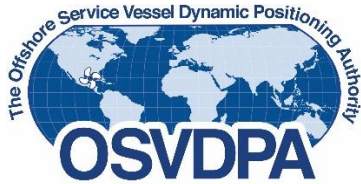


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| Form T-7-001, the Prospective DPOs Targeted by the Training Provider Information | Version 1 | Date Effective: December 10, 2015 | Section: N/A |
| | Prepared by: BAB Prepared Date: December 10, 2015 | Approved/Reviewed by: BoD: YES TAC: YES ED: YES Counsel: N/A Accountant: N/A | |



**OFFSHORE SERVICE VESSEL
DYNAMIC POSITIONING
AUTHORITY**

Form T-7-001, THE PROSPECTIVE DPOS TARGETED BY THE TRAINING PROVIDER

Standard Training Provider General Information.

This section is included on each form in the RFA package to ensure the OSVDPA is able to keep track of each training provider's information and readily find the name of the individual that complete the forms (the Point of Contact).

Name of the Training Provider. _____
List the name of the company seeking accreditation.

Name of the Point of Contact. _____
See the "Definitions and Instructions" section.

Industry Segments.

- Describe the segments (e.g. workboat industry, drilling industry, etc.) of the maritime industry that currently utilize the training provider's training programs along with the percentage of the training provider's currently enrolled students which come from each of these industries.

- Does the training provider anticipate the Prospective DPOs it enrolls in its OSVDPA courses to come from a similar make-up of the industry?

YES NO

- 2.1. If Question 2 was answered in the negative, what is the anticipated industrial makeup or background of the Prospective DPOs to be enrolled in the training provider's OSVDPA courses?

Geographic Segments.

- Describe what geographic areas the training provider shall be targeting to complete the OSVDPA courses.

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Relationship with Vessel Owners and Operators.

4. Does the training provider have an exclusive relationship with any vessel operators whereby the vessel owner or operator exclusively utilizes the training provider or receives a preferred rate at the training provider? If answering in the affirmative, answer the follow questions.

YES NO

- 4.1. Which vessel operators are involved in this relationship?

- 4.2. Describe the scope of the relationship with the vessel operator or vessel operators.

- 4.3. Will the training provider accept Prospective DPOs who are not employed by the vessel owners or operators with which the training provider has a relationship?

YES NO

- 4.4. Do any of the relationships described in Question 4 or the sub-questions constitute a Related Entity or Partnership, as defined in the OSVDPA MPP-1-CV, the OSVDPA Manual of Policies and Procedures (Current Version)? If so, include a completed Form RE-1-CV, the Related Entity or Partnership Description (Current Version).

YES NO

Advertising.

5. Describe the advertising strategies the training provider anticipates utilizing to secure the participation of Prospective DPOs in the training provider's OSVDPA-accredited training?

- 5.1. If the training provider does not plan on advertising, how does the training provider plan on having a sufficient number of prospective DPOs utilizing the training provider's OSVDPA courses?

6. Attach an example of the advertising copy the training provider anticipates utilizing for its OSVDPA courses.

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7. Who will have creative control of the advertising the training provider conducts for its OSVDPA courses?

Disclaimer and Signature.

The below must be signed by the Principal of the Training Provider (See “Definitions and Instructions,” Section)

I certify that my answers, the information included above, and the associated attachments are true and complete to the best of my knowledge.

If this application leads to OSVDPA Approval, I understand that false or misleading information in my application or interview may result in the revocation of my approval.

Signature: _____ Date: _____
MM/DD/YYYY

Printed Name: _____

Definitions and Instructions.

Instructions for completing this form.

1. This form can be completed electronically or traditional pen and paper versions.
2. If being completed electronically, the form must be saved as a PDF with the signature required above completed in ink or provided by a recognized electronic signature system.
3. All attachments should be clearly and distinctly named, with the names readily apparent on the attachments, either as the title of the document (for electronic attachments) or in a visible location on the first page of a paper attachment.
4. Include all relevant forms in packet before submitting.
5. Once completed, the application shall be sent to Ben.Berson@OSVDPA.org (if completed electronically) or mailed to OSVDPA, 201 St. Charles Ave., Suite 114-274, New Orleans, LA 70170.
6. The OSVDPA welcomes any questions or concerns of applicants. Questions may be directed to the email address listed above or made via phone at +1 (504) 528-9414.