



Coastal Virginia
Offshore Wind



Coastal Virginia Offshore Wind Compensation Program

Claimant Qualification Form: Shoreside Business

Read the Claimant Qualification Form Instructions carefully. Complete the appropriate sections. Return your completed Claimant Qualification Form to the Program Administrator.

As explained in the instructions, YOU ONLY HAVE TO DO THIS ONCE to establish that you qualify to participate in the Program. You must complete and submit the separate Economic Loss Claim Form for each year that you wish to seek compensation from the CVOW Fisheries Compensatory Mitigation Program (the "Program").

I. CLAIMANT INFORMATION

A. Authorized Representative Information

Name	Last	First	Middle Name	Suffix
Current Mailing Address	Address 1			
	Address 2	City	State	Zip Code
Email Address			Phone Number	() -
Last Four Digits of Social Security Number or Taxpayer Identification Number				

B. Business Information

Business Name					
Employer Identification or Taxpayer Identification Number					
Tax Filing or Business Classification	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> S corporation	<input type="checkbox"/> Limited liability company (LLC)
Principal Officer Name	Last	First	Middle Name	Suffix	
Business Mailing Address	Address 1				
	Address 2	City	State	Zip Code	
Business Email Address			Business Phone Number	() -	

Attach proof of (a) the business's authority to conduct business, (b) proof of the business's location, and (c) the Authorized Representative's authority to act on behalf of the Claimant. If you do not provide this documentary proof of authority, your form will be deficient and you will not be eligible to participate in the Program until the deficiency is resolved.



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II. SHORESIDE SUPPORT BUSINESSES PROGRAM QUALIFICATION

Seafood Buyer's License Number (if applicable):		
(a) Did you support, through direct, first-transaction sales to, or purchases from, a Qualified Fishing Entity within the three-year period of October 30, 2020, through October 30, 2023? <i>If "Yes," complete Attachment A-3.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Did you support, through direct, first-transaction sales to, or purchases from, a Qualified Surfclam Fishing Entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) If you supported a Qualified Surfclam Fishing Entity through direct, first-transaction sales or purchases, did that support occur before January 28, 2024? <i>If "Yes," complete Attachment A-3.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

III. CERTIFICATION AND SIGNATURE

By signing and submitting this Claimant Qualification Form to the Program Administrator, I affirm that this information is true and correct.

Claimant Signature		Date: ____/____/____
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END OF QUALIFICATION FORM



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Attachment A-3: List of Supported Qualified Fishing Entities

Shoreside Support Businesses may use this Form to list the names and contact information of the Qualified Fishing Entities and/or Qualified Surfclam Fishing Entities (or businesses eligible for qualification as Qualified Fishing Entities or Qualified Surfclam Fishing Entities, with relevant supporting documentation), supported through direct, first-transaction sales to, or purchases from, during the Qualifying Period (or for Surfclam Fishing Entities, before January 28, 2024).

Qualified Fishing/Surfclam Fishing Entity Name					
Current Mailing Address (if known)		Address 1			
		Address 2	City	State	Zip Code
Email Address			Phone Number	() -	
Qualified Fishing/Surfclam Fishing Entity Name					
Current Mailing Address (if known)		Address 1			
		Address 2	City	State	Zip Code
Email Address			Phone Number	() -	
Qualified Fishing/Surfclam Fishing Entity Name					
Current Mailing Address (if known)		Address 1			
		Address 2	City	State	Zip Code
Email Address			Phone Number	() -	
Qualified Fishing/Surfclam Fishing Entity Name					
Current Mailing Address (if known)		Address 1			
		Address 2	City	State	Zip Code
Email Address			Phone Number	() -	

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Attachment A-3: List of Supported Qualified Fishing Entities

Qualified Fishing/Surfclam Fishing Entity Name					
Current Mailing Address (if known)		Address 1			
		Address 2	City	State	Zip Code
Email Address			Phone Number	() -	
Qualified Fishing/Surfclam Fishing Entity Name					
Current Mailing Address (if known)		Address 1			
		Address 2	City	State	Zip Code
Email Address			Phone Number	() -	
Qualified Fishing/Surfclam Fishing Entity Name					
Current Mailing Address (if known)		Address 1			
		Address 2	City	State	Zip Code
Email Address			Phone Number	() -	

END OF QUALIFICATION FORM ATTACHMENT