

**Must be postmarked or submitted online no later than October 31, 2022**

PLAINS OIL SPILL SETTLEMENT  
C/O JND LEGAL ADMINISTRATION  
P.O. BOX 91450  
SEATTLE, WA 98111  
WWW.PLAINSOILSPILLSETTLEMENT.COM

**APO**

## Plains Oil Spill Settlement Fisher Class Claim Form

The Court has decided that everyone who fits either of the following descriptions is a member of the Fisher Class:

**Commercial Fishers:** All persons and businesses who owned or worked on a vessel that was in operation as of May 19, 2015 and that: (1) landed any commercial seafood in California Department of Fish & Wildlife (“CDFW”) fishing blocks 654, 655, or 656; or (2) landed any commercial seafood, except groundfish or highly migratory species (as defined by the CDFW and the Pacific Fishery Management Council), in CDFW fishing blocks 651-656, 664-670, 678-686, 701-707, 718-726, 739-746, 760-765, or 806-809; from May 19, 2010 to May 19, 2015, inclusive; and

**Fish Processors:** All persons and businesses in operation as of May 19, 2015 who purchased such commercial seafood directly from the Commercial Fishers and re-sold it at the retail or wholesale level.

**You can find out if you are a Fisher Class Member by going to [www.PlainsOilSpillSettlement.com](http://www.PlainsOilSpillSettlement.com).**

**You must submit a separate Fisher Class Claim Form for each CDFW vessel ID, fishing license, or (processor) fishing business license for which you are seeking a Settlement payment.**

The Settlement Administrator will use CDFW Landing Records to determine your eligibility for a settlement payment and the amount of the payment. You are not required to submit individual landing records, proof of income, or financial records to obtain a payment unless it is necessary to verify identity, membership in the Class, to resolve disputes, or as otherwise requested by the Settlement Administrator. If you are not identified in CDFW Landing Records, you may still submit a Claim and provide documentation to the Settlement Administrator for evaluation, as set out below.

If you are eligible for a settlement payment, you are allowed to direct the Settlement Administrator to designate a portion of your payment to another person or entity. That recipient must also submit a Claim Form in order to receive funds directly from the Settlement Administrator. If the recipient does not claim the funds, the amount you designated for them will be distributed to you.

**Designated Recipients:** If you are a Designated Recipient of a portion of a Fisher Claimant’s Award, please complete Section 1 of this Claim Form.

For more information and complete instructions, please review the **Plan of Distribution for the Fisher Class**, available at [www.PlainsOilSpillSettlement.com](http://www.PlainsOilSpillSettlement.com).

**Claims must be submitted online or postmarked by mail no later than October 31, 2022. Use the address at the top of this form for mailed claims.**

*Please note that the Settlement Administrator may contact you to request additional documents to process your claim.*

## SECTION 1: CLAIMANT NAME AND CONTACT INFORMATION

*We will use this information to contact you and process your Fisher Class claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing [info@PlainsOilSpillSettlement.com](mailto:info@PlainsOilSpillSettlement.com).*

<b>1. CLAIMANT NAME:</b>	
<b>2. ALTERNATIVE NAME(S) (IF ANY):</b>	
<b>3. MAILING ADDRESS:</b>	Street Address
	Apt. No.
	City
	State
	Zip
<b>4. PHONE NUMBERS:</b>	(         ) -           -
	(         ) -           -               <small style="margin-left: 40px;">Area Code</small>
<b>5. EMAIL ADDRESS:</b>	
<b>6. SSN, EIN, TAXPAYER ID OR FOREIGN ID NUMBER (IF NOT A U.S. CITIZEN):</b>	
<b>7. DATE OF BIRTH (IF APPLICABLE):</b>	_____      _____      _____ <div style="display: flex; justify-content: space-around; width: 100%;"><span>Month</span><span>Day</span><span>Year</span></div>
<b>8. CLAIMANT ID NUMBER (FOUND ON THE UPPER LEFT HAND SIDE OF THE NOTICE YOU RECEIVED*)</b>	

\*If you did not receive a Notice containing a Claimant ID number, you may request one by contacting the Settlement Administrator.

## SECTION 2: ATTESTATION OF ECONOMIC IMPACT

(ALL CLAIMANTS MUST COMPLETE THIS SECTION)

To be eligible to receive a settlement payment, you must, on penalty of perjury, identify each year for which you seek recovery for the license specified in the applicable Section below, and attest that you suffered economic harm in each year for which a claim is made, because of the Spill. If you suffered injury in some but not all years below, your Recovery will be calculated based on the number of years in which you were injured.

Those who did not suffer economic harm as a result of the Spill (for example, if you left the industry, or stopped fishing in the CDFW fishing blocks that are part of the Fisher Class Definition, for reasons unrelated to the Spill), or have already received reimbursement and fully released all claims against Plains through a prior individual settlement, are not entitled to a Recovery from this Settlement. Amounts received as partial or interim payment, without a full release of claims, (for example through the OPA claims process, or as result of court-ordered restitution without settlement in *People v. Plains All American Pipeline, L.P.*, No. 1495091), will be treated as an offset to Recovery from this Settlement.

**I attest, on penalty of perjury, that I suffered economic harm because of the Spill in each year for which I am seeking recovery, as indicated by marking “yes” below.**

YEAR	SEEKING RECOVERY
2015	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2016	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2017	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2018	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2019	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2020	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

**Check box below to attest:**

**I attest that I have not executed a full release of all claims against Plains as a result of receiving a prior individual settlement payment.**

## SECTION 3: QUESTIONS FOR VESSEL CLAIMANTS

(Complete this Section if you are a Vessel Claimant)

**1. CALIFORNIA DEPARTMENT OF FISH & WILDLIFE (CDFW) VESSEL ID\***

**\*You must submit a separate claim form for each commercial fish business license (processor), vessel ID, or commercial fishing license for which you are seeking a Settlement payment.**

**I affirm under penalty of perjury that the entity making this claim was in operation as of May 19, 2015 and owned a vessel that caught commercial seafood.**

**2. ATTESTATION OF OPERATIONS:** Claimants are presumed to be “in operation as of May 19, 2015” if landings data shows catch anywhere in California, for any species, within one year before or after the spill. If CDFW Landing Records do not reflect any catch or sales of catch from May 19, 2014 to May 19, 2016, you must submit alternate documentation to demonstrate that you were “in business” as of May 19, 2015. *Check the box above to attest.*

**3. DESIGNATED RECOVERY:** If you wish to designate a portion of the recovery for this claimant to another person or entity, please provide their information below. You may attach additional sheets if needed.

Any person who is identified as a Designated Recipient must submit a separate claim form to receive a payment from the Settlement.

DESIGNATED RECIPIENT NAME	MAILING ADDRESS	PERCENTAGE (%) OF YOUR RECOVERY DESIGNATED

## SECTION 4: QUESTIONS FOR FISHER/CREW CLAIMANTS

(Complete this Section if you are a Fisher/Crew Claimant)

**1. CALIFORNIA DEPARTMENT OF FISH & WILDLIFE (CDFW) LICENSE ID\***

**\*You must submit a separate claim form for each commercial fish business license (processor), vessel ID, or commercial fishing license for which you are seeking a Settlement payment.**

**I affirm under penalty of perjury that the entity making this claim was in operation as of May 19, 2015 and owned or worked on a vessel that caught commercial seafood.**

**2. ATTESTATION OF OPERATIONS:** Claimants are presumed to be “in operation as of May 19, 2015” if landings data shows catch anywhere in California, for any species, within one year before or after the spill. If CDFW Landing Records do not reflect any catch or sales of catch from May 19, 2014 to May 19, 2016, you must submit alternate documentation to demonstrate that you were “in business” as of May 19, 2015. *Check the box above to attest.*

**3. DESIGNATED RECOVERY:** If you wish to designate a portion of the recovery for this claimant to another person or entity, please provide their information below. You may attach additional sheets for if needed.

The persons or entities listed below must also submit a separate claim form to receive a payment from the Settlement.

DESIGNATED RECIPIENT NAME	MAILING ADDRESS	PERCENTAGE (%) OF YOUR RECOVERY DESIGNATED

## SECTION 5: QUESTIONS FOR PROCESSOR CLAIMANTS

(Complete this Section if you are a Fish Processor Claimant)

**1. CALIFORNIA DEPARTMENT OF FISH & WILDLIFE (CDFW) COMMERCIAL FISH BUSINESS LICENSE ID\***

\*You must submit a separate claim form for each commercial fish business (processor) license, vessel ID, or commercial fishing license for which you are seeking a Settlement payment.

I affirm under penalty of perjury that the entity making this claim was in operation as of May 19, 2015 and purchased commercial seafood directly from the Fishers and re-sold it at the retail or wholesale level.

**2. ATTESTATION OF OPERATIONS:** Claimants are presumed to be “in operation as of May 19, 2015” if landings data shows catch anywhere in California, for any species, within one year before or after the spill. If CDFW Landing Records do not reflect any catch or sales of catch from May 19, 2014 to May 19, 2016, you must submit alternate documentation to demonstrate that you were “in business” as of May 19, 2015. *Check the box above to attest.*

**3. DESIGNATED RECOVERY:** If you wish to designate a portion of the recovery for this claimant to another person or entity, please provide their information below. You may attach additional sheets if needed. The persons or entities listed below must submit a separate claim form to receive a payment from the Settlement Administrator.

DESIGNATED RECIPIENT NAME	MAILING ADDRESS	PERCENTAGE (%) OF YOUR RECOVERY DESIGNATED

## SECTION 6: SIGNATURE

I affirm, on penalty of perjury, that I am the person, or entity representative, who is identified on the vessel ID, fishing license, or (processor) commercial fish business license for which recovery is sought, that I, and the persons I have designated, are entitled to the Recovery requested, and that all of the information contained in this claim form is true and correct to the best of my knowledge.

I understand that I may be asked to provide more information to the Settlement Administrator before my claim is complete.

<b>Signature:</b>	<b>Dated:</b>
<b>Print Name:</b>	