

If you need additional space to complete this form, attach pages to be incorporated into this document. Be sure to include your name and DWH Identification Number on any additional pages.

A. CLAIMANT INFORMATION

The claimant must complete this section.

| | | | |
|--|--|------------|----------------|
| Name: | Last Name | First Name | Middle Initial |
| | Deepwater Horizon Settlement Program Claimant Number: | | |
| Current Address: | Street | | |
| | City | State | Zip Code |
| Social Security Number: <i>or</i> Individual Taxpayer Identification Number: | SSN or ITIN - - | | |

B. CAPTAIN INFORMATION

If the claimant is a deckhand, his or her captain must complete this section. If the claimant is not a deckhand, leave this section blank.

| | | | |
|---|---|-------------------------|------------------------------------|
| Name: | Last | First | Middle Initial |
| | Current Address: | | |
| Street | | City | State |
| City | | State | Zip Code |
| Commercial Fishing License Number: | | Issuing State: | |
| Issue Date: | ____/____/____ (Month/Day/Year) | Expiration Date: | ____/____/____ (Month/Day/Year) |
| Length of Claimant's Employment: | ____/____/____ to ____/____/____ (Month/Day/Year) (Month/Day/Year) | | |

List the area(s) where you harvested Seafood with the claimant before the Spill.

Were any of these area(s) closed, impaired, or harmed because of the Spill? Yes No

If Yes, did the closure, impairment, or harm affect the claimant's employment? Yes No

If Yes, describe how the closure, impairment, or harm affected the claimant's employment (*i.e.*, reduction of hours, termination of employment or rescinded employment offer).

In the section below, you must state: (A) the species you provided to the claimant before the Spill; (B) the total pounds of Seafood that you provided to the claimant after each harvest (including both edible and inedible portions); and (C) the frequency of your harvests (weekly, monthly, yearly, etc). Example: If you normally provided 30 pounds of blue crab to the claimant after each harvest before the Spill, and you harvest blue crab one time each month, you would complete the table as seen in the example below.

| | A. Species | B. Pounds Distributed to the Claimant Per Harvest | C. Frequency of Harvests (Weekly/Monthly/Yearly) |
|------------|-------------------|--|---|
| EX. | Blue Crab | 30 lbs. | Monthly |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |

C. BARTERER OR BARTERING ACTIVITY WITNESS INFORMATION

If you bartered Seafood or Game with the claimant in exchange for other items, services, or goods or you witnessed the claimant's bartering activity, you must complete this section. If you did not barter Seafood or Game with the claimant in exchange for other items, services, or goods or you did not witness the claimant's bartering activity, leave this section blank.

| | | | |
|----------------------------------|------|-------|----------------|
| Barterer or Witness Name: | Last | First | Middle Initial |
| | | | |

| | | | |
|-------------------------|--------|-------|----------|
| Current Address: | Street | | |
| | City | State | Zip Code |

Identify your relationship to the claimant.

Describe the claimant's bartering activity and your basis of knowledge of these facts.

In the section below, you must state: (A) the species the claimant bartered before the Spill; (B) the total pounds bartered on each occasion; (C) the frequency of the bartering activity (weekly, monthly, yearly, etc.); and (D) the type of items, services, or goods the claimant received in exchange for Seafood or Game. Example: If the claimant normally traded 50 pounds of flounder per week in exchange for fuel, you would complete the table as seen in the example below.

| | A. Species | B. Pounds Bartered | C. Frequency of Bartering Activity | D. Items/Services Received |
|------------|-------------------|---------------------------|---|-----------------------------------|
| EX. | Flounder | 50 | Weekly | Fuel |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

D. 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.

Date Signed:

____/____/____
(Month/Day/Year)

Third Party Signature

Name (Printed or Typed)