



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Ballast Water General Permit Application Form

Vessel Discharge Program

Applications that are submitted without an authorized signature, the required application fee, and attachments will be returned. Please make your check payable to the Minnesota Pollution Control Agency.

Please send the completed application, attachments, and checks to:

Attn: Fiscal Services – 6th floor
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155-4194

MPCA Use Only		
Application Number		
MN		
Date Received		
Month	Date	Year

For more information, please contact the Minnesota Pollution Control Agency (MPCA) at: 651-296-6300 or 800-657-3864, or on the MPCA website at: <http://www.pca.state.mn.us/programs/ballastwater.html>.

Submission of this completed application constitutes notice that the vessel owner and operator intends to be authorized to transit through or discharge ballast water to Minnesota waters of Lake Superior, from the vessel identified below, under MPCA's General Permit. Submission of the application also constitutes notice that the party identified in the Certification for this form has read, understands, and meets the eligibility conditions of Chapter 1 of the General Permit; agrees to comply with all applicable terms and conditions of the General Permit; and understands that continued authorization under the General Permit is contingent on maintaining eligibility for coverage. In order to be granted coverage, all information required on this form must be completed.

An application fee is required under Minn. Stat. § 166.07 subd. 4d (1990) and Minn. R. ch. 7002 (Permit Fee Rules). This application fee must be submitted with the application. The application fee is \$1240 (U.S. dollars). A separate, complete application is required for each vessel.

Vessel Owner Information

Name: _____
Address: _____
City: _____ State or Province: _____
Country: _____ Zip code: _____
Phone: _____ Fax: _____
Email: _____
Contact name: _____ Title: _____

Vessel Operator Information (if different from owner information above)

Name: _____
Address: _____
City: _____ State or Province: _____
Country: _____ Zip code: _____
Phone: _____ Fax: _____
Email: _____
Contact name: _____ Title: _____

Annual Permit Fee should be mailed to: ☐ Vessel owner address ☐ Vessel operator address ☐ Other (please list): _____

Name: _____
Address: _____
City: _____ State or Province: _____
Country: _____ Zip code: _____
Phone: _____ Fax: _____
Email: _____
Contact name: _____ Title: _____

Vessel Information

Vessel name: _____

IMO number (if applicable): _____ U.S.C.G. Document Number (if applicable): _____
(IMO = International Maritime Organization) (USCG = United States Coast Guard)

Vessel call sign: _____

Port of registry: _____ Flag: ☐ U.S. ☐ Canada ☐ Other (specify): _____

Vessel type: ☐ Bulk carrier ☐ Chemical carrier ☐ General cargo carrier
☐ Barge ☐ Container carrier ☐ Other (specify): _____

Vessel length: _____ ☐ meters **or** ☐ m³ **or** ☐ feet ☐ U.S. gallons

Maximum ballast water capacity: _____

Total number of ballast water tanks: _____ Maximum ballast water discharge flow rate: _____ ☐ m³/hour **or** ☐ gpm
(m³/hour = cubic meters per hour / gpm = U.S. gallons per minute)

Total number of ballast water pumps: _____

Is ballast water discharged below water level? ☐ Yes ☐ No

Is ballast water treatment currently being used? ☐ Yes ☐ No

If yes, please describe: _____

Position of officer responsible for ballast water management: _____

Minnesota Port(s) of Call: ☐ Duluth ☐ Silver Bay ☐ Two Harbors
☐ Taconite Harbor ☐ Other (please list): _____

Geographic area of service (check one): ☐ Great Lakes only ☐ Great Lakes/St. Lawrence River (to Anticosti Island)
☐ Transoceanic ☐ Coastal (Canadian/U.S. EEZ)
EEZ = Exclusive Economic Zone

Ballast Water and Sediment Management Plan

The applicant shall include as an attachment, a paper copy and an electronic copy (CD) of a completed Ballast Water and Sediment Management Plan (Plan) designed to minimize the discharge of aquatic invasive species. The Plan may be developed in accordance with Appendix A of the current U.S. Coast Guard Navigation and Vessel Inspection Circular. In order for the Plan to be considered complete, the applicant shall certify that the Plan contains the following minimum requirements:

Requirements	Yes	N/A
1. Operation and maintenance procedures for the vessel and crew associated with the Plan.	<input type="checkbox"/>	<input type="checkbox"/>
2. Actions for implementing the Plan requirements and practices in accordance with the permit.	<input type="checkbox"/>	<input type="checkbox"/>
3. Detailed ballast system fouling maintenance and sediment removal practices.	<input type="checkbox"/>	<input type="checkbox"/>
4. The disposal method for non-suspended sediment and other residual solids associated with ballast tank operation that will not result in unlawful pollution of Minnesota's air, surface water or ground water, or create nuisance conditions.	<input type="checkbox"/>	<input type="checkbox"/>
5. The designated position of officer on board the vessel in charge of ensuring the Plan is properly implemented.	<input type="checkbox"/>	<input type="checkbox"/>
6. Detailed reporting requirements for ports the vessel may visit in Minnesota waters of Lake Superior.	<input type="checkbox"/>	<input type="checkbox"/>
7. A translation of the Plan into English if the vessel's working language is another language.	<input type="checkbox"/>	<input type="checkbox"/>

"I certify that I have answered the above checklist items as **yes** or **not applicable**, and hereby certify that the Ballast Water and Sediment Management Plan, to the best of my knowledge, contains all MPCA requirements 1 through 7 above. An explanation for each requirement checked 'not applicable' is attached."

Name (print): _____ Title: _____

Signature: _____ Date: _____

Certification

State regulations Minn. R. 7001.0070 require the authorized signer to be one of the following:

- A. For a corporation, a principal executive officer of at least the level of vice president.
- B. For a partnership or sole proprietorship, a general partner or the proprietor, respectively.
- C. For a municipality, State, Federal, or other public vessel, either a principal executive officer or ranking executive official.
- D. If the operator of the vessel is different than the owner, both the operator and the owner according to items A to C.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than true, accurate, and complete."

Owner

Name (print): _____ Title: _____

Authorized signature: _____ Date: _____

State Tax ID number (if applicable): _____

Federal Tax ID number (if applicable): _____

Signature of Vessel Operator (if different from owner)

Name (print): _____ Title: _____

Authorized signature: _____ Date: _____

State Tax ID number (if applicable): _____

Federal Tax ID number (if applicable): _____