

**DEEPWATER HORIZON ECONOMIC AND PROPERTY SETTLEMENT
VoO CHARTER PAYMENT CLAIM FORM
(PINK FORM)**



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

B. Information Required for a VoO Charter Payment Claim

If you are making a VoO Charter Payment claim for more than one vessel, photocopy this Section of the Claim Form before completing it and attach the copy to the Claim Form for submission. Make one copy for each additional vessel.

1. Did you register to participate in the VoO Program? If No, do not submit or complete this Claim Form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you own, operate or lease the vessel at the time that you registered it with the VoO Program? If No, do not submit or complete this Claim Form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did you execute an MVCA with a Charterer? If No, do not submit or complete this Claim Form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you complete the initial VoO training program? If No, do not submit or complete this Claim Form.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you checked "Yes" for Questions 1- 4, continue.

If you checked "No" for Question 1, 2, 3 or 4, you are not eligible to make a VoO Charter Payment Claim for this vessel and you should not complete this Claim Form or submit Supporting Documentation for a VoO Charter Payment Claim.

5. What is the name of the vessel that you are claiming?	
6. What is the size of the vessel that you are claiming?	<input type="checkbox"/> < 30 feet <input type="checkbox"/> ≥ 30 feet to ≤ 45 feet <input type="checkbox"/> > 45 feet to ≤ 65 feet <input type="checkbox"/> > 65 feet
7. What is the Hull Identification Number for the vessel that you are claiming?	_____
8. What is the Federal and/or State Identification Number for the vessel that you are claiming? Federal Identification Number: <input type="checkbox"/> <i>and/or</i> State Identification Number: <input type="checkbox"/>	_____ _____
9. Is the name you provided in Question A.1 the same name you used to register in the VoO program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you checked "No" for Question 9, provide the name you used to register in the VoO program.

Last Name or Full Name of Business	First Name	Middle Initial
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10. What is your MVCA number?	_____
11. Were you dispatched or placed on hire? (i.e., requested by a Charterer to perform work and such request was accepted)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(a) If you answered Yes to Question 11, provide the approximate date of the work request(s). If you worked multiple dates, provide an approximate time period or date range of when you worked.

(b) If you answered Yes to Question 11, describe the general nature of the work and approximately where you performed the work.

12. Were you paid for the work you performed under an MVCA?

Yes No

C. Documentation Required for a VoO Charter Payment Claim

In addition to this Claim Form, you must submit certain Supporting Documentation to prove your VoO Charter Payment Claim. The list of required documents, and instructions for how to submit them, are in Section 4 of the VoO Charter Payment Instructions Booklet. If you do not submit the required Supporting Documentation, the Claims Administrator will not be able to review your claim and you will not receive payment for your claim.

D. Payment

1. If You Have Your Own Attorney. Unless you check the box below, the Claims Administrator will make any payments jointly to you and to your attorney, which means that both you and your attorney will need to endorse the check before a bank will honor it.

Check here if you want the Claims Administrator to make payments in connection with this and any other claim you may file in the Deepwater Horizon Economic and Property Settlement *only to your attorney*. This means that the Claims Administrator will send your payment to your attorney, who will then pay you pursuant to the retainer agreement you have with him/her.

2. If You Do Not Have Your Own Attorney. If you have not retained an attorney to represent you in connection with your Spill-related claim, the Claims Administrator will make any payments to which you are entitled directly to you by check. Payment checks will be sent by First Class Mail to the address you provided in the Registration Form or to the address that the Claims Administrator confirms for you during the processing of your Claim. **You have an obligation to notify the Claims Administrator if your address changes.**

The Claims Administrator will report annually to federal and state taxing authorities, using a Form 1099 or state form equivalent, for certain payments made. The Claims Administrator will send you a copy of that form, but cannot give you any tax advice regarding any payment issued to you. You should consult with your own tax advisor to determine the tax impact of any payment you receive from the Claims Administrator.

3. Garnishments, Liens, and other Attachments. Legally authorized garnishments, liens, or similar forms of attachments relating to your claim will be honored and deducted from your payment.

4. W-9 Form Requirement. All claimants must provide a W-9 Form. To obtain a copy of that form, go to www.deepwaterhorizonsettlements.com, or request one at a Claimant Assistance Center or by calling 1-866-992-6174.

E. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Claim 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 Claim 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 Claim 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 claim for compensation and any payment resulting from that claim.

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

The claimant must sign this Claim 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.