Notice: This report is required by 49 CFR Parts 191 and 195. Failure to report may result in a civil penalty not to exceed $100,000 for each violation for each day the violation continues up to a maximum of $1,000,000 as provided in 49 USC 60122.

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

	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**OPERATOR REGISTRY NOTIFICATION**	**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 15 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.

STEP 1 – ENTER BASIC NOTIFICATION INFORMATION

1. Operator's PHMSA-issued Operator Identification Number (OPID): /___/___/___/___/___/
2. Current name of Operator assigned to this OPID for this Operator Registry Notification: _____
3. Operator Headquarters address: _____
   City: _____ State: /___/___/ Zip Code: /___/___/___/___/___/
4. Date of this Operator Registry Notification: /___/___/ /___/___/ /___/___/
   Month Day Year
5. Name of Operator contact for this Operator Registry Notification:
   Last _____ First _____ MI _
6. Phone number of Operator contact for this Operator Registry Notification: /___/___/___/ - /___/___/___/ - /___/___/___/ /
7. Select the type of pipelines and/or facilities involved in this Operator Registry Notification: *(select all that apply)*
   - ☐ LNG Plant or Facility
   - ☐ Gas Distribution
   - ☐ Gas Transmission
   - ☐ Gas Gathering
   - ☐ Hazardous Liquid

STEP 2 – SELECT TYPE OF NOTIFICATION

☐ **TYPE A –OPERATOR NAME CHANGE**

1. Indicate the Operator Name for this OPID as you want it to appear in PHMSA records: _____
2. Reason for this change: _____
3. Indicate the effective date for this change: /___/___/ /___/___/ /___/___/
   Month Day Year

☐ **TYPE B – CHANGE INENTITY OPERATING**

Is this Notification for (select only one): ☐ Assuming Operatorship ☐ Ceasing Operatorship

Reproduction of this form is permitted.

1a. If assuming operatorship, list OPID Number of previous Operator: /___/___/___/___/___/ or ☐ Not assigned

Previous Operator name: _____

1b. If ceasing operatorship, list OPID Number of new Operator: /___/___/___/___/___/ or ☐ Not assigned

New Operator name: _____

☐ I would like to deactivate my OPID Number

2. Reason for this change:

_____
_____
_____

3. Indicate the effective date for this change: /___/___/ /___/___/ /___/___/
Month Day Year

☐ TYPE C – SHARED SAFETY PROGRAM CHANGE

Important Instruction to Operator: When a common PHMSA-required pipeline safety program exists which covers assets having multiple OPID numbers, the Operators assigned those OPIDs are required to inform PHMSA as to which one of the various OPIDs is "primary" for the purposes of PHMSA inspections and Operator Registry Reporting (e.g., which OPID should be contacted and referred to when PHMSA or a state exercising jurisdiction intends to inspect that safety program), and must do so for each PHMSA-required pipeline safety program listed below.

1. List the new Operator-designated "primary" OPID for each common PHMSA-required pipeline safety program associated with this Operator Registry Notification. The previous "primary" OPID will be populated from PHMSA data. Those programs not selected below will be considered to not have changed: *(select all that apply)*

For ALL facilities…

1a. ☐ Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202)

New: /___/___/___/___/___/ Previous: /___/___/___/___/___/

Indicate the effective date for this change(s): /___/___/ /___/___/ /___/___/
Month Day Year

1b. ☐ Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402, 193.2017)

New: /___/___/___/___/___/ Previous: /___/___/___/___/___/

Indicate the effective date for this change(s): /___/___/ /___/___/ /___/___/
Month Day Year

For Gas Distribution, Gas Gathering, Gas Transmission, or Hazardous Liquid Pipeline Facilities

1c. ☐ Damage Prevention Program (192.614, 195.442)

New: /___/___/___/___/___/ Previous: /___/___/___/___/___/

Indicate the effective date for this change(s): /___/___/ /___/___/ /___/___/
Month Day Year

1d. ☐ Public Awareness/Education Program (192.616, 195.440)

New: /___/___/___/___/___/ Previous: /___/___/___/___/___/

Indicate the effective date for this change(s): /___/___/ /___/___/ /___/___/
Month Day Year

1e. ☐ Control Room Management Procedures (192.631, 195.446)

New: /___/___/___/___/___/ Previous: /___/___/___/___/___/

Indicate the effective date for this change(s): /___/___/ /___/___/ /___/___/
Month Day Year

1f. ☐ Operator Qualification Program (192.805, 195.505)

New: /___/___/___/___/___/ Previous: /___/___/___/___/___/

Indicate the effective date for this change(s): /___/___/ /___/___/ /___/___/
Month Day Year

Reproduction of this form is permitted.

1g. ☐ Integrity Management Program (192.907, 192.1005, 195.452)

New: / / / / / / Previous: / / / / / /

Indicate the effective date for this change(s): / / / / / / / / /
Month Day Year

For Hazardous Liquid Pipeline Facilities…

1h. ☐ Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101)

New: / / / / / / Previous: / / / / / /

Indicate the effective date for this change(s): / / / / / / / / /
Month Day Year

☐ **TYPE D –CHANGE IN OWNERSHIP FOR GAS OR LIQUID**

1. Is this Notification for: ☐ An Acquisition ☐ A Divestiture
2. If an acquisition, list OPID Number of previous Operator, if one has been assigned: / / / / / / ☐ Not assigned

   Previous Operator name: _____

3. If a divestiture, list OPID Number of new Operator, if one has been assigned: / / / / / / ☐ Not assigned

   New Operator name: _____

☐ I would like to deactivate my OPID Number

4. Indicate the effective date for this acquisition or divestiture: / / / / / / / / /
   Month Day Year

☐ **TYPE F – CONSTRUCTION OR REHABILITATION OF GAS OR LIQUID FACILITIES**

1. Anticipated start date of field work activities: / / / / / / / / /
   Month Day Year
2. Anticipated date of operational start-up: / / / / / / / / /
   Month Day Year

☐ **TYPE I – CHANGE IN OWNERSHIP FOR LNG**

1. Is this Notification for: ☐ An Acquisition ☐ A Divestiture
2. If an acquisition, list OPID Number of previous Operator, if one has been assigned: / / / / / / ☐ Not assigned

   Previous Operator name: _____

3. If a divestiture, list OPID Number of new Operator, if one has been assigned: / / / / / / ☐ Not assigned

   New Operator name: _____

   ☐ I would like to deactivate my OPID Number

4. Indicate the effective date for this acquisition and/or divestiture: / / / / / / / / /
   Month Day Year
5. Plant/Facility 1

   5a. Name: _____

   5b. If Onshore, give location as: State: / / / County: _____

   5c. If Offshore in State waters, give location as: State: / / /

   5d. If Offshore OCS, give location as:

Reproduction of this form is permitted.

- ☐ OCS Atlantic
- ☐ OCS Gulf of Mexico
- ☐ OCS Pacific
- ☐ OCS Alaska

6. Plant/Facility 2

6a. Name: _____

(Repeat same questions as for Plant/Facility 1, and then add other Plants/Facilities as needed)

☐ **TYPE J – NEW CONSTRUCTION FOR LNG**

1. Plant/Facility 1

1a. Name: _____

1b. If Onshore, give location as: State: /___/___/ County: _____

1c. If Offshore in State waters, give location as: State: /___/___/

1d. If Offshore OCS, give location as:

- ☐ OCS Atlantic
- ☐ OCS Gulf of Mexico
- ☐ OCS Pacific
- ☐ OCS Alaska

1e. Anticipated start date of field work activities: /___/___/ /___/___/ /___/___/
Month Day Year

1f. Anticipated date of operational start-up: /___/___/ /___/___/ /___/___/
Month Day Year

2. Plant/Facility 2

2a. Name: _____

(Repeat same questions as for Plant/Facility 1, and then add other Plants/Facilities as needed)

STEP 3 – ENTER SUPPLEMENTAL INFORMATION FOR PIPELINES AND PIPELINE FACILITIES	***For TYPE B, D, or F, complete STEP 3.***

1. The pipelines and/or facilities included in this Operator Registry Notification are associated with the following types of facilities and transport the following types of commodities: *(select all that apply)*

- ☐ Gas Distribution
  - ☐ Line Pipe
    - ☐ Natural Gas
    - ☐ Propane Gas
    - ☐ Landfill Gas
    - ☐ Synthetic Gas
    - ☐ Hydrogen Gas
    - ☐ Other Gas ⇨ Name: _____
  - ☐ Facilities

- ☐ Gas Transmission
  - ☐ Line Pipe
    - ☐ Natural Gas
    - ☐ Propane Gas
    - ☐ Synthetic Gas

Reproduction of this form is permitted.

- ☐ Hydrogen Gas
- ☐ Landfill Gas
- ☐ Other Gas ⇨ Name: _____

☐ Facilities

☐ Gas Gathering
- ☐ Line Pipe
- ☐ Facilities

☐ Hazardous Liquid
- ☐ Transmission Line Pipe
  - ☐ 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
- ☐ Facilities

2. Will any single pipeline or pipeline facility included in this Operator Registry Notification 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

The series of questions under this STEP 3, Question 3 should be completed for each of the following facility types as selected in STEP 3, Question 1: Gas Distribution, Gas Gathering, Gas Transmission and Hazardous Liquid.

3. For Gas Distribution, the pipelines and/or facilities covered by this Operator Registry Notification are:

3a. Approximate number of regulated miles of Mains: ***calc*** miles

3b. List all of the States in which these Mains are physically located:

State 1: /___/___/ Miles: /___/___/___/___/___/___/___/___/___/___/

State 2: /___/___/ Miles: /___/___/___/___/___/___/___/___/___/___/

(Add States as needed)

3c. Facilities:

State 1: /___/___/ Description: _____

State 2: /___/___/ Description: _____

(Add States as needed)

Reproduction of this form is permitted.

3. For Gas Gathering, the pipelines and/or facilities covered by this Operator Registry Notification are:

☐ Onshore

3a. Approximate number of regulated pipeline miles: ***calc*** miles

---

For Construction of 10 or more miles of new pipeline (including replacement of 10 or more miles of existing pipeline) ONLY, include Question 3b.

3b. Are portions of this pipeline to be installed in common parallel corridors, rights-of-way, or trenches with other utilities? *(select all that apply)*

☐ No
☐ Yes, parallel to other pipelines subject to 49 CFR 192 or 195
☐ Yes, parallel to other electric facilities such as Transmission/Distribution lines and/or Wind Farm power lines
☐ Yes, parallel to other underground Utilities such as water or sewer (sanitary/storm)
☐ Yes, parallel to other underground Utilities such as cable TV or other communications lines
☐ Yes, parallel to other facilities ⇨ Describe: _____

3c. List all of the States and Counties in which the Onshore pipelines and/or facilities are physically located :

Pipelines:

State 1: /___/___/ Miles: /___/___/___/___/___/___/___/___/___/___/
Counties: _____

State 2: /___/___/ Miles: /___/___/___/___/___/___/___/___/___/___/
Counties: _____

(Add States as needed)

Facilities

State 1: /___/___/ Description: _____

State 2: /___/___/ Description: _____

(Add States as needed)

☐ Offshore

3f. Approximate number of regulated pipeline miles: ***calc*** miles

3g. Select all of the OCS (Outer Continental Shelf) Areas in which the Offshore pipelines and/or facilities are physically located:

☐ OCS Atlantic Miles: /___/___/___/___/___/___/___/___/___/___/
☐ OCS Gulf of Mexico Miles: /___/___/___/___/___/___/___/___/___/___/
☐ OCS Pacific Miles: /___/___/___/___/___/___/___/___/___/___/
☐ OCS Alaska Miles: /___/___/___/___/___/___/___/___/___/___/

3h. List all of the State waters in which these pipelines and/or facilities are physically located

Pipelines:

State 1: /___/___/ Miles: /___/___/___/___/___/___/___/___/___/___/

State 2: /___/___/ Miles: /___/___/___/___/___/___/___/___/___/___/

(Add States as needed)

Facilities

State 1: /___/___/ Description: _____

State 2: /___/___/ Description: _____

(Add States as needed)

Reproduction of this form is permitted.

3. For Gas Transmission or Hazardous Liquid, the pipelines and/or facilities covered by this Operator Registry Notification are: *(Select Interstate and/or Intrastate, and complete the remaining Questions for each set of Interstate assets and/or Intrastate assets and for each selection of Gas Transmission and/or Hazardous Liquid facilities, depending on which facility type was selected in STEP 3, Question 1.*

NOTE: This series of questions should be completed separately for each of the following facility types selected: Gas Transmission and Hazardous Liquid. In other words, if the Notification covers Gas Transmission as well as Hazardous Liquid facilities, then this series of questions will need to be completed two separate times – once for each of these two facility types.

☐ Interstate ☐ Intrastate

☐ Onshore

3a. Approximate number of regulated pipeline miles: ***calc*** miles

---

For Construction of 10 or more miles of new pipeline (including replacement of 10 or more miles of existing pipeline) ONLY, include Question 3b.

3b. Are portions of this pipeline to be installed in common parallel corridors, rights-of-way, or trenches with other utilities? *(select all that apply)*

☐ No
☐ Yes, parallel to other pipelines subject to 49 CFR 192 or 195
☐ Yes, parallel to other electric facilities such as Transmission/Distribution lines and/or Wind Farm power lines
☐ Yes, parallel to other underground Utilities such as water or sewer (sanitary/storm)
☐ Yes, parallel to other underground Utilities such as cable TV or other communications lines
☐ Yes, parallel to other facilities ⇨ Describe:
_____

3c. List all of the States and Counties in which the Onshore pipelines and/or facilities are physically located :

Pipelines

State 1: /___/___/ Miles: /___/___/___/___/___/___/___/___/___/___/
Counties: _____

State 2: /___/___/ Miles: /___/___/___/___/___/___/___/___/___/___/
Counties: _____

(Add States as needed)

Facilities

State 1: /___/___/ Description: _____

State 2: /___/___/ Description: _____

(Add States as needed)

☐ Offshore

3f. Approximate number of regulated pipeline miles: ***calc*** miles

3g. Select all of the OCS (Outer Continental Shelf) Areas in which the Offshore pipelines and/or facilities are physically located:

☐ OCS Atlantic Miles: /___/___/___/___/___/___/___/___/___/___/
☐ OCS Gulf of Mexico Miles: /___/___/___/___/___/___/___/___/___/___/
☐ OCS Pacific Miles: /___/___/___/___/___/___/___/___/___/___/
☐ OCS Alaska Miles: /___/___/___/___/___/___/___/___/___/___/

3h. List all of the State waters in which these pipelines and/or facilities are physically located:

Pipelines

State 1: /___/___/ Miles: /___/___/___/___/___/___/___/___/___/___/

Reproduction of this form is permitted.

State 2: /___/___/ Miles: /___/___/___/___/___/___/___/___/___/___/

(Add States as needed)

Facilities

State 1: /___/___/ Description: _____

State 2: /___/___/ Description: _____

(Add States as needed)

4. Provide a brief and general description of the pipelines and/or facilities covered by this Operator Registry Notification:

In addition to the information provided below, Operators are encouraged to provide a general overview map (or maps) depicting the approximate geographic location of the pipelines and/or facilities covered by this Operator Registry Notification.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Reproduction of this form is permitted.