp in Specified Gulf Waters for the 2009 or 2010 season?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	License # _____
	Select the licensing authority: <input type="checkbox"/> State <input type="checkbox"/> Federal

(k) Indicate the Home Port(s) for this vessel between April 20, 2010, and April 16, 2012:	County/Parish: _____	State: _____
---	----------------------	--------------

(l) Indicate where this vessel primarily landed shrimp between April 20, 2009, and April 16, 2012:	Landing County/Parish and State: _____
--	--

(m) Indicate the type of proof of revenue or earnings for shrimp landings for your selected Benchmark Period for this vessel:	<input type="checkbox"/> Trip tickets (or their equivalents) AND/OR <input type="checkbox"/> Tax records or other financial statements that contain proof of shrimp landings
---	--

II. SHRIMP BOAT CAPTAINS

<input type="checkbox"/> I am making this claim as a Boat Captain for one or more vessels that performed commercial shrimping activities. Boat Captains may choose only one Benchmark Period and Compensation Method for all vessels that performed commercial shrimping activities.
--

2. Identify all vessels on which you were employed or scheduled to be employed as a Boat Captain during your selected Benchmark Period. If you have earnings on more than three vessels, copy and fill out this page for as many additional vessels as necessary, and attach each copied page to the end of this Claim Form.

(a) Vessel One

Vessel Name	Registration #	Hull ID	Vessel Length	Vessel Type
	<input type="checkbox"/> _____ State			<input type="checkbox"/> Ice <input type="checkbox"/> Freezer <input type="checkbox"/> N/A
	<input type="checkbox"/> _____ Federal			

Indicate the owner of the vessel:				
Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:				
(b) Vessel Two				
Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length	Vessel Type <input type="checkbox"/> Ice <input type="checkbox"/> Freezer <input type="checkbox"/> N/A
Indicate the owner of the vessel:				
Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:				
(c) Vessel Three				
Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length	Vessel Type <input type="checkbox"/> Ice <input type="checkbox"/> Freezer <input type="checkbox"/> N/A
Indicate the owner of the vessel:				
Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:				
3. As of April 20, 2010, did you hold a government license (even if expired) that authorized you to operate as a Boat Captain and/or to commercially shrimp in Specified Gulf Waters for the 2009 or 2010 season?		<input type="checkbox"/> Yes <input type="checkbox"/> No License # _____ Select the licensing authority: <input type="checkbox"/> State <input type="checkbox"/> Federal		
4. Indicate where your vessel(s) primarily landed shrimp between April 20, 2009, and April 16, 2012:	Landing County/Parish and State:			
5. Provide the following information about your employer:	Name:			
	Vessel Name(s):			
	Period of Employment:			
	Employer Contact Information:			

<p>6. Select a Benchmark Period for all vessels for which you were the Boat Captain:</p>	<input type="checkbox"/> 2009 <input type="checkbox"/> 2008 and 2009 <input type="checkbox"/> 2007, 2008, and 2009 <p>The Claims Administrator will review all the documents and information you submit to determine the Benchmark Period that maximizes your recovery based on that information, even if that differs from the Benchmark Period you select above. If you do not wish to pick your Benchmark Period at all and instead would like the Claims Administrator to select your best Benchmark Period, check here:</p> <input type="checkbox"/> Claims Administrator Selected Benchmark Period.											
<p>7. If applicable, indicate the reason and applicable year(s) that you could not shrimp at the same level of effort during 2007-2009:</p>	<table border="1"> <thead> <tr> <th style="text-align: center;">Reason</th> <th style="text-align: center;">Years</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Illness</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Disability</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Major Mechanical Failure</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	Reason	Years	<input type="checkbox"/> Illness	_____	<input type="checkbox"/> Disability	_____	<input type="checkbox"/> Major Mechanical Failure	_____	<input type="checkbox"/> Other: _____	_____	
Reason	Years											
<input type="checkbox"/> Illness	_____											
<input type="checkbox"/> Disability	_____											
<input type="checkbox"/> Major Mechanical Failure	_____											
<input type="checkbox"/> Other: _____	_____											
<p>8. Select a Compensation Plan Method for all vessels for which you were the Boat Captain:</p>	<input type="checkbox"/> Expedited Compensation Method <input type="checkbox"/> Reduced Expedited Compensation Method <input type="checkbox"/> New Entrant Compensation Method (answer Question 11) <input type="checkbox"/> Historical Revenue Method <p>The Claims Administrator will review all the documents and information you submit to determine the Compensation Plan Method that maximizes your recovery based on that information, even if that differs from the Compensation Plan Method you select above. If you do not wish to pick your Compensation Plan Method at all and instead would like the Claims Administrator to select your best Compensation Plan Method, check here:</p> <input type="checkbox"/> Claims Administrator Selected Compensation Method.											
<p>9. Indicate the type of proof of revenue or earnings for shrimp landings for your selected Benchmark Periods:</p>	<input type="checkbox"/> Trip tickets (or their equivalents) AND/OR <input type="checkbox"/> Tax records or other financial statements that contain proof of shrimp landings											
III. NEW ENTRANTS TO SHRIMPING INDUSTRY												
<p>10. If you are making this claim as a New Entrant Vessel Owner/Lessee to shrimping, indicate the following:</p>	<input type="checkbox"/> I have a vessel longer than 30 feet with at least \$25,000 in expenditures the year before the Spill. <input type="checkbox"/> I have a vessel less than 30 feet with at least \$6,000 in expenditures the year before the Spill.											
<p>11. If you are a New Entrant Boat Captain to shrimping, did you have a written employment agreement on or before April 20, 2010, that was rescinded or withdrawn?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No											

D. OYSTER COMPENSATION PLAN

If you seek losses under the Oyster Compensation Plan during the period April 20, 2010, through December 31, 2010, complete all applicable questions in this Section D. If you are a Seafood Crew member, go to Section H of this Claim Form.

I am making this claim as a:

- Leaseholder Leasehold Lost Income Combined Harvester and Leaseholder
 Vessel Owner Vessel Lessee Boat Captain

I. OYSTER LEASEHOLDERS

I am claiming as an Oyster Leaseholder for damage to my leasehold interests.

1. Identify all oyster leaseholds for which you are making a claim between April 20, 2010, and December 31, 2010. If you need more space to identify your oyster leases, copy and fill out this page for as many leases as you may have and attach each copied page to the end of this Claim Form.

	Lease Number	Zone	Acreage	Did other persons besides you harvest oysters from this lease between 2007 and 2009?	Identify those persons
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

II. LOST INCOME FOR ANY OYSTER LEASEHOLDER/NON-HARVESTER

I am making a claim for lost income from my oyster leasehold interests identified above in Section I because I lost income from persons who harvested oysters from my leases. You must provide proof establishing revenue from these leases during the Benchmark Period and provide your contracts or agreements with those persons.

III. OYSTER VESSEL OWNERS AND LESSEES

I am making a claim as an Oyster Vessel Owner and/or a Vessel Lessee.

2. Identify all vessels that you owned or leased that performed commercial oyster harvesting activities between April 20, 2010, and December 31, 2010. If you have earnings on more than one vessel, copy this Section III for as many oyster-harvesting vessels as necessary, answer the following questions, and attach each copied page to this Claim Form.

(a) Vessel Information:

Vessel Name	Registration #	Hull ID	Vessel Length
	<input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal		

(b) Indicate whether you are the Owner or Lessee of the vessel:	<input type="checkbox"/> Owner	<input type="checkbox"/> Lessee
---	--------------------------------	---------------------------------

(c) If you are the Owner, did you lease the vessel to another party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

(d) If you leased the vessel, provide the annual amount of lease payments for the agreement in effect on April 20, 2010:	Identify the payment terms (e.g., monthly rent and/or percentage of revenue):
--	---

(e) If you did lease the vessel to another party, identify the lessee(s):

(f) Identify the Boat Captain for this vessel:	<input type="checkbox"/> I was the sole Boat Captain for this vessel between January 1, 2007, and December 31, 2009. <input type="checkbox"/> I was not the sole Boat Captain between January 1, 2007, and December 31, 2009. Provide the names of any other captains below:
--	---

(g) Indicate the type of proof of revenue or earnings for oyster landings for the Benchmark Period:	<input type="checkbox"/> Trip tickets (or their equivalents) AND/OR <input type="checkbox"/> Tax records or other financial statements that contain proof of oyster landings
---	---

(h) If applicable, indicate the reason and applicable year(s) that you could not harvest oysters at the same level of effort during 2007-2009:	Reason	Years
	<input type="checkbox"/> Illness <input type="checkbox"/> Disability <input type="checkbox"/> Major Mechanical Failure <input type="checkbox"/> Other: _____	_____ _____ _____ _____

(i) As of April 20, 2010, did you hold a government license (even if expired) that authorized you or your vessel to commercially harvest oysters in Specified Gulf Waters for the 2009 or 2010 season?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	License # _____ Select the licensing authority: <input type="checkbox"/> State <input type="checkbox"/> Federal

(j) Indicate where this vessel primarily landed oysters in 2009 or 2010:	Landing County/Parish and State: _____
--	--

IV. OYSTER BOAT CAPTAINS

I am making a claim as a Boat Captain for one or more vessels that performed commercial oyster harvesting activities.

3. Identify all vessels on which you were employed as a Boat Captain during the Benchmark Period. If you have earnings on more than three vessels, copy and fill out this page for as many additional vessels as necessary, and attach each copied page to the end of this Claim Form.

(a) Vessel One

Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length
-------------	--	---------	---------------

Indicate the owner of the vessel:

Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:

(b) Vessel Two

Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length
-------------	--	---------	---------------

Indicate the owner of the vessel:

Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:

(c) Vessel Three

Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length
-------------	--	---------	---------------

Indicate the owner of the vessel:

Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:

4. As of April 20, 2010, did you hold a government license (even if expired) that authorized you to operate as a Boat Captain and/or to commercially harvest oysters in Specified Gulf Waters in 2009 or 2010?

Yes No

License # _____

Selecting the licensing authority: State Federal

5. Provide the following information about your employer:

	Name:	
	Vessel Name(s):	
	Period of Employment:	
	Employer Contact Information:	

6. Indicate the type of proof of revenue or earnings for oyster landings for the Benchmark Period:

Trip tickets (or their equivalent) AND/OR

Tax records or other financial statements that contain proof of oyster landings

7. If applicable, indicate the reason and applicable year(s) that you could not harvest oysters at the same level of effort during 2007-2009:

Reason	Years
<input type="checkbox"/> Illness	_____
<input type="checkbox"/> Disability	_____
<input type="checkbox"/> Major Mechanical Failure	_____
<input type="checkbox"/> Other: _____	_____

8. Indicate where you primarily landed oysters in 2009 or 2010:

Landing County/Parish and State: _____

V. COMBINED OYSTER HARVESTER AND LEASEHOLDER

I own oyster leases and owned or leased a vessel previously identified in Section III that I used for oyster harvesting between April 20, 2010, and December 31, 2010.

9. I received revenue from independent harvesters during the Benchmark Period.

Yes No

10. I made payments to independent oyster leaseholders for the entire Benchmark Period.

Yes No

E. BLUE CRAB COMPENSATION PLAN

If you seek losses under the Blue Crab Compensation Plan during the period April 20, 2010, through December 31, 2010, complete all applicable questions in this Section E. If you are a Seafood Crew member, go to Section H of this Claim Form.

I am making this claim as a:

Vessel Owner Vessel Lessee Boat Captain

I. BLUE CRAB VESSEL OWNERS AND LESSEES

I am making a claim as a Vessel Owner and/or a Vessel Lessee. Vessel Owners and Vessel Lessees may choose different Benchmark Periods for each vessel that performed commercial blue crab harvesting activities.

1. Identify all vessels that you owned or leased that performed commercial blue crab harvesting activities between April 20, 2010, and December 31, 2010. If you have earnings on more than one vessel, copy this Section I for as many crabbing vessels as necessary, answer the following questions, and attach each copied page to this Claim Form.

(a) Vessel Information:

Vessel Name	Registration #	Hull ID	Vessel Length
	<input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal		

(b) Indicate whether you are the Owner or Lessee of the vessel:	<input type="checkbox"/> Owner	<input type="checkbox"/> Lessee
---	--------------------------------	---------------------------------

(c) If you are the Owner, did you lease the vessel to another party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

(d) If you leased the vessel, provide the annual amount of lease payments for the agreement in effect on April 20, 2010:	Identify the payment terms (e.g., monthly rent and/or percentage of revenue):
--	---

(e) If you did lease the vessel to another party, identify the lessee(s):

(f) Identify the Boat Captain for this vessel:	<input type="checkbox"/> I was the sole Boat Captain for this vessel between January 1, 2007, and December 31, 2009. <input type="checkbox"/> I was not the sole Boat Captain between January 1, 2007, and December 31, 2009. Provide the names of any other captains below:
--	---

(g) Select a Benchmark Period for this vessel:	<input type="checkbox"/> 2009 <input type="checkbox"/> 2008 and 2009 <input type="checkbox"/> 2007, 2008, and 2009 The Claims Administrator will review all the documents and information you submit to determine the Benchmark Period that maximizes your recovery based on that information, even if that differs from the Benchmark Period you select above. If you do not wish to pick your Benchmark Period at all and instead would like the Claims Administrator to select your best Benchmark Period, check here: <input type="checkbox"/> Claims Administrator Selected Benchmark Period.
--	--

(h) If applicable, indicate the reason and applicable year(s) that you could not crab at the same level of effort during 2007-2009:	<table border="1"> <tr> <th>Reason</th> <th>Years:</th> </tr> <tr> <td><input type="checkbox"/> Illness</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Disability</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Major Mechanical Failure</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td>_____</td> </tr> </table>	Reason	Years:	<input type="checkbox"/> Illness	_____	<input type="checkbox"/> Disability	_____	<input type="checkbox"/> Major Mechanical Failure	_____	<input type="checkbox"/> Other: _____	_____
Reason	Years:										
<input type="checkbox"/> Illness	_____										
<input type="checkbox"/> Disability	_____										
<input type="checkbox"/> Major Mechanical Failure	_____										
<input type="checkbox"/> Other: _____	_____										

(i) As of April 20, 2010, did you hold a government license (even if expired) that authorized you or your vessel	<input type="checkbox"/> Yes <input type="checkbox"/> No License # _____
--	---

to commercially crab in Specified Gulf Waters for the 2009 or 2010 season?	Select the licensing authority: <input type="checkbox"/> State <input type="checkbox"/> Federal	
(j) Indicate the Home Port for this vessel between April 20, 2010, and April 16, 2012:	County/Parish:	State:
(k) Indicate where this vessel primarily landed blue crabs between April 20, 2009, and April 16, 2012:	Landing County/Parish and State:	
(l) Indicate the type of proof of revenue or earnings for blue crab landings for your selected Benchmark Period:	<input type="checkbox"/> Trip tickets (or their equivalent) AND/OR <input type="checkbox"/> Tax records or other financial statements that contain proof of crab landings	

II. BLUE CRAB BOAT CAPTAINS

I am making a claim as a Boat Captain for one or more vessels that performed commercial blue crabbing activities. Boat Captains may choose only one Benchmark Period for all vessels that performed commercial blue crabbing activities.

2. Identify all vessels on which you were employed as a Boat Captain during your selected Benchmark Period. If you have earnings on more than three vessels, copy and fill out this page for as many additional vessels as necessary, and attach each copied page to the end of this Claim Form.

(a) Vessel One

Vessel Name	Registration #	Hull ID	Vessel Length
	<input type="checkbox"/> _____ State		
	<input type="checkbox"/> _____ Federal		

Indicate the owner of the vessel:

Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:

(b) Vessel Two

Vessel Name	Registration #	Hull ID	Vessel Length
	<input type="checkbox"/> _____ State		
	<input type="checkbox"/> _____ Federal		

Indicate the owner of the vessel:

Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:

(c) Vessel Three

Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length
Indicate the owner of the vessel:			
Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:			
3. As of April 20, 2010, did you hold a government license (even if expired) that authorized you to operate as a Boat Captain and/or to commercially crab in the Specified Gulf Waters for the 2009 or 2010 season?	<input type="checkbox"/> Yes <input type="checkbox"/> No License # _____ Select the licensing authority: <input type="checkbox"/> State <input type="checkbox"/> Federal		
4. Indicate where your vessel(s) primarily landed blue crabs between April 20, 2009, and April 16, 2012:	Landing County/Parish and State: _____		
5. Provide the following information about your employer:	Name:		
	Vessel Name(s):		
	Period of Employment:		
	Employer Contact Information:		
6. Select a Benchmark Period for all vessels for which you were the Boat Captain:	<input type="checkbox"/> 2009 <input type="checkbox"/> 2008 and 2009 <input type="checkbox"/> 2007, 2008, and 2009 The Claims Administrator will review all the documents and information you submit to determine the Benchmark Period that maximizes your recovery based on that information, even if that differs from the Benchmark Period you select above. If you do not wish to pick your Benchmark Period at all and instead would like the Claims Administrator to select your best Benchmark Period, check here: <input type="checkbox"/> Claims Administrator Selected Benchmark Period.		
7. If applicable, indicate the reason and applicable year(s) that you could not crab at the same level of effort during 2007-2009:	Reason <input type="checkbox"/> Illness <input type="checkbox"/> Disability <input type="checkbox"/> Major Mechanical Failure <input type="checkbox"/> Other: _____	Years _____ _____ _____ _____	
8. Indicate the type of proof of revenue or earnings for blue crab landings for your selected Benchmark Periods:	<input type="checkbox"/> Trip tickets (or their equivalents) AND/OR <input type="checkbox"/> Tax records or other financial statements that contain proof of crab landings		

F. OTHER SEAFOOD COMPENSATION PLAN

If you seek losses under the Other Seafood Compensation Plan during the period April 20, 2010, through December 31, 2010, complete all applicable questions in this Section F. If you are a Seafood Crew member, go to Section H of this Claim Form.

I am making this claim as a:

Vessel Owner
 Vessel Lessee
 Boat Captain

I. OTHER SEAFOOD VESSEL OWNERS AND LESSEES

I am making a claim as a Vessel Owner and/or a Vessel Lessee. Vessel Owners and Vessel Lessees may choose different Benchmark Periods for each vessel that performed commercial seafood harvesting activities.

1. Identify all vessels that you owned or leased for commercial seafood harvesting between April 20, 2010, and December 31, 2010. If you have earnings on more than one vessel, copy and fill out this Section I for as many seafood harvesting vessels as necessary, and attach each copied page to this Claim Form.

(a) Vessel Information

Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length
-------------	--	---------	---------------

(b) Indicate whether you are the Owner or Lessee of the vessel:

Owner

Lessee

(c) If you are the Owner, did you lease the vessel to another party?

Yes

No

(d) If you leased the vessel, provide the annual amount of lease payments for the agreement in effect on April 20, 2010:

Identify the payment terms (e.g., monthly rent and/or percentage of revenue):

(e) If you did lease the vessel to another party, identify the lessee(s):

(f) Identify the Boat Captain for this vessel:

I was the sole Boat Captain for this vessel between January 1, 2007, and December 31, 2009.

I was not the sole Boat Captain between January 1, 2007, and December 31, 2009. Provide the names of any other captains below:

(g) Select a Benchmark Period for this vessel:

- 2009
- 2008 and 2009
- 2007, 2008, and 2009

The Claims Administrator will review all the documents and information you submit to determine the Benchmark Period that maximizes your recovery based on that information, even if that differs from the Benchmark Period you select above. If you do not wish to pick your Benchmark Period at all and instead would like the Claims Administrator to select your best Benchmark Period, check here:

Claims Administrator Selected Benchmark Period.

(h) If applicable, indicate the reason and applicable year(s) that you could not harvest Seafood at the same level of effort during 2007-2009:	<p style="text-align: center;">Reason</p> <input type="checkbox"/> Illness <input type="checkbox"/> Disability <input type="checkbox"/> Major Mechanical Failure <input type="checkbox"/> Other: _____	<p style="text-align: center;">Years</p> _____ _____ _____ _____
(i) Identify the species that are the basis of your claim:	<input type="checkbox"/> Stone Crab <input type="checkbox"/> Spiny Lobster <input type="checkbox"/> Clams <input type="checkbox"/> Other: _____ (description)	
(j) As of April 20, 2010, did you hold a government license (even if expired) that authorized you or your vessel to operate in Specified Gulf Waters for the 2009 or 2010 season?	<p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> License # _____ Select the licensing authority: <input type="checkbox"/> State <input type="checkbox"/> Federal	
(k) Indicate the Home Port for this vessel between April 20, 2010, and April 16, 2012:	County/Parish:	State:
(l) Indicate where this vessel primarily landed seafood between April 20, 2009, and April 16, 2012:	Landing County/Parish and State:	
(m) Indicate the type of proof of revenue or earnings for other seafood landings for your selected Benchmark Periods:	<input type="checkbox"/> Trip tickets (or their equivalents) AND/OR <input type="checkbox"/> Tax records or other financial statements that contain proof of other seafood landings	

II. OTHER SEAFOOD BOAT CAPTAINS

I am making a claim as a Boat Captain for one or more vessels that performed commercial seafood harvesting activities. Boat Captains may choose only one Benchmark Period for all vessels that performed commercial seafood harvesting activities.

2. Identify all vessels on which you were employed as a Boat Captain during your selected Benchmark Period. If you have earnings on more than three vessels, copy and fill out this page for as many additional vessels as necessary, and attach each copied page to the end of this Claim Form.

(a) Vessel One			
Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length
Indicate the owner of the vessel:			
Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:			

(b) Vessel Two

Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length
Indicate the owner of the vessel:			
Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:			

(c) Vessel Three

Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length
Indicate the owner of the vessel:			
Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:			

3. As of April 20, 2010, did you hold a government license (even if expired) that authorized you to operate as a Boat Captain and/or to commercially fish in Specified Gulf Waters for the 2009 or 2010 season?	<input type="checkbox"/> Yes <input type="checkbox"/> No License # _____ Select the licensing authority: <input type="checkbox"/> State <input type="checkbox"/> Federal
---	--

4. Indicate where your vessel(s) primarily landed seafood between April 20, 2009, and April 16, 2012:	Landing County/Parish and State:
---	----------------------------------

5. Identify the species that are the basis of your claim:	<input type="checkbox"/> Stone Crab <input type="checkbox"/> Spiny Lobster <input type="checkbox"/> Clams <input type="checkbox"/> Other: _____ (description)
---	---

6. Provide the following information about your employer:	Name:	
	Vessel Name(s):	
	Period of Employment:	
	Employer Contact Information:	

7. Select a Benchmark Period for all vessels	<input type="checkbox"/> 2009 <input type="checkbox"/> 2008 and 2009 <input type="checkbox"/> 2007, 2008, and 2009	
	The Claims Administrator will review all the documents and information you submit to determine the Benchmark Period that maximizes your recovery based on that information, even if that differs from the Benchmark Period you select above. If you do not wish to pick your Benchmark Period at all and instead would like the Claims Administrator to select your best Benchmark Period, check here: <input type="checkbox"/> Claims Administrator Selected Benchmark Period.	

8. If applicable, indicate the reason and applicable year(s) that you could not harvest seafood at the same level of effort during 2007-2009:	Reason	Years:
	<input type="checkbox"/> Illness <input type="checkbox"/> Disability <input type="checkbox"/> Major Mechanical Failure <input type="checkbox"/> Other: _____	_____

9. Indicate the type of proof of revenue or earnings for other seafood landings for your selected Benchmark Period:	<input type="checkbox"/> Trip tickets (or their equivalents) AND/OR <input type="checkbox"/> Tax records or other financial statements that contain proof of other seafood landings
---	--

G. FINFISH COMPENSATION PLAN

If you seek losses under the Finfish Compensation Plan during the period April 20, 2010, through December 31, 2010, complete all applicable questions in this Section G. If you are a Seafood Crew member, go to Section H of this Claim Form. Do not complete this section for any losses related to menhaden fishing. If you have losses for other types of finfish, fill out the appropriate categories below.

I am making this claim as a:

Vessel Owner
 Vessel Lessee
 Boat Captain
 Individual Fishing Quota Shares

I. FINFISH VESSEL OWNERS AND LESSEES

1. Identify all vessels that you owned and/or leased that performed commercial finfishing activities between April 20, 2010, and December 31, 2010. If you have earnings on more than one vessel, copy and fill out this Section I for as many finfishing vessels as you may have, and attach each copied page to the end of this Claim Form.

(a) Vessel Information:			
Vessel Name	Registration #	Hull ID	Vessel Length
	<input type="checkbox"/> _____ State		
	<input type="checkbox"/> _____ Federal		
(b) Indicate whether you are the Owner or Lessee of the vessel:		<input type="checkbox"/> Owner	<input type="checkbox"/> Lessee
(c) If you are the Owner, did you lease the vessel to another party?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) If you leased the vessel, provide the annual amount of lease payments for the agreement in effect on April 20, 2010:	Identify the payment terms (e.g., monthly rent and/or percentage of revenue):		

(e) If you did lease the vessel to another party, identify the lessee(s):											
(f) Identify the Boat Captain for this vessel:	<input type="checkbox"/> I was the sole Boat Captain for this vessel between January 1, 2007, and December 31, 2009. <input type="checkbox"/> I was not the sole Boat Captain between January 1, 2007, and December 31, 2009. Provide the names of any other captains below:										
(g) Select a Benchmark Period for this vessel:	<input type="checkbox"/> 2009 <input type="checkbox"/> 2008 and 2009 <input type="checkbox"/> 2007, 2008, and 2009 The Claims Administrator will review all the documents and information you submit to determine the Benchmark Period that maximizes your recovery based on that information, even if that differs from the Benchmark Period you select above. If you do not wish to pick your Benchmark Period at all and instead would like the Claims Administrator to select your best Benchmark Period, check here: <input type="checkbox"/> Claims Administrator Selected Benchmark Period.										
(h) If applicable, indicate the reason and applicable year(s) that you could not fish at the same level of effort during 2007-2009:	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Reason</th> <th style="text-align: center; border-bottom: 1px solid black;">Years:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Illness</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Disability</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Major Mechanical Failure</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	Reason	Years:	<input type="checkbox"/> Illness	_____	<input type="checkbox"/> Disability	_____	<input type="checkbox"/> Major Mechanical Failure	_____	<input type="checkbox"/> Other: _____	_____
Reason	Years:										
<input type="checkbox"/> Illness	_____										
<input type="checkbox"/> Disability	_____										
<input type="checkbox"/> Major Mechanical Failure	_____										
<input type="checkbox"/> Other: _____	_____										
(i) As of April 20, 2010, did you hold a government license (even if expired) that authorized you or your vessel to commercially finfish in Specified Gulf Waters for the 2009 or 2010 season?	<input type="checkbox"/> Yes <input type="checkbox"/> No License # _____ Select the licensing authority: <input type="checkbox"/> State <input type="checkbox"/> Federal										
(j) Indicate the Home Port for this vessel between April 20, 2010, and April 16, 2012:	County/Parish: _____ State: _____										
(k) Indicate where this vessel primarily landed finfish between April 20, 2009, and April 16, 2012:	Landing County/Parish and State: _____										
(l) Indicate the type of proof of revenue or earnings for finfish landings for your selected Benchmark Periods:	<input type="checkbox"/> Trip tickets (or their equivalents) AND/OR <input type="checkbox"/> Tax records or other financial statements that contain proof of finfish landings										
II. FINFISH BOAT CAPTAINS											
<input type="checkbox"/>	I am making a claim as a Boat Captain for one or more vessels that performed commercial finfishing activities. Boat Captains may choose only one Benchmark Period for all vessels that performed commercial finfishing activities.										

2. Identify all vessels on which you were employed as a Boat Captain during your selected Benchmark Period. If you have earnings on more than three vessel(s), copy and fill out this page for as many additional vessels as necessary, and attach each copied page to the end of this Claim Form.

(a) Vessel One

Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length
-------------	--	---------	---------------

Indicate the owner of the vessel:

Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:

Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length
-------------	--	---------	---------------

Indicate the owner of the vessel:

Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:

Vessel Name	Registration # <input type="checkbox"/> _____ State <input type="checkbox"/> _____ Federal	Hull ID	Vessel Length
-------------	--	---------	---------------

Indicate the owner of the vessel:

Provide the Home Port for this vessel between April 20, 2010, and April 16, 2012:

3. As of April 20, 2010, did you hold a government license (even if expired) that authorized you to operate as a Boat Captain and/or to commercially finfish in Specified Gulf Waters for the 2009 or 2010 season?	<input type="checkbox"/> Yes <input type="checkbox"/> No License # _____ Select the licensing authority: <input type="checkbox"/> State <input type="checkbox"/> Federal
--	--

4. Indicate where your vessel(s) primarily landed finfish between April 20, 2009, and April 16, 2012:	Landing County/Parish and State:
---	----------------------------------

5. Provide the following information about your employer:	Name:		
	Vessel Name:		
	Period of Employment: Employer Contact Information:		
6. Select a Benchmark Period for all vessels:	<input type="checkbox"/> 2009 <input type="checkbox"/> 2008 and 2009 <input type="checkbox"/> 2007, 2008, and 2009 The Claims Administrator will review all the documents and information you submit to determine the Benchmark Period that maximizes your recovery based on that information, even if that differs from the Benchmark Period you select above. If you do not wish to pick your Benchmark Period at all and instead would like the Claims Administrator to select your best Benchmark Period, check here: <input type="checkbox"/> Claims Administrator Selected Benchmark Period.		
7. If applicable, indicate the reason and applicable year(s) that you could not fish at the same level of effort during 2007-2009:	Reason	Years	
	<input type="checkbox"/> Illness <input type="checkbox"/> Disability <input type="checkbox"/> Major Mechanical Failure <input type="checkbox"/> Other: _____	_____ _____ _____ _____	
8. Indicate the type of proof of revenue or earnings for other seafood landings for your selected Benchmark Period:	<input type="checkbox"/> Trip tickets (or their equivalents) AND/OR <input type="checkbox"/> Tax records or other financial statements that contain proof of finfish landings		
III. INDIVIDUAL FISHING QUOTA SHARES			
<input type="checkbox"/> I am making a claim for losses to my Individual Fishing Quota (IFQ) shares.			
9. Identify the quantity of IFQ shares you owned by species as of April 20, 2010:			
	<u>Species</u>	<u>IFQ Shares</u>	
	<input type="checkbox"/> Red Snapper	_____	
	<input type="checkbox"/> Gag Grouper	_____	
	<input type="checkbox"/> Red Grouper	_____	
	<input type="checkbox"/> Deep Water Grouper	_____	
	<input type="checkbox"/> Shallow Water Grouper	_____	
	<input type="checkbox"/> Tilefish	_____	

H. SEAFOOD CREW COMPENSATION PLAN

If you seek losses under the Seafood Crew Compensation Plan during the period April 20, 2010, through December 31, 2010, complete all applicable questions in this Section H. Seafood Crew includes all First Mates, Second Mates, Boatswains, and Deckhands who claim economic losses related to their employment by a Commercial Fisherman that were a result of the Spill.

Seafood Crew members in Category I or III must show that they were employed by a Commercial Fisherman in 2009, and those in Category II must show employment by a Commercial Fisherman in 2009 or that they had accepted a job offer to work for a Commercial Fisherman in 2010. You may establish eligibility for Category I, II, or III depending on the supporting materials you can provide.

I am submitting documentation to qualify for the following Seafood Crew Compensation categories:

- Category I: I have proper tax information or earnings documentation for 2009.
- Category II: I do not have tax or earnings documentation, but will submit a Claimant Sworn Written Statement and an Employer Sworn Written Statement.
- Category III: I do not have tax or earnings documentation or an Employer Sworn Written Statement, but will submit a Claimant Sworn Written Statement and other third party Sworn Written Statements.

I. CATEGORY I CLAIMANT

I am making a claim as a Category I Claimant, which means that I have tax records or other financial documents to prove earnings before the Spill as an employee of a Commercial Fisherman.

<p>1. Select the Base Year(s) of earnings for which you are submitting complete financial records:</p>	<p> <input type="checkbox"/> 2009 <input type="checkbox"/> 2008 and 2009 <input type="checkbox"/> 2007, 2008, and 2009 </p> <p>The Claims Administrator will review all the documents and information you submit to determine the Base Year(s) that maximizes your recovery based on that information, even if that differs from the Base Year(s) you select above. If you do not wish to pick your Base Year(s) at all and instead would like the Claims Administrator to select your best Base Year(s), check here:</p> <p><input type="checkbox"/> Claims Administrator Selected Base Year(s).</p>
--	---

<p>2. Indicate the type of proof of Seafood Crew earnings submitted for your Base Year(s):</p>	<p> <input type="checkbox"/> Federal or State Tax Returns, W-2s, or Form 1099s; <input type="checkbox"/> Pay period information such as bank records, check cashing receipts, payday loans, or employer-provided documentation of hours and wages. </p>
--	--

<p>3. What type(s) of commercial fishing license(s) did you possess in 2009 or 2010? If you were not required to possess a license, explain why.</p>	<p>License # _____</p> <p>Select the licensing authority: <input type="checkbox"/> State <input type="checkbox"/> Federal</p>
--	---

<p>4. Identify the name and location of your employer (if you worked for multiple employers for your selected Base Year(s), copy this section for each employer as necessary and attach each copied page to the end of this Claim Form):</p>	
<p>Individual/ Business Name:</p>	Empty space for business name

Address:	Street		
	City/Parish/County	State	Zip
Vessel Name(s):			
Home Port Dock:	Parish/County		
5. Indicate your proof to establish that you were present and available to work for your employer as frequently as required between April 21, 2010, and December 31, 2010:	<input type="checkbox"/> Home Mortgage <input type="checkbox"/> Title or Deed to your Home <input type="checkbox"/> Lease/Rental Agreement for your Home or Apartment <input type="checkbox"/> Utility Bills for your Home or Apartment <input type="checkbox"/> Other _____ (description)		
6. Indicate the type of proof submitted for verification of residency and to establish that you were at least 16 years old on April 20, 2010:	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Driver's License or Government ID <input type="checkbox"/> Work Visa <input type="checkbox"/> Green Card <input type="checkbox"/> US Passport <input type="checkbox"/> US Birth Certificate		
II. CATEGORY II CLAIMANT			
<input type="checkbox"/>	I am making a claim as a Category II Claimant, which means I do not have any tax or financial records proving employment by a Commercial Fisherman in 2009 and that I must submit Sworn Written Statements (including at least one from my employer) indicating I anticipated working in the seafood industry in 2010.		
7. Indicate what proof of loss you will provide:	<input type="checkbox"/> Proof of earnings and employment as a Seafood Crew member in 2009; or <input type="checkbox"/> Proof you were offered employment as a Seafood Crew member before April 20, 2010, but that offer was rescinded because of the Spill.		
8. What type(s) of commercial fishing license(s) did you possess in 2009 or 2010? If you were not required to possess a license, explain why.	License # _____ Select the licensing authority: <input type="checkbox"/> State <input type="checkbox"/> Federal		
9. Identify the name and location of your employer (if you worked for multiple employers for your selected Base Year(s), copy this section for each employer as necessary and attach each copied page to the end of this Claim Form):			
Individual/ Business Name:			
Address:	Street		
	City/Parish/County	State	Zip
Vessel Name(s):			
Home Port Dock:	Parish/County		

10. Indicate your proof to establish that you were present and available to work for your employer as frequently as required between April 21, 2010, and December 31, 2010:

Home Mortgage
 Title or Deed to your Home
 Lease/Rental Agreement for your Home or Apartment
 Utility Bills for your Home or Apartment
 Other _____ (description)

11. Indicate the type of proof submitted for verification of residency and to establish that you were at least 16 years old on April 20, 2010?:

Social Security Card
 Driver's License or Government ID
 Work Visa
 Green Card
 US Passport
 US Birth Certificate

12. Identify the name and address of your Employer(s) who have made a Sworn Written Statement on your behalf, and specify their relationship to you:

Employer 1

First	Middle	Last	Suffix
Address:			
City:	County/Parish:	State	Zip:
Relationship to Claimant			

Employer 2

First	Middle	Last	Suffix
Address:			
City:	County/Parish:	State	Zip:
Relationship to Claimant			

If you are submitting more than two Employer Sworn Written Statements, copy and fill out this page as many times as necessary and attach each copied page to this Claim Form.

13. Identify the name and address of any additional Sponsor(s) who have made a Sworn Written Statement on your behalf, and specify their relationship to you:

Sponsor 1

First	Middle	Last	Suffix
Address:			
City:	County/Parish:	State	Zip:
Relationship to Claimant			

Sponsor 2

First	Middle	Last	Suffix
Address:			
City:	County/Parish:	State	Zip:
Relationship to Claimant			

If you are submitting more than two Sponsor Sworn Written Statements, copy and fill out this page as many times as necessary and attach each copied page to this Claim Form.

III. CATEGORY III CLAIMANT

I am making a claim as a Category III Claimant, which means I worked for a Commercial Fisherman in 2009, but I do not have any tax or financial records and that I must submit Sworn Written Statements establishing my employment and earnings in the seafood industry in 2009.

14. What type(s) of commercial fishing license(s) did you possess in 2009 or 2010? If you were not required to possess a license, explain why.

License # _____

Select the licensing authority: State Federal

15. Identify the name and location of your employer (if you worked for multiple employers for your selected Base Year(s), copy and fill out this section for each employer as necessary and attach each copied page to the end of this Claim Form):

Individual/
Business Name:

Address:

Street

City/Parish/County

State

Zip

Vessel Name(s):

Home Port Dock:
Parish/County

16. Indicate your proof to establish that you were present and available to work for your employer as frequently as required between April 21, 2010, and December 31, 2010:

- Home Mortgage
- Title or Deed to your Home
- Lease/Rental Agreement for your Home or Apartment
- Utility Bills for your Home or Apartment
- Other _____
(description)

17. Indicate the type of proof submitted for verification of residency and to establish that you were at least 16 years old on April 20, 2010:

- Social Security Card
- Driver's License or Government ID
- Work Visa
- Green Card
- US Passport
- US Birth Certificate

18. Identify the name and address of any attorney or other Sponsor(s) who has made a Sworn Written Statement on your behalf, and specify their relationship to you:

Attorney/Sponsor 1

First	Middle	Last	Suffix
Address:			
City:	County/Parish:	State	Zip:
Relationship to Claimant			

Attorney/Sponsor 2

First	Middle	Last	Suffix
Address:			
City:	County/Parish:	State	Zip:
Relationship to Claimant			

Attorney/Sponsor 3

First	Middle	Last	Suffix
Address:			
City:	County/Parish:	State	Zip:
Relationship to Claimant			

If you are submitting more than three Sponsor or Attorney Sworn Written Statements, copy and fill out this page as many times as necessary and attach each copied page to this Claim Form.

I. Documentation Required for a Seafood Program Compensation Claim

In addition to this Claim Form, you must submit certain Supporting Documentation to prove your Seafood Program Compensation Claim. The list of required documents, and instructions for how to submit them, are in Section 4 of the Seafood Instructions Booklet. If you do not submit the required Supporting Documentation, the Claims Administrator will not be able to review your claim and you will not receive payment for your claim.

J. Seafood Program Sworn Statement

Instructions: If you are the owner or lessee of any vessels that harvested Seafood, you must provide information on this Seafood Program Sworn Statement for any vessel for which you are making a claim. If you have earnings on more than one vessel identified in this Claim Form, then copy and fill out this page for as many vessels as necessary and attach each copied page to this Claim Form. All additional copied pages for each vessel will be incorporated into this Sworn Statement.

By signing this Claim Form, I declare and affirm under penalty of perjury under the laws of the United States of America that the following information is true and correct.

I. VESSEL INFORMATION

Vessel Name	Home Port County	
City	State	Zip Code
State Registration Number	Federal Registration Number	

II. STATEMENT OF OWNERSHIP OR LESSEE STATUS

1. Lease Status of Vessel: Check the box that applies to you. You may only check one box.

For the vessel identified above:

I did not lease the vessel to another party during the period of April 20, 2010, to December 31, 2010.

OR

I leased the vessel during the period of April 20, 2010, to December 31, 2010, and will provide a copy of the lease agreement.

III. BOAT CAPTAIN INFORMATION

2. Vessel Boat Captain: Check the box that applies to you. You may only check one box.

For the vessel identified above:

- I was the sole Boat Captain for the vessel during the period of January 1, 2007, through December 31, 2009.
- I was the not the sole Boat Captain for the vessel during the period of January 1, 2007, through December 31, 2009.

IV. SEAFOOD SPILL-RELATED PAYMENTS

The Seafood Compensation Program requires that you identify and attest whether you received any Seafood Spill-Related Payments, which are defined as compensation paid to you through the OPA Process by BP, the Gulf Coast Claims Facility, or the Transition Facility for any economic losses relating to Seafood.

Did you receive any Seafood Spill-Related Payments? Yes No

V. SEAFOOD SPILL-RELATED PAYMENT INFORMATION

If you did receive prior payments as indicated in Section IV, provide information regarding all Seafood Spill-Related Payments, including the date, source, payment amount, and type of payment (e.g., Interim Payment, Emergency Advance Payment, etc.). You must also provide documentation to verify these payments.

Date	Source	Amount	Type of Payment
____/____/____ (Month/Day/Year)		\$	
____/____/____ (Month/Day/Year)		\$	
____/____/____ (Month/Day/Year)		\$	

K. Payment

1. If You Have Your Own Attorney. Unless you check the box below, the Claims Administrator will make any payments jointly to you and to your attorney, which means that both you and your attorney will need to endorse the check before a bank will honor it.

Check here if you want the Claims Administrator to make payments in connection with this and any other claim you may file in the Deepwater Horizon Economic and Property Settlement only to your attorney. This means that the Claims Administrator will send your payment to your attorney, who will then pay you pursuant to the retainer agreement you have with him/her.

2. If You Do Not Have Your Own Attorney. If you have not retained an attorney to represent you in connection with your Spill-related claim, the Claims Administrator will make any payments to which you are entitled directly to you by check. Payment checks will be sent by First Class Mail to the address you provided in the Registration Form or to the address that the Claims Administrator confirms for you during the processing of your Claim. You have an obligation to notify the Claims Administrator if your address changes.

The Claims Administrator will report annually to federal and state taxing authorities, using a Form 1099 or state form equivalent, for certain payments made. The Claims Administrator will send you a copy of that form, but cannot give you any tax advice regarding any payment issued to you. You should consult with your own tax advisor to determine the tax impact of any payment you receive from the Claims Administrator.

3. Garnishments, Liens, and other Attachments. Legally authorized garnishments, liens, or similar forms of attachments relating to your claim will be honored and deducted from your payment.

4. W-9 Form Requirement. All claimants must provide a W-9 Form. To obtain a copy of that form, go to www.deepwaterhorizonsettlements.com, or request one at a Claimant Assistance Center or by calling 1-866-992-6174.

5. Do you intend to seek reimbursement for Claimant Accounting Support Services in connection with your claim?

Yes No

If you check "Yes" for Question K.5, you must submit the documents listed in Section 4.H of the Seafood Compensation Program Instructions Booklet.

L. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Claim Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Claim Form may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

By submitting this Claim Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim for compensation and any payment resulting from that claim.

Signature:		Date:	____/____/____ (Month/Day/Year)
Printed Name:	First	Middle	Last
Title, if a business:			

The claimant must sign this Claim Form personally. No one can sign on behalf of the claimant unless the claimant is a business or is deceased, a Minor, or Incompetent. If the claimant is a business, an authorized business representative may sign. If the claimant is deceased, a Minor, or Incompetent, an authorized Representative may sign.