



**CVAP
(Clean Vessel Assistance Program)**

www.efc.ny.gov/CVAP

O&M (Operations and Maintenance)

PUMPOUT BOAT CERTIFICATION

Applicant Name: _____

Facility Name: _____

Project Name: _____

Facility Location: _____

Pumpout Boat Operator: _____

Services Provided:

Waste Offloading Dockage Other: _____

I hereby certify that the applicant above has provided the services indicated at the facility location indicated, and that

- no compensation has been provided for these services
- compensation totaling \$_____ has been received by the applicant for these services

*Note: any compensation received will be deducted from the max allowable credit of \$3,000

Pumpout Boat Operator	Title	Date
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Applicant	Title	Date
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