

DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT REGISTRATION FORM



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

DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT REGISTRATION FORM

To make a 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 a Registration Form, Claim Form(s) and all documentation required by the Settlement ("Supporting Documentation") to the Claims Administrator on or before June 8, 2015.

The deadline to file Seafood Compensation Program claims expired on January 22, 2013.

You must submit this Registration Form before, or along with, any Claim Form. Do not submit a Claim Form unless you have already completed and submitted this Registration Form, or are submitting the Claim Form along with this Registration Form. If you are filing more than one Claim Form, you only need to submit this Registration Form once.

When completing this Registration Form, refer to the accompanying Instructions Booklet called "Instructions for Completing the Registration Form," which contains detailed instructions for completing and submitting the Registration Form, helpful definitions, and the list of Supporting Documentation you must submit with this Registration Form.

If you have access to a computer with an internet connection, it will be far easier for you to fill out and submit your Registration Form online, rather than on this paper Registration 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 your Registration Form online.

If you do not have access to the internet, you can visit a Claimant Assistance Center for assistance with submitting a claim in person. Section 5 of the Registration Form Instructions Booklet lists all the Claimant Assistance Centers.

1. Preliminary Information

1. I want to receive all future communications from the Claims Administrator in the following language (check only one):

- English
 Spanish
 Vietnamese

2. 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:

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OR

Deepwater Horizon Settlement Program Claimant Number:

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3. If any of the following descriptions apply to you, check the box.

- (a) I elected to Opt Out of the Settlement.
- (b) I executed a GCCF "Release and Covenant Not to Sue" and was paid after submitting a claim to the GCCF. Do not check this box if the GCCF Release you signed covered only bodily injury. Checking this box will not prevent you from submitting a VoO Charter Payment Claim or a Vessel Physical Damage Claim.
- (c) I am a member of the Court. This includes any sitting judges on the United States District Court for the Eastern District of Louisiana, their law clerks serving during the pendency of MDL 2179, and members of any such judge's or current law clerk's immediate family.
- (d) I am a Governmental Organization, as defined in the Settlement. If you are a Native American Tribal Entity, you may consent to participate in the Settlement Program. Do not check this box if you are a Native American Tribal Entity and consent to participate in this Settlement.
- (e) I am a Defendant in the MDL 2179 litigation, a current employee of BP or one of the other Defendants in the MDL 2179 litigation, or a former employee of BP or one of the other Defendants in the MDL 2179 litigation who worked for BP or one of the other Defendants in the MDL 2179 litigation at any time from April 20, 2010, through April 16, 2012.

If you checked any of the boxes above, do not complete or submit this Registration Form or any Claim Form in the Settlement, unless you checked (b) and intend to submit a VoO Charter Payment Claim and/or a Vessel Physical Damage Claim. If you did not check any of the boxes above, or you only checked (b) and intend to submit a VoO Charter Payment Claim and/or a Vessel Physical Damage Claim, continue.

If you have questions about whether the descriptions above apply to you, read the definitions in Section 2 of the Registration Form Instructions Booklet, or call 1-866-992-6174.

2. Claimant Information

A. Individual Claimant Information

Provide the information in Section 2.A only if you plan to submit a claim for losses as an individual. If you are planning to submit a claim on behalf of your business or if you are an individual claiming losses related to business income reported on Schedules C, E or F of a Tax Return, complete Section 2.B. If you are not sure whether you should complete Section 2.A or Section 2.B, see the Registration Form Instructions Booklet.

1. Name:	<small>Last</small>	<small>First</small>	<small>Middle Initial</small>
2. Social Security Number:	<input type="checkbox"/>	<small>SSN or ITIN</small>	
<i>or</i>		_ _ _ _ - _ _ _ _ - _ _ _ _ _	
Individual Taxpayer Identification Number:	<input type="checkbox"/>		
3. Current Address:	<small>Street</small>		
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
	<small>Parish/County</small>	<small>Country</small>	
4. Date of Birth:	____/____/____ <small>(Month/Day/Year)</small>		
5. Home Phone Number:	(_ _ _) _ _ _ _ - _ _ _ _ _		
6. Cell Phone Number:	(_ _ _) _ _ _ _ - _ _ _ _ _		
7. Email Address:			
8. Other Name Used:			
9. Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single		
10. Spouse's Name, if applicable:	<small>Last</small>	<small>First</small>	<small>Middle Initial</small>

B. Business Claimant Information

Provide information in Section 2.B only if you are completing this Registration Form for a business or are an individual who filed Schedules C, E, or F of a tax return and are claiming losses related to business income. If you are not sure whether you should complete Section 2.A or Section 2.B, see the Registration Form Instruction Booklet.

B(1) Information about the Business

1. Name of Business:			
2. DBA Name, if applicable:			
3. Employer Identification Number that is also my Social Security Number: <i>or</i> Employer Identification Number:		<input type="checkbox"/>	SSN _ _ _ _ - _ _ _ _ - _ _ _ _ _
		<input type="checkbox"/>	EIN _ _ _ _ - _ _ _ _ _
4. Date and Place of Incorporation:		Date: _____ (Month/Day/Year)	Place: _____
5. Provide the NAICS (North American Industry Classification System) Code for your business. You can search for your business' code using www.census.gov/naics .		_____	
6. Describe the type or nature of your business.			
7. Business Address:	Street		
	City	State	Zip Code
	Parish/County	Country	
8. Phone Number:		(_ _ _ _) _ _ _ _ - _ _ _ _ _	
9. Website Address:			

B(2) Information about the Authorized Business Representative

10. Name:	Last	First	Middle Initial
11. Social Security Number:	<input type="checkbox"/>	SSN or ITIN - -	
<i>or</i>			
Individual Taxpayer Identification Number:	<input type="checkbox"/>		
12. Title:			
13. Home Address: (if different from Business Address)	Street		
	City	State	Zip Code
	Parish/County	Country	
14. Home Phone Number:	() -		
15. Cell Phone Number:	() -		
16. Email Address:			

3. Claimants Requiring Additional Information

If the claimant is: (1) deceased; (2) a Minor; (3) Incompetent; (4) a Dissolved Business; or (5) has been declared Bankrupt or is the current subject of an open and ongoing bankruptcy proceeding, the Settlement requires the Claims Administrator to collect additional information to ensure that any payment made on behalf of these claimants is made properly and in accordance with the law. If the claimant fits into any of those five categories, answer all applicable questions in this Section. **If none of these characteristics apply to the claimant, go to Section 4.**

A. Deceased, Minor, or Incompetent Claimants

Complete this section if you are completing this Registration Form on behalf of an individual claimant who is deceased, a Minor, or Incompetent. If you complete this section, you must submit documentation with this Registration Form showing your authority to act on behalf of the claimant. See Section 4 of the Registration Form Instructions Booklet for a description of the required documentation.

1. The claimant is:	<input type="checkbox"/> Deceased <input type="checkbox"/> A Minor <input type="checkbox"/> Incompetent
2. If claimant is deceased, provide the following information:	
(a) Date of claimant's death:	____/____/____ (Month/Day/Year)
(b) Source of your authority to act as Representative for the claimant:	<input type="checkbox"/> Court Order <input type="checkbox"/> Letters of Administration <input type="checkbox"/> Other: Specify _____
3. If claimant is a Minor, provide the following information:	
(a) Date of claimant's birth:	____/____/____ (Month/Day/Year)
(b) State of claimant's residence:	
(c) Age of majority in the claimant's state of residence:	

4. If claimant is Incompetent, provide the following information:	
(a) Date of claimant's birth:	____/____/____ (Month/Day/Year)
(b) Reason for claimant's incompetence:	
(c) Source of your authority to act as Representative for the claimant:	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Guardianship <input type="checkbox"/> Conservatorship <input type="checkbox"/> Tutorship <input type="checkbox"/> Other: Specify _____

Provide the name and contact information of the Representative or guardian for the claimant.

5. Name:	Last	First	Middle Initial
6. Social Security Number:	<input type="checkbox"/>	SSN or ITIN	
<i>or</i>		_ _ _ _ - _ _ _ _ - _ _ _ _ _	
Individual Taxpayer Identification Number:	<input type="checkbox"/>		
7. Home Address:	Street		
	City	State	Zip Code
	County/Parish	Country	
8. Home Phone Number:	(_ _ _) _ _ _ _ - _ _ _ _ _		
9. Cell Phone Number:	(_ _ _) _ _ _ _ - _ _ _ _ _		
10. Email Address:			

B. Dissolved Businesses

Complete this section if the claimant is a business that is no longer in business or is dissolved.

1. Date business stopped operating:	____/____/____ (Month/Day/Year)		
Provide the information below about the Current Holder of Rights to the claimant's claim. If there are multiple Current Holders of Rights to the claimant's claim, photocopy this section and complete it for each Current Holder of Rights.			
2. Name of Current Holder of Rights to the claimant's claim:	Last Name or Full Name of Business	First	Middle Initial
3. Address of Current Holder of Rights to the claimant's claim:	Street		
	City	State	Zip Code
	County/Parish	Country	

4. Phone number of Current Holder of Rights to the claimant's claim:	() -
5. Is the Current Holder of Rights a creditor of the claimant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Claimants that are Bankrupt or in Bankruptcy Proceedings

Complete this section if the claimant has been declared bankrupt or is the subject of an open and ongoing bankruptcy proceeding.

1. Bankruptcy case number:	
2. Bankruptcy court:	
3. Type of bankruptcy proceeding:	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13
4. Status of bankruptcy proceeding:	<input type="checkbox"/> Open <input type="checkbox"/> Closed. Date Closed: ____/____/____ <small>(Month/Day/Year)</small>
5. Is the claim for damages that you are filing or intend to file listed as an asset of the debtor's estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the information below about the Current Holder of Rights to the claimant's claim. If there are multiple Current Holders of Rights to the claimant's claim, photocopy this section and complete it for each Current Holder of Rights.

6. Name of Current Holder of Rights to the claimant's claim:	Last Name or Full Name of Business		First	Middle Initial
7. Address of current holder of rights to claimant's claim:	Street			
	City	State	Zip Code	
	County/Parish	Country		
8. Phone number of current holder of rights to claimant's claim:	() -			
9. Is the Current Holder of Rights a creditor of the claimant?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

4. Attorney Information

Complete this section only if you are represented by an attorney in connection with your claim. **If you complete this section, all communications from the Claims Administrator will be directed to the attorney you identify below, unless your attorney instructs the Claims Administrator otherwise in writing.**

1. Are you represented by an attorney in connection with your claim? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," provide the following:			
2. Attorney Name:	Last	First	Middle Initial
3. Law Firm Name:			

4. Law Firm Address:	Street		
	City	State	Zip Code
	County/Parish	Country	
5. Attorney Phone Number:	() -		
6. Attorney Email Address:			

5. Claims Preparer or Accountant Information

Complete this section only if a claims preparer or accountant is helping you prepare your claim.

1. Is a claims preparer or accountant helping you to prepare your claim?

Yes No If "Yes," provide the following information about the claims preparer or accountant helping you:

2. Name:	Last	First	Middle Initial
3. Firm Name:			
4. Address:	Street		
	City	State	Zip Code
	County/Parish	Country	

5. Phone Number:	() -
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6. Email Address:	
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7. Information About Your Claim	The Claims Administrator will communicate directly with you and will not copy any claims preparer or accountant on any notices or other communications on your claim.
	<input type="checkbox"/> Check here if you consent to allow the Claims Administrator to respond to inquiries from this claims preparer or accountant regarding your claim. If you do not check here, the Claims Administrator will not communicate with the claims preparer or accountant.

6. Lawsuit Information

1. Have you ever filed anything with the court regarding the Spill, either on your own or with the assistance of an attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/>
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If you checked "Yes," continue and answer Questions 6.2 through 6.6 to the best of your ability. If you checked "No," go to Section 7. If you checked "Do Not Know," continue and answer Questions 6.2 through 6.6 to the best of your ability.

2. Lawsuit Information. Provide as much as you can of the following information about any lawsuit that you filed or that was filed on your behalf regarding the Spill.

(a) Court/Jurisdiction			
(b) Case Caption:			
(c) Case Number:		(d) Date Lawsuit Filed:	____/____/____ (Month/Day/Year)

3. Direct Filing Short Form Information. Provide as much as you can of the following information about any Direct Filing Short Form (also referred to as a "Short Form Joinder") that you filed or that was filed on your behalf in the United States District Court for the Eastern District of Louisiana, Civil Action No. 2:10-08888 (In re: Oil Spill by the Oil Rig "Deepwater Horizon" SHORT-FORM JOINDERS).

(a) Date Filed:	____/____/____ (Month/Day/Year)	(b) Civil Action No. 2:10-08888 Docket Number:	
4. Plaintiff Profile Form Information. Provide as much as you can of the following information about any Plaintiff Profile Form (also referred to as a "Plaintiff Fact Sheet") that you served or that has been served on your behalf in the United States District Court for the Eastern District of Louisiana, MDL 2179 (In re: Oil Spill by the Oil Rig "Deepwater Horizon").			
(a) Date Served:	____/____/____ (Month/Day/Year)	(b) LexisNexis® File and Serve E-Service Number:	
5. Claim-in-limitation Information. Provide as much as you can of the following information about any Claim-in-limitation that you filed or that has been filed on your behalf, in the Limitation of Liability proceeding filed by Transocean, Ltd. (and certain of its affiliates) and pending in the United States District Court for the Eastern District of Louisiana, Civil Action No. 2:10-02771 (In re: Triton Asset Leasing GmbH, et al.).			
(a) Date Filed:	____/____/____ (Month/Day/Year)	(b) Civil Action No. 2:10-02771 Docket Number:	
7. Previous Payment Information			
All claimants must complete this section. When calculating how much you are entitled to receive if you qualify for payment, the Claims Administrator may deduct certain Spill-Related Payments you have already received with respect to any claim for which you qualify for payment. A "Spill-Related Payment" is any compensation paid to a claimant by BP or by the GCCF related to the Spill, including (but not limited to) certain Vessels of Opportunity Program ("VoO") payments. You must complete this section to provide information on any Spill-Related Payments you have received, to the best of your ability.			
1. Did you receive any compensation from BP for your Spill-related losses? VoO and GCCF payments are not considered compensation from BP.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Provide the total amount of compensation you received from BP. Do not include VoO or GCCF payments.	\$		
3. Did you receive compensation for your participation in VoO?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Provide the total amount of compensation you received for participation in VoO.	\$		
5. Did you receive any compensation from the Real Estate Recovery Fund for Real Estate Brokers and Appraisers?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Provide the total amount of compensation you received from the Real Estate Recovery Fund.	\$		
7. Did you receive other Spill-Related Payments from any source not listed here other than from the GCCF?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, describe the source and reason for payments.			
8. Provide the total amount of payments you received from other sources, not including the GCCF.	\$		

8. Damage Categories

If you are an Economic and Property Damages Settlement Class Member, you are eligible to file a claim in one or more of the economic and property damage categories listed in this Section. Each damage category has its own Claim Form. Read the damage category descriptions below and check the box next to each type of Claim Form you would like the Claims Administrator to send to you.

If you have access to a computer with internet connection it will be easier for you to file your Claim Form(s) online, because the online Claim Form(s) will guide you through only the specific questions you need to answer, and will instruct you about any documents you may need to submit, based on the answers you enter as you go along. Go to www.deepwaterhorizonsettlements.com to submit your Claim Form(s) online. You may also visit a Claimant Assistance Center for assistance with submitting your claim online. Section 5 of the Registration Form Instructions Booklet lists all Claimant Assistance Centers.

	Damage Category	Check the Box to Request a Copy of the Claim Form	Damage Category Description
A.	Seafood Compensation Program (YELLOW FORM)	<input type="checkbox"/>	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 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.
B.	Individual Economic Loss (BLUE FORM)	<input type="checkbox"/>	For individuals who have experienced income losses caused by the Spill. If you pay taxes as an individual taxpayer on the income on which your claim for losses is based, you must fill out the Individual Economic Loss Claim Form. If you want to make a claim as the representative of a business or for losses for a business operation that you own and on which you pay taxes as a business taxpayer, then do not use this Individual Economic Loss Claim Form (Blue Form), but instead use the Business Economic Loss Claim Form (Purple Form). If you have both an Individual Claim and a Business Claim and want to assert both claims, you need to complete both forms.
C.	Individual Periodic Vendor or Festival Vendor Economic Loss (BROWN FORM)	<input type="checkbox"/>	For individuals who regularly sell or provide the specific goods or services listed in Exhibit 8D, Attachment A of the Settlement, primarily to non-local consumers, do not maintain a fixed business location, and do not have sufficient tax documentation to support a Business Economic Loss Claim. If you pay taxes as a business taxpayer on the income on which your claim for losses is based, then do not use this Individual Periodic Vendor or Festival Vendor Claim Form (Brown Form), but instead use the Business Economic Loss Claim Form (Purple Form).
D.	Business Economic Loss (PURPLE FORM)	<input type="checkbox"/>	For businesses (including those reporting on Form 1040 Schedules C, E, or F) that assert economic loss due to the Spill. Commercial Fishermen, Seafood Vessel Owners, Seafood Boat Captains, Seafood Crew, and Oyster Leaseholders who want to make a claim for economic losses relating to Seafood must use the Seafood Compensation Program Claim Form (Yellow Form) and not this Business Economic Loss Claim Form.

E.	Start-Up Business Economic Loss (GRAY FORM)	<input type="checkbox"/>	For businesses (including those reporting on Form 1040 Schedules C, E, or F) that began operations after October 20, 2008, who prove economic loss as a result of the Spill. If your business began operations on or before October 20, 2008, see the Business Economic Loss Claim Form (Purple Form). If your business began operations after October 20, 2008, but before January 1, 2009, you have the option of using this Start-Up Business Claim Form or proceeding under the Business Economic Loss Claim Form.
F.	Failed Business Economic Loss (RED FORM)	<input type="checkbox"/>	For businesses (including those reporting on Form 1040 Schedules C, E, or F) that, after May 1, 2010, but before December 31, 2011, either: (1) ceased operations and wound down; (2) entered bankruptcy (through the filing of a petition for bankruptcy protection in a court or competent jurisdiction); or (3) otherwise initiated or completed a liquidation of substantially all of its assets.
G.	Coastal Real Property (GREEN FORM)	<input type="checkbox"/>	For individuals or businesses who prove that they owned or leased Residential Parcels, Commercial Parcels, Deeded Boat Slips or other types of Parcels, with an eligible County Land Use Designation and located within the Coastal Real Property Claim Zone Map during the time period April 20, 2010, to December 31, 2010. In addition to recovering an amount based on the location of the Parcel or Boat Slip and the period of legal possession of the Parcel or Deeded Boat Slip by each claimant, a claimant may recover additional damages upon proving that physical damage occurred to Real or Personal Property located on the Parcel or Deeded Boat Slip in connection with the Spill or as a result of Spill response cleanup operations that were consistent with the National Contingency Plan or specifically ordered by the Federal On-Scene Coordinator or a delegate thereof, with the exception of any damage claimed for intrusion of oil, dispersant, or other substances on to the claimant's Parcel(s) or Deeded Boat Slip(s).
H.	Wetlands Real Property (WHITE FORM)	<input type="checkbox"/>	For individuals or businesses that, at any time between April 20, 2010, to April 18, 2012, owned a Parcel located in the Wetlands Real Property Claim Zone. Such Parcel owners can also use this Claim Form to make claims for the cost to repair or replace their Real or Personal Property located on their wetlands property that was physically damaged as a result of certain Spill response cleanup operations or the Spill itself, with the exception of any physical damage caused by the intrusion of oil, dispersant, or other substances onto their wetlands Parcel.
I.	Real Property Sales (ORANGE FORM)	<input type="checkbox"/>	For individuals or businesses who prove that: (1) On April 20, 2010, they owned a Residential Parcel that is in the Real Property Sales Compensation Zone; and (2) they either (a) executed a Property Sales Contract before April 21, 2010, but the contract price was later reduced as a result of the Spill and closed during the time period April 21, 2010, to December 31, 2010, or (b) executed a Property Sales Contract on or after April 21, 2010, and the sale closed during the time period April 21, 2010, to December 31, 2010.
J.	Subsistence (TEAL FORM)	<input type="checkbox"/>	For Gulf Coast individuals who fish or hunt to harvest, catch, barter, consume, or trade Gulf of Mexico natural resources (including seafood and game) in a traditional or customary manner, to sustain their basic personal or family dietary, economic, security, shelter, tool, or clothing needs, and who prove that they sustained a loss of subsistence use of natural resources because of the Spill. Recreational Fishermen and Recreational Hunters – those who fish or hunt for pleasure or sport – are not eligible to make Subsistence Claims, regardless of whether they consume, barter, or trade their catch. The Subsistence Claimant definition does include claimants who hold a Recreational Fishing license, provided such claimants satisfy the other elements of the Subsistence Claimant definition and provide the required documentation.

K.	VoO Charter Payment (PINK FORM)	<input type="checkbox"/>	For individuals and businesses who registered to participate in the Vessels of Opportunity ("VoO") program and executed a VoO Master Vessel Charter Agreement ("MVCA") with BP, Lawson, USMS, USES, DRC, or any other BP subcontractor ("Charterer"), and completed the initial VoO training program.
L.	Vessel Physical Damage (BLACK FORM)	<input type="checkbox"/>	For individuals and businesses who owned an eligible vessel and the vessel or its appurtenances sustained physical damage between April 20, 2010, and December 31, 2011, due to or resulting from the Spill or the Spill response cleanup operations, including the Vessels of Opportunity ("VoO") program, that were consistent with the National Contingency Plan or specifically ordered by the Federal On-Scene Coordinator or delegates. Physical damage includes the need for removal of equipment or rigging that was added to an eligible vessel to conduct Spill response cleanup activities.

9. Required Documentation

In addition to this Registration Form, you must submit any Supporting Documentation required. The list of required documents, and instructions for how to submit them, is in Section 4 of the Registration Form Instructions Booklet.

10. Claimant Verification Statement

Claimants Submitting Individual Claims: By signing this Registration Form, I certify that either (1) I have not made a claim for unemployment insurance benefits arising out of, due to, resulting from, or relating in any way to, directly or indirectly, the Deepwater Horizon Incident; or (2) if I have made or do make a claim for unemployment insurance benefits arising out of, due to, resulting from, or relating in any way to, directly or indirectly, the Deepwater Horizon Incident, I will indemnify BP for any liability and defense costs it incurs for a subrogation claim made against BP arising out of such insurance proceeds provided that the subrogation claim is brought by an entity seeking payment of insurance proceeds to me for any business or property claim arising out of, due to, resulting from, or relating in any way to, directly or indirectly, the Deepwater Horizon Incident; and the amount that I indemnify BP shall not exceed the amount of insurance proceeds that I received for the unemployment insurance benefits claim at issue.

Claimants Submitting Business or Property Claims: By signing this Registration Form, I certify that either: (1) I have not made an insurance claim or received any insurance proceeds for any business or property claim arising out of, due to, resulting from, or relating in any way to, directly or indirectly, the Deepwater Horizon Incident; or (2) if I have made or do make an insurance claim and/or receive or have received insurance proceeds for any business or property claim arising out of, due to, resulting from, or relating in any way to, directly or indirectly, the Deepwater Horizon Incident, I will indemnify BP for any liability and defense costs it incurs for a subrogation claim made against BP arising out of (a) such insurance proceeds provided that the subrogation claim is brought by an entity seeking payment of insurance proceeds to me for any business or property claim arising out of, due to, resulting from, or relating in any way to, directly or indirectly, the Deepwater Horizon Incident; and (b) the amount that I indemnify BP shall not exceed the amount of insurance proceeds that I received for the business or property claim at issue.

11. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Registration 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 Registration 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 Registration 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 Registration Form.

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

The claimant must sign this Registration 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.