

Authorized Business Representative Name:	Last	First	Middle Initial
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C. REASON FOR TERMINATION

Fill out this section if you terminated the claimant. Select only one of the three options.

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|--|---|--|
| <input type="checkbox"/> 1. I terminated the claimant because of the Spill and not for cause. | <input type="checkbox"/> 2. I terminated the claimant for cause. | <input type="checkbox"/> 3. I terminated the claimant for another reason. |
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If you selected Number 3, describe the reason for the claimant's termination and circumstances surrounding his or her departure.

D. NEW ENTRANT TO EMPLOYMENT

Complete this section if you made an offer of employment to the claimant and later withdrew or changed that offer because of the Spill. Include the job's proposed start and end date (if any), wage rate, and projected hours.

Start Date: ____/____/____ (Month/Day/Year)	Date of Offer: ____/____/____ (Month/Day/Year)	Wage Rate (per hour):
End Date: ____/____/____ (Month/Day/Year)	Date Offer Accepted: ____/____/____ (Month/Day/Year)	Projected Hours:

Here is the reason why I decided not to employ the claimant or changed my offer of employment to the claimant and how that reason related to the Spill. Attach additional sheets to this form if necessary.

E. EXPLANATION OF WHY CLAIMANT'S ECONOMIC LOSSES ARE RELATED TO THE SPILL

Here is an explanation of how the claimant's economic losses from April 21, 2010 to December 31, 2010 (or April 21, 2010 to April 30, 2011 if claimant's business is in the Primary Seafood Industry) are due to or resulting from the Spill. Provide sufficient specific detail to make clear how the losses were related to the Spill. Attach additional sheets to this form if necessary.

F. NON-HOURLY WAGE EMPLOYEE

- Position:** The claimant worked for my business in the following position: _____.
- Dates of Employment:** ____/____/____ to ____/____/____
(Month/Day/Year) (Month/Day/Year)
- Hours:** The claimant worked _____ number of hours per week for my business, or a total of _____ hours.
- Wage:** The claimant's salary was \$ _____ per year.

5. Overtime:

- (a) Was the claimant eligible for overtime? Yes No
- (b) If "Yes" to (a), the claimant worked _____ overtime hours.
- (c) The compensation for overtime hours was _____ per hour.

6. I am attaching documentation establishing the number of hours the claimant worked for me including documentation of any overtime hours, if applicable.
- I am not attaching documentation establishing the number of hours the claimant worked.

G. SUPPORT SERVICES TO OIL & GAS INDUSTRY

1. In 2009, my business provided significant services, goods, and/or supplies to businesses in the Oil and Gas Industry in the Gulf of Mexico. The Claims Administrator considers that an entity provided "significant" services, goods, and/or supplies to businesses in the offshore oil and gas industry in the Gulf of Mexico in 2009 if 33% or more of its 2009 net revenue was derived from such activities.
- Yes No

Here is a list of the exact types of work in which the claimant was engaged for my business. Attach additional sheets to this form if necessary.

H. 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:	<p style="text-align: center;">_____/_____/_____ (Month/Day/Year)</p>	<p style="text-align: center;">_____ Employer Signature</p> <p style="text-align: center;">_____ Name (Printed or Typed)</p>
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