



SURRENDERED AND ABANDONED VESSEL EXCHANGE (SAVE) REIMBURSEMENT CLAIM FORM

California State Parks - Div. of Boating and Waterways, ATTN: DBW Vessel Abatement Unit, One Capitol Mall, Suite 500, Sacramento, CA 95814 • Phone: (916) 327-1825

GRANTEE (AGENCY) NAME			CONTRACT NUMBER	CONTRACT TERM
MAILING ADDRESS			CITY	STATE
CONTACT NAME			PHONE	EMAIL
ABANDONED WATERCRAFT ABATEMENT FUND (AWAF) REMOVAL ACTIVITY DESCRIPTION				

1	NAME OF VESSEL OR DESCRIPTION OF WATER HAZARD	CF# or HIN	TYPES OF ISSUES REMOVED			LENGTH (In Feet)	GPS COORDINATES OR LOCATION FOUND	STATEMENT OF SERVICE(S)	DATE(S) OF SERVICE	COST
			M/V	S/V	OTHER: Provide Description					
2										
3										
4										

VESSEL TURN-IN PROGRAM (VTIP) REMOVAL ACTIVITY DESCRIPTION

1	NAME OF VESSEL	CF# or HIN	TYPES OF ISSUES REMOVED			LENGTH (In Feet)	OWNERSHIP		STATEMENT OF SERVICE(S)	DATE(S) OF SERVICE	COST
			M/V	S/V	OTHER: Provide Description		Verified	Release Obtained			
2											
3											
4											

Per Harbors and Navigation Code, section 525 (1) (c), a 10% match contribution is required. The contribution may be rendered in cash, or through in-kind contributions which must be verified, and are at the discretion of DBW. These contributions may include (but are not limited to) personnel hours only (no benefits), administrative costs, removal and storage expenses.

Support documents to include with this form are listed on the signed contract and in the contract award letter for each type of claim. Please note that different claim types require different attachments. Remember to attach all necessary documents.

If using in-kind services, enter amount in the "In-Kind" cell. In-kind expenses must be detailed and verified. Please use the Itemized 10% Contribution Statement Form, available in OLGA or DBW's website at www.dbw.ca.gov.

If using cash match, and 10% match has previously been satisfied, please enter "0" in the cash cell and enter total amount in Total Reimbursement Request cell.

Sub Total	→	
Less 10% Match (refer to instructions on left) ←	In Kind	Cash
Total Reimbursement Request	→	

By signing below, you agree that the above information provided by your agency is accurate and complete

APPROVAL SIGNATURE	PRINTED NAME	PHONE NO. (Including Area Code)
I certify under penalty of perjury that I have completed the adjudication process as defined in Harbors and Navigation Code sections 502, 503, 504, 523, and have attached documentation (photos, invoices, receipts) of the completion of that process regarding all vessels listed on this claim form.	TITLE	DATE