

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

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. BARTERING LOSS INFORMATION

<p>1. Did you barter Seafood exclusively under a Commercial Fishing License? If Yes, submit copies of your Commercial Fishing License(s) or license records to the Settlement Program, unless you have already provided these records. You also do not need to complete Question 3 of this Form. If No, you must complete Question 3 of this Form.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Identify the location(s) of your bartering activity.

Location Name			
Street			
City	State	Zip Code	

Identify the goods or services you received in exchange for the Seafood or Game you bartered at this location and the frequency in which you visited this location to barter (weekly, monthly, yearly, etc.).

A.

	Location Name		
	Street		
	City	State	Zip Code
B.	<p>Identify the goods or services you received in exchange for the Seafood or Game you bartered at this location and the frequency in which you visited this location to barter (weekly, monthly, yearly, etc.).</p>		
	<p>3. Identify or attach the law(s), statute(s), ordinance(s), rule(s) or regulation(s) that authorize bartering activity, or other law(s), statute(s), ordinance(s), rule(s) or regulation(s) confirming that such bartering activity is not prohibited in the claimed location(s) you identified in Question 1 of this Form. In the space below, you may also explain the applicable law(s), statute(s) ordinance(s), rule(s) or regulation(s).</p>		

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.

An attorney may sign the claimant's name on this Sworn Written Statement if the claimant has authorized the attorney in a Power of Attorney Agreement, a retainer agreement, or other document signed by the claimant in which the claimant has authorized the attorney or law firm to pursue claims for the claimant arising out of the Deepwater Horizon Incident. If the attorney chooses this option, the attorney must either submit, or have already submitted, a PDF of the signed authorization from the claimant before the signature can be accepted. If the attorney does not have a signed authorization from the claimant, the attorney may use the Power of Attorney Form created by the Claims Administrator for this purpose (POA-1), which is available using the Forms section of the website, www.deepwaterhorizonsettlements.com.

As the authorized attorney, by signing below, you are certifying that you have the required written authorization from the claimant to pursue claims for the claimant arising out of the Deepwater Horizon Incident on their behalf and have submitted this authorization.

<p>Claimant Signature</p> <p>Date Signed:</p>	<p align="center">____/____/____ (Month/Day/Year)</p>	<p align="center">_____ Signature</p> <p align="center">_____ Name (Printed or Typed)</p>
<p>Attorney Signature</p> <p>Date Signed:</p>	<p align="center">____/____/____ (Month/Day/Year)</p>	<p align="center">_____ Signature</p> <p align="center">_____ Name (Printed or Typed)</p>