

If you need more space to complete this Sworn Written Statement, attach additional pages and they will be incorporated into this document.

A. CLAIMANT INFORMATION

Name: Last First Middle Initial
Deepwater Horizon Settlement Program Claimant Number:
Current Address: Street City State Zip Code
Telephone Number:
Social Security Number:
Individual Taxpayer Identification Number:
Employer Identification Number:

B. SEAFOOD PROGRAM SWORN WRITTEN STATEMENT

Provide all information required by the Incompleteness Notice in the sections below.

1. VESSEL INFORMATION

Vessel Name Home Port County
City State Zip Code
State Registration Number Federal Registration Number

2. STATEMENT OF OWNERSHIP OR LESSEE STATUS

Check the box describing the lease status of the vessel you identified in Section B.1 during the period April 20, 2010 to December 31, 2010. Check only one box.

- I did not lease the vessel to another party during the period of April 20, 2010, to December 31, 2010.
I leased the vessel during the period of April 20, 2010, to December 31, 2010, and will provide a copy of the Lease agreement.

3. BOAT CAPTAIN INFORMATION

Indicate whether you were the sole Boat Captain for the vessel you identified in Section B.1 during the period January 1, 2007, to December 31, 2009. Check only one box.

- I was the sole Boat Captain for the vessel during the period of January 1, 2007, through December 31, 2009
I was not the sole Boat Captain for the vessel during the period of January 1, 2007, through December 31, 2009.

If you were not the sole Boat Captain, identify all other Boat Captains employed on the vessel and provide their dates they served as Boat Captain to the best of your ability. Photocopy this section if you additional space and submit the copy with this Form.

Other Boat Captain(s):	Dates of Employment as Boat Captain:	
Name:	To:	From:
Name:	To:	From:
Name:	To:	From:

4. SEAFOOD SPILL-RELATED PAYMENTS

Seafood Spill-Related Payments are defined as compensation paid through the OPA Process by BP, the Gulf Coast Claims Facility, or the Transition Facility for any economic losses relating to Seafood. Indicate whether you received any Seafood Spill-Related Payments. Check only one box.

- I received Seafood Spill-Related Payments.
- I did not receive Seafood Spill-Related Payments

If you received Seafood Spill-Related Payments, provide the date and source of payment, payment amount, and type of payment (e.g., Interim Payment Emergency Advance Payment etc.). You must also submit documentation to verify these payments.

Date	Source	Amount	Type of Payment
___/___/___		\$	
___/___/___		\$	
___/___/___		\$	

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.

Date Signed:	_____ (Month/Day/Year)	_____ Signature
		_____ Name (Printed or Typed)