Form Approved OMB No. 2137-0627 Expiration Date: mm/dd/20xy



U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration

## **OPID ASSIGNMENT REQUEST**

**DOT USE ONLY** 

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0627. Public reporting for this collection of information is estimated to be approximately 60 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Information	n Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 2
STEP 1 –	ENTER BASIC REPORT INFORMATION
Date	of this OPID Assignment Request: / / / Day Year
	Are the pipelines and/or facilities covered by this OPID Assignment Request subject to regulation under all or any part of 49 CFR Parts 191, 192, 193, 194, and/or 195?
	☐ Yes
	☐ No ➡ No further action needed.
2.	Are the pipelines and/or facilities covered by this OPID Assignment Request:
	☐ Newly constructed pipelines and/or facilities
	Approximate start date of construction: / / / / / / / / / / / /  Month Day Year
	Anticipated date of operational start-up: / / / / / / / / / / / / / / / / / / /
	☐ Existing pipelines and/or facilities ⇒ 2a. Were they previously operated under another OPID?
	□ No
	☐ Yes ➡ 2b. Is the previous OPID Number known?
	□ No □ Yes 🖒 List previous OPID Number: / / / / / /
	Previous Operator name:
	·
3.	Name of Operator:
4.	Operator Headquarters address:
	City: State: / / / Zip Code: / / / / / /
5.	Name of Operator contact for this OPID Assignment Request:
	Last First MI _
	Phone number of Operator contact for this OPID Assignment Request: / / / / / -/ / -/ / -/ / / _/ -/ / / /
7.	Is this Operator a wholly owned subsidiary of another company? ☐ No
	☐ Yes ➡ Company name:

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## STEP 2 - ENTER DESCRIPTION OF PIPELINES AND/OR FACILITIES

The questions in this STEP allow PHMSA to accurately portray the scope and nature of the pipelines and/or facilities covered by this particular OPID Assignment Request and will also be used by PHMSA for their inspection planning.

The pipelines and/or facilities covered by this OPID Assignment Request are associated with the following types of facilities and transport the following types of commodities: (select all that apply) (Complete STEPS 2 and 3 once for each top level facility type in this question that is included in this OPID Assignment Request.) ☐ LNG Plant(s) / Facility(ies) ☐ LNG Storage → ☐ Yes ☐ No ☐ Gas Distribution ☐ Natural Gas ☐ Propane Gas ☐ Landfill Gas ☐ Synthetic Gas ☐ Hydrogen Gas ☐ Other Gas ➡ Name: \_\_\_ ☐ Gas Transmission ☐ Gas Transmission □ Natural Gas ☐ Propane Gas ☐ Landfill Gas ☐ Synthetic Gas ☐ Hydrogen Gas ☐ Other Gas ➡ Name: \_\_\_\_\_ ☐ Gas Storage Facilities 🖒 Total number: /\_\_/\_\_/ ☐ Gas Gathering ☐ Hazardous Liquid ☐ Hazardous Liquid Trunkline (regulated non-gathering) ☐ Crude Oil ☐ Refined and/or Petroleum Product (non-HVL) ☐ HVL or Anhydrous Ammonia ☐ Anhydrous Ammonia ☐ LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid) ☐ Other HVL ⇒ Name: \_ ☐ CO2 (Carbon Dioxide) ☐ Biofuel / Alternative Fuel (including ethanol blends, but excluding Fuel Grade Ethanol) ☐ Fuel Grade Ethanol (also referred to as Neat Ethanol) ☐ Regulated Hazardous Liquid Gathering ☐ Hazardous Liquid Breakout Tanks 🖒 Total number : /\_\_/\_\_/ Will any single pipeline or pipeline facility included in this OPID Assignment Request be subject to BOTH 49 CFR Part 192

AND 49 CFR Part 195 due to the planned transportation of commodities which are subject to both Parts? 

No 

Yes

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3. For the top level pipeline and/or facility type selected in STEP 2, Question 1, complete the following:

	the plant(s) and/or facility(ies) covered by this OPID Assignment Request are: (select Interstate Questions 3a and 3b for each set of Interstate assets and/or Intrastate assets, depending on which
☐ Interstate	☐ Intrastate
3a.	Number of LNG Plants or Facilities covered by this OPID Assignment Request: ///
3b.	List all of the States and Counties in which these plant(s)/facility(ies) are physically located:
	State 1: //_/ Counties:
	State 2: //_/ Counties:
	(Add States as needed)
For Gas Distribution, the pipelines	s and/or facilities covered by this OPID Assignment Request are: (select Type(s) of Operator)
3a.	Type of Operator (select all that apply):
	☐ Municipally Owned State : //_/ Miles: //_/_/_/_/_/_/_/ (Add States as needed)
	☐ Privately Owned State : //_/ Miles: //_/_/_/_/_/_/ (Add States as needed)
	☐ Investor Owned State: /// Miles: //// (Add States as needed)
	☐ Select this box if the LPG Distribution pipeline(s) and/or facility(ies) serve fewer than 100 customers from a single source.
	☐ Cooperative State: //_/ Miles: /// Miles: /// (Add States as needed)
	☐ Master Meter State : /// Miles: //// (Add States as needed)
	☐ Other Ownership (State : /// Miles: //////(Add States as needed)
	Describe Ownership:
Зb.	Approximate number of regulated miles of Mains: <u>calc</u> miles
For Gas Gathering, the pipelines	covered by this OPID Assignment Request are:
☐ Onshore	
3a.	Approximate number of regulated gathering pipeline miles: <u>calc</u> miles
3b.	List all of the States in which these pipelines are physically located:
	State 1: //_/ Miles: ////// Counties:
	State 2: //_/ Miles: ////// Counties:
	(Add States as needed)
☐ Offshore	
3c.	Approximate number of regulated gathering pipeline miles: <u>calc</u> miles
3d.	List all of the OCS areas in which these pipelines and/or facilities are physically located:

	<ul><li>☐ OCS Atlantic</li><li>☐ OCS Gulf of Mexico</li><li>☐ OCS Pacific</li><li>☐ OCS Alaska</li></ul>	Miles: ////// Miles: ////// Miles: /////// Miles: ///////
3e. Li	st all of the State waters in w	hich these pipelines and/or facilities are physically located
	State 1: // Mile	es: ////
	State 2: // Mile	es: ////
	(Add States as needed)	
Interstate and/or Intrastate, and cor selection of Gas Transmission and/o	nplete Questions 3a-j for ea r Hazardous Liquid facilities, —	facilities covered by this OPID Assignment Request are: (select ch set of Interstate assets and/or Intrastate assets, and for each depending on which is selected)
☐ Interstate	☐ Intrastate	
☐ Onshore		
<i>3a.</i> A	pproximate number of regulat	ted transmission/trunkline pipeline miles: <u>calc</u> miles
3b. Li	st all of the States and Count	ies in which these pipelines are physically located:
	State 1: // Counties:	Miles: //////
	State 2: // Counties:	Miles: /////
	(Add States as needed)	
3c. A	pproximate number of regulat	ted Hazardous Liquid gathering miles: calc miles
3d. Li locate		ies in which these Hazardous Liquid gathering lines are physically
	State 1: //	Counties:
	State 2: //	Counties:
	(Add States as needed)	
	st all of the States and Count	ies in which other facilities (including storage/breakout tanks) are
	State 1: //	Counties:
	State 2: //	Counties:
	(Add States as needed)	
☐ Offshore		
3g.	Approximate number of regu	ulated transmission/trunkline pipeline miles: calc miles
3h.	Reserved	
	If Interstate, list all of the OCS sically located:	S Areas in which these Interstate pipelines and/or facilities are
	☐ OCS Atlantic ☐ OCS Gulf of Mexic ☐ OCS Pacific ☐ OCS Alaska	Miles: /////// Miles: /////// Miles: //////// Miles: /////////

3j. If Interstate or Intrastate, list all of the State waters in which these pipelines and/or facilities are physically located:			
State 1:	//_/ Miles: //////		
State 2:	/// Miles: /////		
(Add Sta	ates as needed)		
level selection from STEP 2, Question 1 separately.	nes and/or facilities covered by this OPID Assignment Request. Describe each second tors are encouraged to provide a general overview map (or maps) depicting the		
approximate geographic location of the pipelines and/or fa			
STEP 3 – PROVIDE PHMSA-REQUIRED PIPELINE SAFETY PROGRAM OR LNG SAFETY PROGRAM INFORMATION	This STEP serves to notify PHMSA of relationships among OPIDs so that compliance performance can be accurately portrayed, as well as to facilitate PHMSA's resource planning and preparation in the conduct of inspections of these PHMSA-required safety programs.		
which covers assets having multiple OPID numbe which one of the various OPIDs is "primary" for the	on PHMSA-required pipeline safety program(s) or LNG safety program(s) exists eas, the Operators assigned those OPIDs are required to inform PHMSA as to be purposes of PHMSA inspections and Operator Registry Reporting (e.g., which PHMSA or a state exercising jurisdiction intends to inspect that safety program), safety program or LNG safety program listed below.		
	this OPID Assignment Request included with other OPIDs for the purposes of pipeline safety program(s) or LNG safety program(s)? (select only one)		
primary responsibility for managing or adr	Operator must submit an Operator Registry Notification informing PHMSA of the ministering these PHMSA-required safety programs within 60 days after they are by of these programs are required to be in place before initial operations of the		

□ No, the pipelines and/or facilities covered by this OPID Assignment Request have their own <u>independent</u> PHMS required safety programs which include no other OPIDs for the following, when applicable:
[For ALL facilities] Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202); Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402, 193.2017);
[For Gas Distribution, Gas Gathering, Gas Transmission, and Hazardous Liquid Pipeline Facilities] Damage Prevention Program (192.614, 195.442); Public Awareness/Education Program (192.616, 195.440); Control Room Management Procedures (192.631, 195.446); Operator Qualification Program (192.805, 195.505); and, Integrity Management Program (192.907, 192.1005, 195.452).
<b>[For Hazardous Liquid Pipeline Facilities ONLY]</b> Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101).
Yes, the pipelines and/or facilities covered by this OPID Assignment Request have one or more PHMSA-required pipeline safety program(s) or LNG safety program(s) that also apply to pipeline assets with other OPID numbers for the purposes of compliance with PHMSA regulations.
If Yes, list the Operator-designated "primary" OPID for each common PHMSA-required pipeline safety program associated with this OPID Assignment Request. Those programs not selected will be considered to be either not required or independent programs which cover only the pipelines and/or facilities covered by this OPID Assignment Request: (select all that apply)
1a. ☐ Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202)
<u>/ / / / / / / / / / </u>
1b. ☐ Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402, 193.2017)
<u> </u>
1c. Damage Prevention Program (192.614, 195.442)
<u> </u>
1d. Dublic Awareness/Education Program (192.616, 195.440)
<u> </u>
1e.   Control Room Management Procedures (192.631, 195.446)
<u> </u>
1f. Doperator Qualification Program (192.805, 195.505)

STEP 4 - PROVIDE CONTACT INFORMATION  This STEP ensures that PHMSA has the contact information it needs for the basic forms of Agency-Operator interaction that may occur.  1. Operator contact overseeing compliance with 49 CFR Parts 191-199, i.e. the primary contact for regulatory issues:  Name: Last:		1g. Integrity Manageme	- '	1005, 195.452)		
STEP 4 - PROVIDE CONTACT INFORMATION  This STEP ensures that PHMSA has the contact information it needs for the basic forms of Agency-Operator interaction that may occur.  1. Operator contact overseeing compliance with 49 CFR Parts 191-199, i.e. the primary contact for regulatory issues:  Name: Last		<u>/ / /</u>				
This STEP ensures that PHMSA has the contact information it needs for the basic forms of Agency-Operator interaction that may occur.  1. Operator contact overseeing compliance with 49 CFR Parts 191-199, i.e. the primary contact for regulatory issues:  Name: Last		1h.  Response Plan for 0	Onshore Oil Pipelines (or A	Iternative State Plan)	(194.101)	
1. Operator contact overseeing compliance with 49 CFR Parts 191-199, i.e. the primary contact for regulatory issues:  Name: Last		<u>                                     </u>	<u> </u>			
Name: Last	STEP 4	- PROVIDE CONTACT INFORMATION				eds for the basic
Name: Last	1.	Operator contact overseeing compliance	e with 49 CFR Parts 191-1	99. i.e. the primary c	ontact for regulat	orv issues:
Street				MI _	J	•
City: State: Zip Code:		Address:				
Office Phone: / _ / _ / _ / _       E-mail:  Cell Phone: / _ / _ / _ / _ / _       _ E-mail:  Cell Phone: / _ / _ / _ / _ / _         _						
2. Operator contact for information pertaining to PHMSA's inspection scheduling, if different from above: (Provide one contact for each PHMSA Regional Office where pipelines and/or facilities covered by this OPID Assignment Request are physically located)  2a. PHMSA Region:		City:	State: / <u>///</u> Z	ip Code: / / /	/ / /	
contact for each PHMSA Regional Office where pipelines and/or facilities covered by this OPID Assignment Request are physically located)  2a. PHMSA Region:  Name: Last		Office Phone: / / / / - / - / / Cell Phone: / / / / - / - / /	<u> </u>	<u>//</u> E-mail:		
Description   Description	2.					
Name: Last			here pipelines and/or facilit	ies covered by this OF	PID Assignment Re	equest are
Title: Address: Street		-				
Street		Title:	First 	MI _		
City: State: / Zip Code: / /				or P.O. Boy		
Office Phone: / / / - / / - / / - / / - / / - / / / - /		City:	State: / / Z	lip Code: / / /		
(Add additional Operator contacts for other PHMSA Regional Offices where pipelines and/or facilities covered by this OPID Assignment Request are physically located, continuing with 2b, 2c, etc. as needed.)  3. 24/7 Operator contact for emergency situations (natural disasters, national emergencies, security threats, extreme weather events, etc.):    Name: Last First MI _   Title: Address:   Street or P.O. Box City: State: / _ Zip Code:     Cell Phone: / _ / _ / _ / _ / _ / _ / _ / _		•				
Assignment Request are physically located, continuing with 2b, 2c, etc. as needed.)  3. 24/7 Operator contact for emergency situations (natural disasters, national emergencies, security threats, extreme weather events, etc.):    Name: Last		Cell Phone: / / / / -/ /	<u> </u>	<u>/ /</u> E-maii: /		
events, etc.):    Name: Last First MI _   Title: Address:   Street or P.O. Box   City: State: / / Zip Code: / / / / / /   Office Phone: / / / - / / / - / / / / E-mail:   Cell Phone: / / / - / / / - / / / / E-mail:   Cell Phone: / / / - / / / / / E-mail:   Cell Phone: / / / / - / / / / / E-mail:   Cell Phone: / / / / - / / / / / / / E-mail:   Cell Phone: / / / / / / / / / / / / / / / / / / /					facilities covered l	by this OPID
Title:	3.	24/7 Operator contact for <u>emergency sit</u> events, etc.):	uations (natural disasters,	national emergencies,	security threats, e	xtreme weather
Address:    Street				MI _		
Street						
Office Phone: /				or P.O. Box		
Cell Phone: / / / / - / / / / / / / / / / / / / /		City:	State: / <u>///</u> Z	ip Code: / / /	/ / /	
5. 24/7 Operator <u>Control Center</u> phone number: Phone: / / / - / / / - / / / / 6. Operator's Senior Executive Official:  Name: Last First MI _ Title: Address:  Street or P.O. Box City: State: / / / Zip Code: / / / / / / / / /				<u>/ /</u> E-mail:		
6. Operator's Senior Executive Official:    Name: Last First MI _   Title: Address:   Street or P.O. Box     City: State: / / / Zip Code: / / / / / / / /	4.	24/7 Operator phone number for <u>normal</u>	operations: Phone: /	<u> </u>	<u> </u>	/ / /
Name: Last First MI _ Title: Address: or P.O. Box City: State: / / / Zip Code: / / / / / /	5.	24/7 Operator <u>Control Center</u> phone nun	nber: Phone: /	<u> </u>	<u> </u>	<u> </u>
Name: Last First MI _ Title: Address: or P.O. Box City: State: / / / Zip Code: / / / / / /	6.	Operator's Senior Executive Official:				
Address:  Street or P.O. Box  City: State: / / / Zip Code: / / / / /		Name: Last	First	MI _		
Street or P.O. Box           City: State: / / / Zip Code: / / / / / / /						
City: State: / / / Zip Code: / / / / /				or P.O. Box		
Office Phone: / / / / -/ / / -/ / / E-mail:						
		Office Phone: / / / / - / /	<u> </u>	<u>/ /</u> E-mail:		

7.	Operator contact for information pertaining	,		
	Name: Last		MI _	
	Title:			
	Address:		or P.O. Box	
			Zip Code: / / / / / /	
	City.	_ State. <u>/ / /</u>	Zip Code. <u>/ / / / / / /</u>	
	Office Phone: //_/_/ -/_/	<u> </u>	/_/ E-mail:	
	Cell Phone: / / / / -/ -/ /	<u> </u>	<u>/ /</u>	
8.	Operator contact responsible for assuring 199):	compliance with D	OT's Anti-Drug and Alcohol Misuse re	gulations (49 CFR
	Name: Last	First	MI _	
	Title:			
	Address:		or P.O. Box	
	City	_ State: <u>/ / /</u>	Zip Code: / / / / / /	
	Office Phone: / / / /-/ /	/ /-/ /	/ / E-mail:	
	Office Phone: / / / / - / / / Cell Phone: / / / / / - / / / /	<u> </u>	<u> </u>	
9.	User Fee contact:			
	Name: Last	First	MI _	
	Title:			
	Address:		at D.O. Davi	
			or P.O. Box	
	City:	_ State: <u>/ / /</u>	Zip Code: / / / / / /	
	Office Phone: / / / / -/ / Cell Phone: / / / / / -/ /	<u> </u>	<u>/ /</u> E-mail:	