

	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	NATIONAL REGISTRY NOTIFICATION	DOT USE ONLY
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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.

STEP 1 – ENTER BASIC NOTIFICATION INFORMATION
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- Operator’s PHMSA-issued Operator Identification Number (OPID): / / / / / / / / /
- Current name of Operator assigned to this OPID: _____
- Operator Headquarters address: _____
City: _____ State: / / / Zip Code: / / / / / / / / /
- Date of this notification: / / / / / / / / /
Month Day Year
- Name of Operator contact for this notification:
Last _____ First _____ MI _____
- Phone number and email address of Operator contact for this notification.
- Select the type of pipelines and/or facilities involved in this notification: (*select all that apply*)
 - LNG Plant or Facility
 - Gas Distribution
 - Gas Transmission
 - Gas Gathering
 - Hazardous Liquid
 - Underground Natural Gas Storage (UNGS) Facility

STEP 2 – SELECT TYPE OF NOTIFICATION

- TYPE A – OPERATOR NAME CHANGE**
- Indicate the Operator Name for this OPID as you want it to appear in PHMSA records: _____
 - Reason for this change: _____
 - Indicate the effective date for this change: / / / / / / / / /
Month Day Year
- TYPE B – CHANGE IN ENTITY OPERATING**
- Is this Notification for (select only one): Assuming Operatorship Ceasing Operatorship
- If assuming operatorship, list OPID Number of previous Operator: / / / / / / / / / or Not assigned
Previous Operator name: _____
 - If ceasing operatorship, list OPID Number of new Operator: / / / / / / / / / or Not assigned
New Operator name: _____
 I would like to deactivate my OPID Number
 - Reason for this change: _____
 - Indicate the effective date for this change: / / / / / / / / /
Month Day Year

- Hydrogen Gas
- Landfill Gas
- Other Gas ➡ Name: _____

Gas Transmission 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
- Reporting-Regulated Gathering
- Gravity Line

Underground Natural Gas Storage (UNGS) Facility

2. Will any single pipeline or pipeline facility included in this 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 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)

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

Interstate Intrastate

Onshore

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

For Construction of new pipeline (including replacement 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: _____

Counties: _____

State 2: / ___ / ___ / Description: _____

Counties: _____

(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: / / / / / / / / / / / / / / / /
Counties: _____

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

(Add States as needed)

Facilities

State 1: / / / / Description: _____
Counties: _____

State 2: / / / / Description: _____
Counties: _____

(Add States as needed)

3. For Gas Transmission or Hazardous Liquid, the pipelines and/or facilities covered by this 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 new pipeline (including replacement 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: _____
Counties: _____

State 2: / ___ / ___ / Description: _____
Counties: _____

(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: / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ /
Counties: _____

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

(Add States as needed)

Facilities

State 1: / ___ / ___ / Description: _____
Counties: _____

State 2: / ___ / ___ / Description: _____
Counties: _____

(Add States as needed)

3. For Underground Natural Gas Storage (UNGS), the facilities covered by this notification are:

- Interstate Intrastate

3a. List the Facility Name, State and County in which each facility is physically located:

Facility Name: _____
State: / ___ / ___ / County: _____

(Add Facilities as needed)

Step 4 Provide a brief and general description of the pipelines and/or facilities covered by this 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 notification.
