Notice: This report is required by 49 CFR Parts 191 and 195. Failure to report may result in a civil penalty as provided in 49 USC 60122.

Form Approved TBD by OMB OMB No. 2137-0627 Expiration Date:TBD by OMB



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

NATIONAL 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 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	STEP 1 – ENTER BASIC NOTIFICATION INFORMATION		
1.	Operator's PHMSA-issued Operator Identification Number (OPID): / / / / /		
2.	Current name of Operator assigned to this OPID:		
3.	Operator Headquarters address:		
	City: State: / / / Zip Code: / / / / /		
4.	Date of this notification: / / / / / / / / Day Year		
5.	Name of Operator contact for this notification:		
	Last First MI _		
6.	Phone number and email address of Operator contact for this notification.		
7.	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		
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:		
☐ TYPE B – CHANGE IN ENTITY OPERATING			
ls t	his Notification for (select only one):		
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: / / / / / / / / / / / / / / / / / / /		

☐ 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 National 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.

 List the new Operator-designated "primary" OPID for each common PHMSA-required pipeline safety program associated with this 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):		
1b. ☐ Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402, 193.2017, 192.12)		
New: / / / / / Previous: / / / / /		
Indicate the effective date for this change(s): <u>/ / / Day Year</u>		
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): / / / / / Day Year		
1d. ☐ Public Awareness/Education Program (192.616, 195.440)		
New: / / / / / Previous: / / / / /		
Indicate the effective date for this change(s): <u>/ / / </u>		
1e. ☐ Control Room Management Procedures (192.631, 195.446)		
New: / / / / / Previous: / / / / /		
Indicate the effective date for this change(s):		

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:
П	I would like to deactivate my OPID Number
4.	
	Indicate the effective date for this acquisition or divestiture:
	TYPE F - CONSTRUCTION OR REHABILITATION OF GAS OR LIQUID FACILITIES
1.	Anticipated start date of field work activities:
2.	Anticipated date of operational start-up:
Se	elect the single option below that describes the preponderance of the work. Describe the work more fully in Step 4.
	Construction of new pipeline or facilities Replacement of exisiting pipeline or facilities Rehabilitation of existing pipeline or facilities Reversal of flow Conversion of service Change in commodity UNGS facility well work
	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:
	New Operator name:
	I would like to deactivate my OPID Number
4.	Indicate the effective date for this acquisition and/or divestiture:
5.	Plant/Facility 1
	☐ Interstate ☐ Intrastate
	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:
	 □ OCS Atlantic □ OCS Gulf of Mexico □ OCS Pacific □ OCS Alaska
6.	Plant/Facility 2
	☐ Interstate ☐ Intrastate

	6a. Name:
	(Repeat same questions as for Plant/Facility 1, and then add other Plants/Facilities as needed)
☐ TYPE J – CONSTRUCTION FOR LNG	
1.	Plant/Facility 1
	☐ Interstate ☐ Intrastate
	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:
	1f. Anticipated date of operational start-up:
	 1g. Select the single option below that describes the preponderance of the work. Describe the work more fully in Step 4. ☐ Construction of new facilities ☐ Replacement of exisiting facilities ☐ Rehabilitation of existing facilities
2.	Plant/Facility 2
	☐ Interstate ☐ Intrastate
	2a. Name:
	2a. Name:
	2a. Name:
PIPELIN	2a. Name: (Repeat same questions as for Plant/Facility 1, and then add other Plants/Facilities as needed) ENTER SUPPLEMENTAL INFORMATION FOR ES AND PIPELINE FACILITIES For TYPE B, D, or F, complete STEP 3. The pipelines and/or facilities included in this 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

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	☐ 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: <u>calc</u> 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: <u>calc</u> miles
	For Construction of new pipeline (including replacement of existing pipeline) ONLY, include Question 3b.
	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: //_ /_ /_ /_ /_ /_ /_ /_ /_ /_ /_ /_
	(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: <i>calc</i> miles

physi	ically located:
	DCS Atlantic Miles: //////////
3h. L	ist all of the State waters in which these pipelines and/or facilities are physically located
	Pipelines:
State Coun	e 1: /// Miles: ///// tites:
	e 2: /// Miles: ////// tites:
(Add	States as needed)
	Facilities
	e1: /// Description:
State	22: /// Description:
	States as needed)
and Hazardous Liquid. In series of questions will ne	Onshore
	3a. Approximate number of regulated pipeline miles: <u>calc</u> 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:/

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

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: <u>calc</u> 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: / _ / _ / _ / _ / _ / _ / _ / _ / _ / _
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:
(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)

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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.