

Vessel Physical Damage Claimant Verification Statement

A. CLAIMANT INFORMATION

Name:	Last	First	Middle Initial
	Name of Business		
Deepwater Horizon Settlement Program Claimant Number:		_ _ _ _ _ _ _ _ _ _ _ _ _ _	
Address:	Street		
	City	State	Zip Code
Telephone Number:		(_ _ _ _) _ _ _ _ _ - _ _ _ _ _	
Social Security Number: or Individual Taxpayer Identification Number: or Employer Identification Number:		SSN or ITIN _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ EIN _ _ _ _ _ - _ _ _ _ _	

B. VESSEL INFORMATION

Vessel Name:			
Hull Identification Number:			
Federal Registration Number:		State Registration Number:	
Make:		Model:	
Year:		Vessel Class:	

C. CLAIMANT VERIFICATION STATEMENT

I owned the vessel(s) for which I am submitting this claim during the time period April 20, 2010, to December 31, 2011, and the physical damages for which I seek compensation were due to or resulted from the Deepwater Horizon Spill or the Deepwater Horizon Spill response cleanup operations. I certify that:

- I have not signed a Receipt and Release Letter Agreement in connection with the BP program to reimburse costs from damage to vessels involved in the Vessels of Opportunity ("VoO") program.
- The physical damage that I claim was sustained to my vessel was not caused by any of the following: (a) my fault; (b) the fault of the vessel's captain or crew; (c) an act of God; (d) an employee or agent of an oil spill response organization; or (e) normal wear and tear.
- The physical damage that I claim was sustained to my vessel did not occur while working for an Oil Spill Response Organization or an Oil Spill Removal Organization (OSRO) in the Deepwater Horizon Spill response. If your vessel damage occurred while you were working in the Vessels of Opportunity Program, you must check this box.

You must check all three boxes to be paid.

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)	_____ Signature	
Name: (Printed or Typed)	Last	First	Middle Initial
Title:			

E. HOW TO SUBMIT THIS FORM

Submit this form online using your DWH Portal. If you are unable to access the DWH Portal, you may submit this form in any of the following ways:

By Mail	Deepwater Horizon Economic Claims Center PO Box 10272 Dublin, OH 43017-5772
By Overnight, Certified or Registered Mail	Deepwater Horizon Economic Claims Center c/o Claims Administrator 5151 Blazer Parkway Suite A Dublin, OH 43017
By Facsimile	(888) 524-1583
By Email	ClaimForms@deepwaterhorizoneconomicsettlement.com