



Other Boat Captain(s):	Dates of Employment as Boat Captain:	
Name:	To:	From:
Name:	To:	From:
Name:	To:	From:

**4. SEAFOOD SPILL-RELATED PAYMENTS**

Seafood Spill-Related Payments are defined as compensation paid through the OPA Process by BP, the Gulf Coast Claims Facility, or the Transition Facility for any economic losses relating to Seafood. Indicate whether you received any Seafood Spill-Related Payments. Check only one box.

- I received Seafood Spill-Related Payments.
- I did not receive Seafood Spill-Related Payments

If you received Seafood Spill-Related Payments, provide the date and source of payment, payment amount, and type of payment (e.g., Interim Payment Emergency Advance Payment etc.). You must also submit documentation to verify these payments.

Date	Source	Amount	Type of Payment
___/___/___		\$	
___/___/___		\$	
___/___/___		\$	

**C. SIGNATURE**

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement 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 Statement 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.

<b>Date Signed:</b>	_____ (Month/Day/Year)	_____ Signature
		_____ Name (Printed or Typed)