

	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 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	
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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: / / / / / / / / /
Month 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	
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- 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 IN ENTITY OPERATING**

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

 - 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 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.

1. 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): / /
Month Day Year

- 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): / /
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

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

- 1g. Integrity Management Program (192.907, 192.1005, 195.452, 192.12)

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

Select 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 existing 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: / / / / / / / / 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

- 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: / / / / / /
Month Day Year

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

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 existing facilities
- Rehabilitation of existing facilities

2. Plant/Facility 2

Interstate Intrastate

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 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

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

Gas Transmission Facilities

- Gas Gathering
 - Regulated Gas Gathering – Types A, B, C and Offshore
 - Reporting-Regulated Gas Gathering – Type R

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 Hazardous Liquid 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: _____

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Guidance for Selecting the Appropriate Notification Type

Type A – Operator Name Change

Each PHMSA-issued Operator Identification Number (OpID) has a name associated with the number. Submit a Type A to change the name. PHMSA uses this official operator name in various data systems.

Type C – Change in Safety Program

Each operator has designated their Safety Program Relationships (SPR) through either OpID Validation or Assignment. There are up to eight Safety Program Relationships for each pipeline system type – Gas Distribution (GD), Gas Gathering (GG), Gas Transmission (GT), Hazardous Liquids (HL), Liquefied Natural Gas (LNG), and Underground Natural Gas Storage (UNGS). Operators either reported they do not share safety programs with other operators or reported the Primary OpID for shared safety programs. All operators sharing the safety program report the same Primary OpID.

When is a Type C Notification required?

When facilities remain within an OpID, but the operator begins using a new, shared safety program for that pipeline system type. For example, Operator A reported that no safety programs are shared with other operators when they Validated. Operator A begins using Operator B's Public Awareness program. Within 60 days of the change, Operator A must submit a Type C Notification changing the Public Awareness SPR from independent to shared. Operators A and B need to coordinate in advance to agree upon the Primary OpID to be reported. If Operator B had previously reported that Public Awareness was not shared with other operators, Operator B also must submit a Type C Notification. If Operator B had previously reported shared Public Awareness, Operator B does not need to submit a Type C Notification, unless the agreed upon Primary OpID has changed. If the Primary OpID is changed, Operator B and all other operators sharing the program must submit a Type C Notification to report a consistent Primary OpID for Public Awareness.

When is a Type C Notification not required?

If a facility is bought, sold, or the operator has changed. Also, if an existing safety program is revised, but there are no changes to the operators sharing the program. For example, assume Operators X, Y, and Z share a Damage Prevention program. If the program is revised, but there is no change in the operators sharing the program, then no Type C Notification is required.

Selecting the correct notification

What action are you taking?

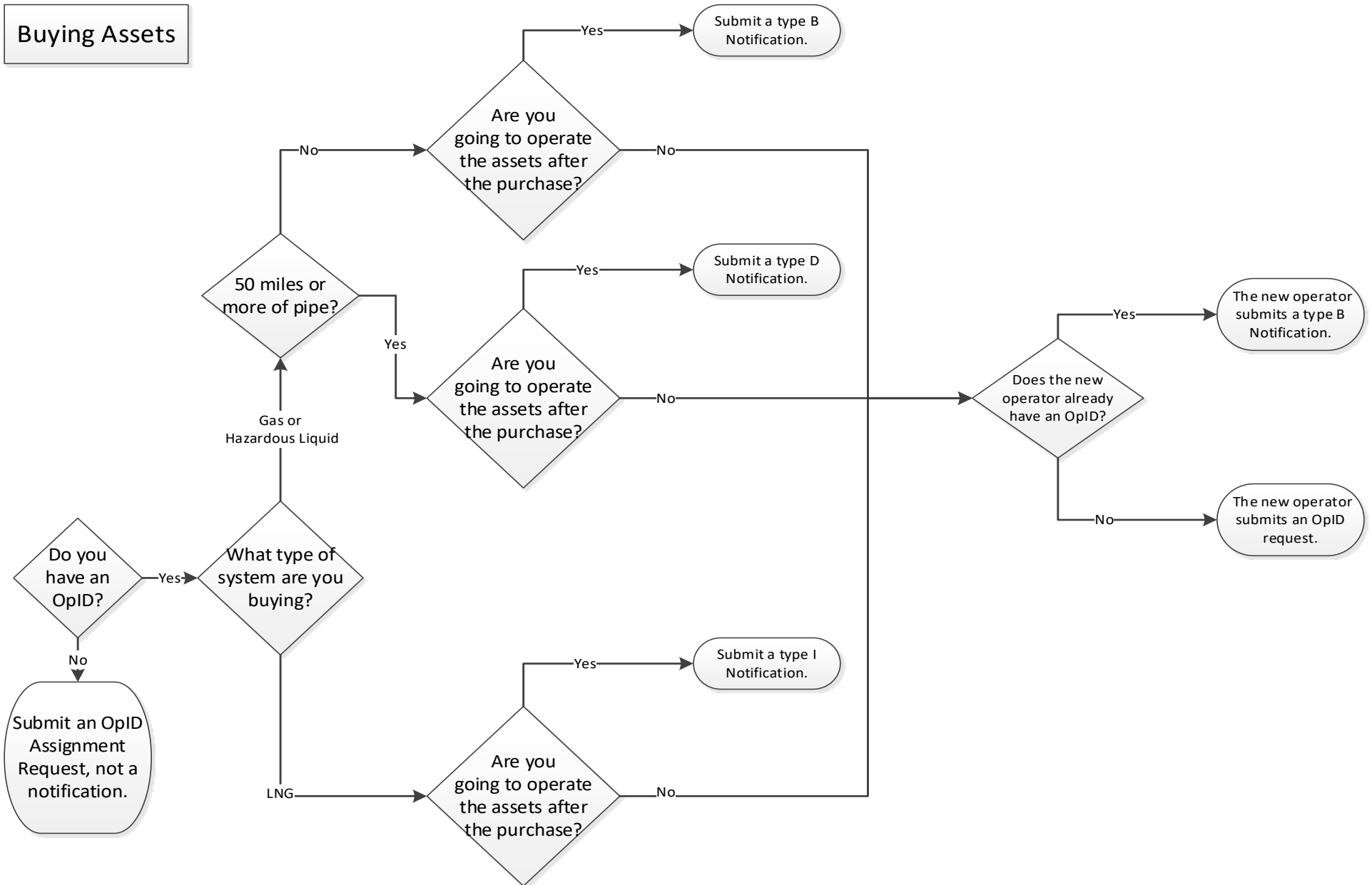
Buying Assets

Selling Assets

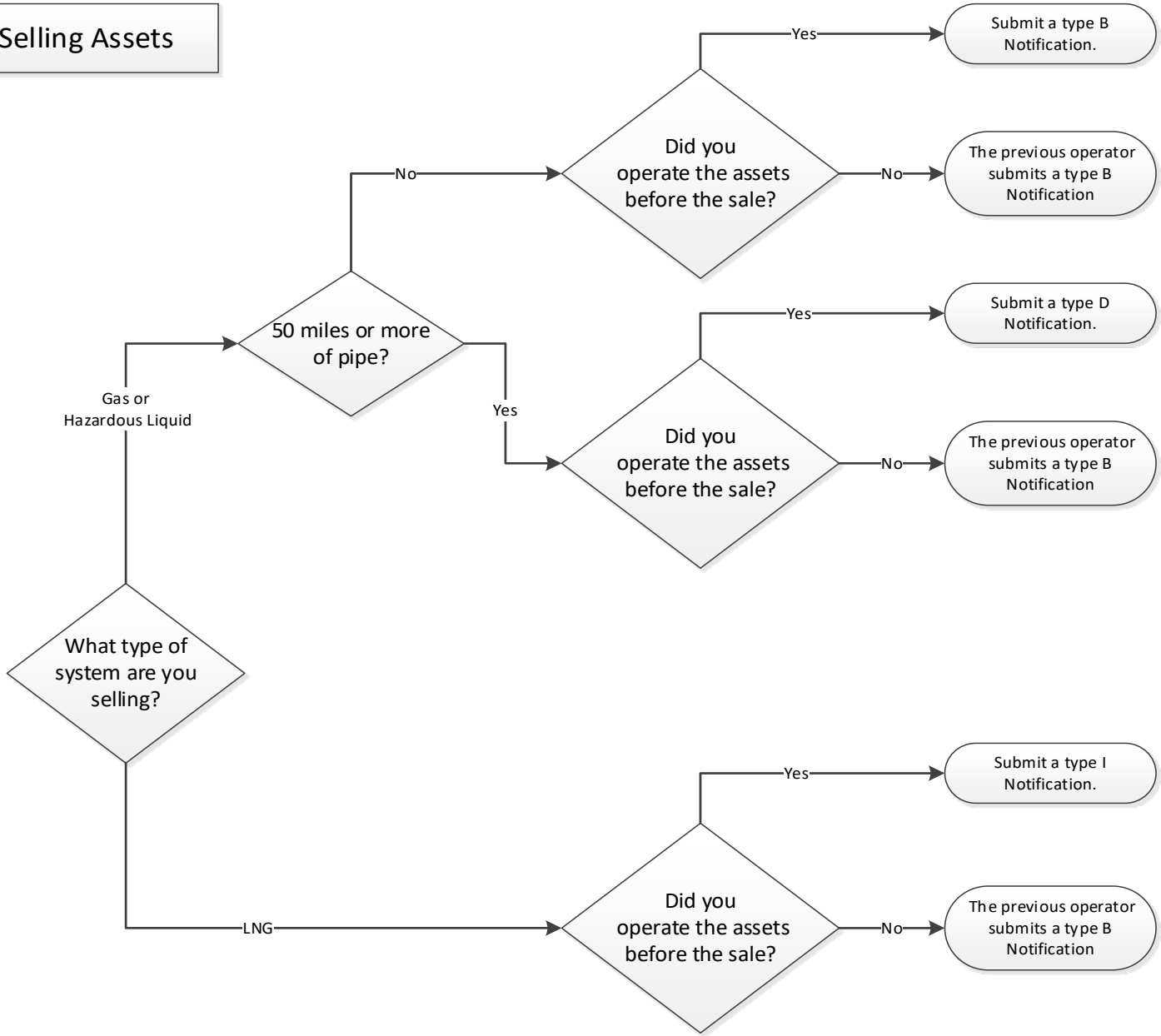
Change in Entity Operating

Construction or Rehabilitation of Facilities

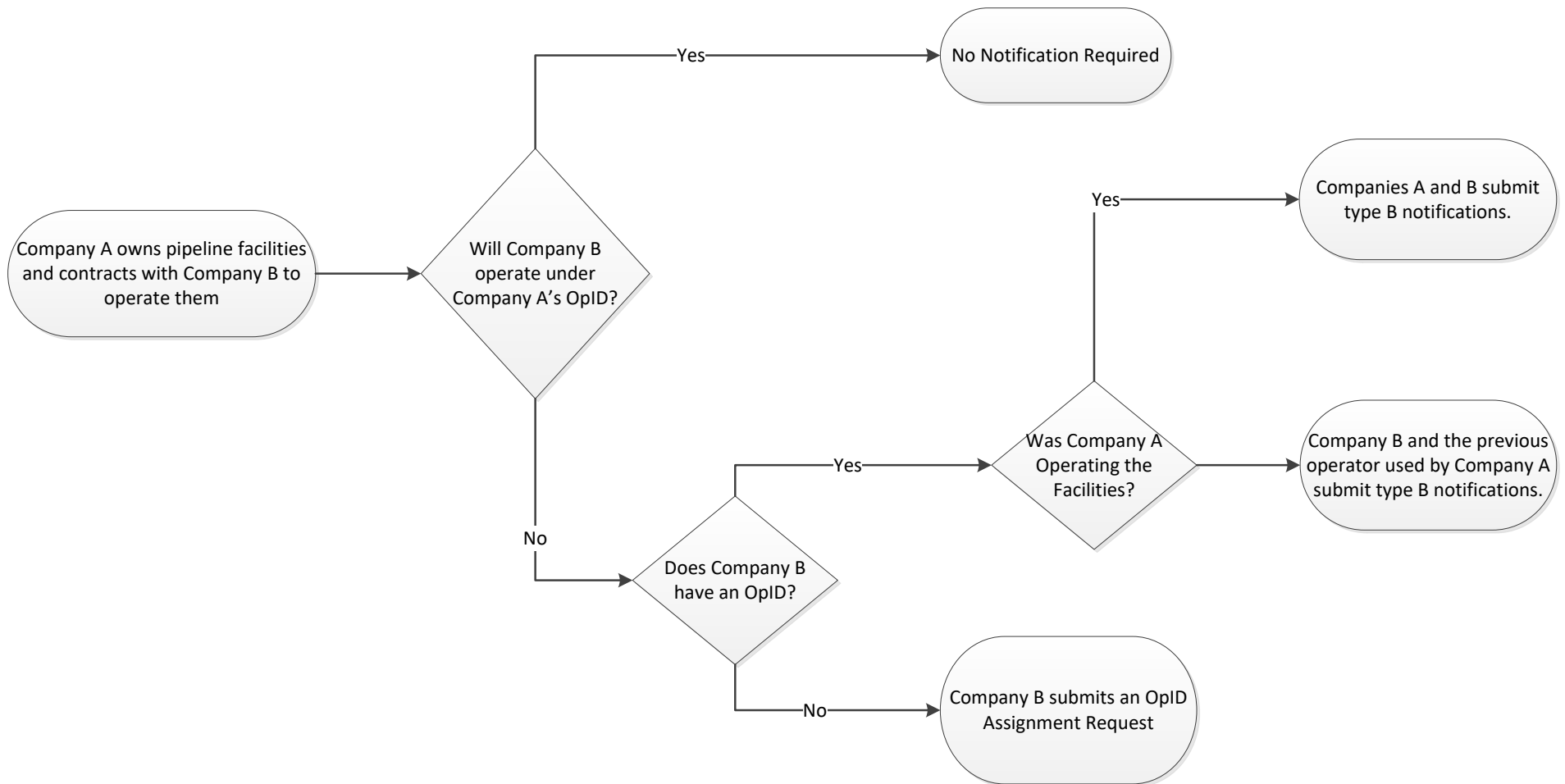
Buying Assets



Selling Assets

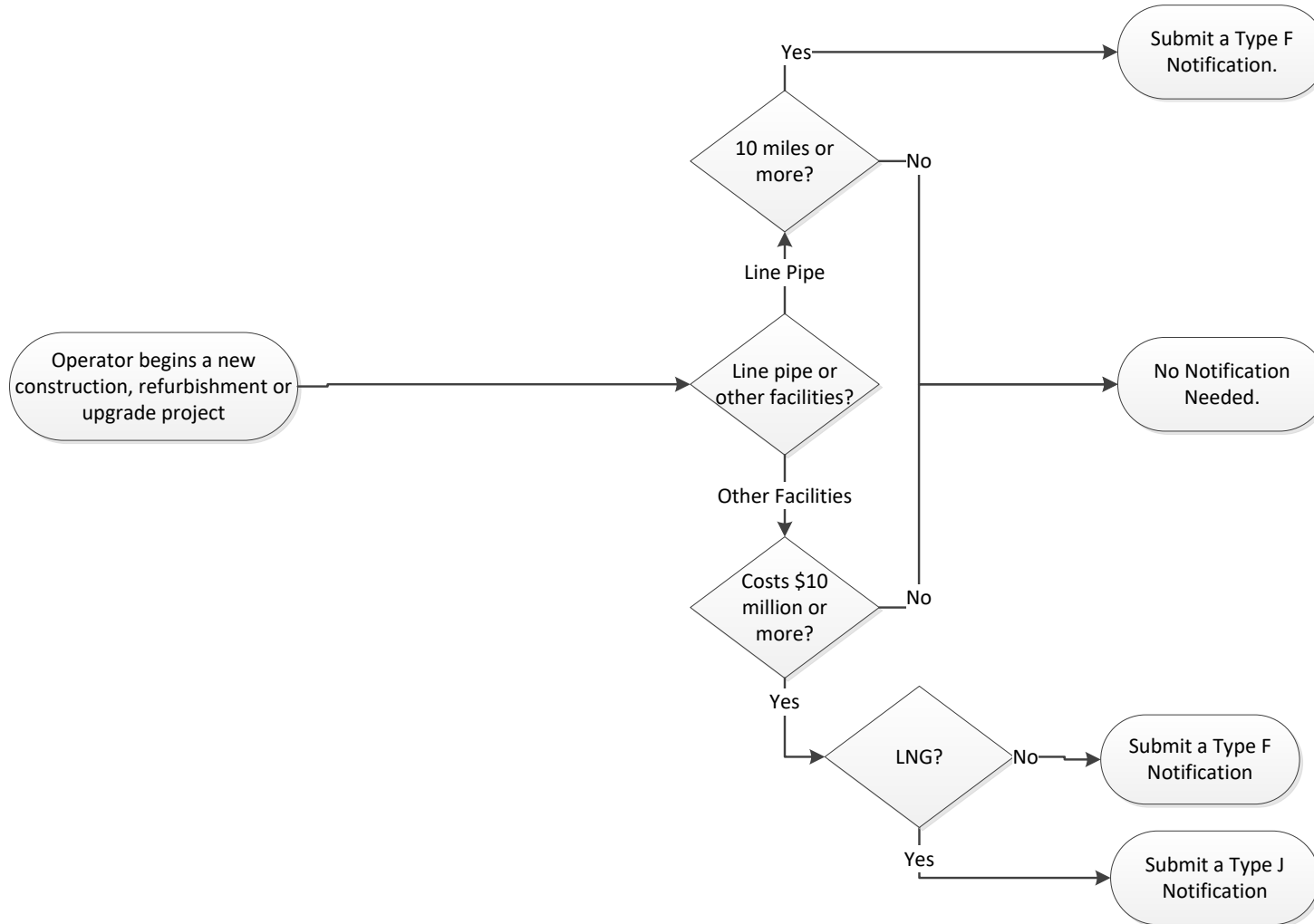


Change in Entity Operating



Construction notifications are required 60 days prior to the “event.” On September 12, 2014, PHMSA published an [Advisory Bulletin](#) describing the activities that constitute the “event” of construction, which determines the due date for the notification.

Construction or Rehabilitation of Facilities



GENERAL INSTRUCTIONS

All section references are to Title 49 of the Code of Federal Regulations (49 CFR). The National Registry Notification is used by operators to report certain asset-changing or program-changing events associated with pipelines, pipeline facilities, or LNG facilities.

Each operator of a gas or hazardous liquid pipeline, or pipeline facility, or LNG facility is required to submit notification of specified events to PHMSA in accordance with §191.22(c) or §195.64(c). Operators must submit notification either 60 days (or more) before the planned occurrence or 60 days (or less) after the occurrence, as specified in these regulations. Construction notifications are required 60 days prior to the “event.” On September 12, 2014, PHMSA published an [Advisory Bulletin](#) describing the activities that constitute the “event” of construction, which determines the due date for the notification.

These notification requirements do not apply to an operator that either solely operates a petroleum gas system that serves fewer than 100 customers from a single source or master meter systems (11/10/11;76 FR 70217).

If you need copies of the Form PHMSA F 1000.2 and/or instructions they can be found on the PHMSA website at <https://www.phmsa.dot.gov/forms/operator-reports-submitted-phmsa-forms-and-instructions>. If you have questions about this form or these instructions, contact the PHMSA Information Resources Manager at (202) 366-8075.

ONLINE REPORTING REQUIREMENTS

Notifications must be submitted online through the PHMSA Portal at <https://portal.phmsa.dot.gov/portal>, unless an alternate method is approved (see Alternate Reporting Methods below).

You will not be able to submit reports until you have met all of the Portal registration requirements – see <https://portal.phmsa.dot.gov/PHMSAPortal2/staticContentRedesign/howto/PortalAccountCreation.pdf>. Completing these registration requirements could take several weeks. Plan ahead and register well in advance of the report due date.

REPORTING METHODS

Use the following procedure for online reporting:

1. Go to the PHMSA Portal at <https://portal.phmsa.dot.gov/portal>
2. Enter PHMSA Portal Username and Password the press Enter and then click the “Yes, I consent” button on the disclaimer page.
3. Select your OPID then press the Select button.
4. Under “Notifications and Validations” select “Create Notification” from the Action dropdown. Then press OK.

5. Select the type of Notification you wish to submit.
6. To save intermediate work without formally submitting it to PHMSA, click **Save**. To modify a draft of a Notification that you saved, locate your saved report by the Notification type and date under the “Notifications and Validations” section of the main screen. Select the record by clicking on it.
7. When you have finished entering all of the information required for the type of Notification you selected, click “Submit Notification” from the review page to formally submit the Notification to PHMSA.
8. A confirmation message will appear that confirms a record has been successfully submitted. To save or print a copy of your submission, open the PDF version available on the “Please Click Here” link

Alternate Reporting Methods

Operators for whom electronic reporting imposes an undue burden and hardship may submit a written request for an alternate reporting method. Operators must follow the requirements in §191.7(d) or §195.58(d) to request an alternate reporting method and must comply with any conditions imposed as part of PHMSA’s approval of an alternate reporting method.

SPECIAL INSTRUCTIONS

Make an entry in each block which is applicable. Estimate data only if necessary. Avoid entering any data as **UNKNOWN or 0 (zero)** except where zero is appropriate to indicate that there were no instances or amounts of the attribute being reported.

Do not report pipeline miles in feet. When reporting mileages that are less than 10 miles or when reporting portions of a mile, convert feet into a decimal notation (e.g. 2,640 feet = .5 miles) and report mileage using decimals rounded to the nearest tenth of a mile. Operators may round all mileages that are greater than 10 miles to the nearest mile. Do not use fractions.

STEP 1 – ENTER BASIC NOTIFICATION INFORMATION

Complete all 7 questions of STEP 1 before continuing to STEP 2.

1. Operator’s OPS-issued Operator Identification Number (OPID)

For online entries, the OPID will automatically populate based on the selection you made when entering the Portal. If you have log-in credentials for multiple OPID, be sure the Notification is being created for the appropriate OPID. Contact PHMSA’s Information Resources Manager at 202-366-8075 if you need assistance with an OPID.

2. Current name of Operator assigned to this OPID

This is the company name associated with the OPID. For online entries, the name will be automatically populated based on the OPID entered. If the name that appears is not correct, you need to submit an Operator Name Change (Type A) Notification.

3. Operator Headquarters address

This is the headquarters address associated with the OPID. For online entries, the address will automatically populate based on the OPID. If the address that appears is not correct, you need to change it in the change it in the OPID Contacts Management module within the Portal.

4. Date of this Notification

The system will enter the date on which this notification is submitted.

5. Name of Operator contact for this Notification

Enter the name of the individual whom PHMSA should contact should they have questions about this notification.

6. Phone number of Operator contact for this Notification

Enter the phone number by which the Operator contact for this notification should be reached.

7. Select the type of pipelines and/or facilities involved in this Notification:

Check the appropriate box or boxes to indicate the pipelines and/or facilities to which this notification applies.

STEP 2 – SELECT TYPE OF NOTIFICATION

Check the box for the appropriate “Type” of notification being submitted, and complete the items for that selection.

If you need to submit more than one notification, the online system will re-use Step 1 data and allow the creation of another notification.

Type A – Operator Name Change

1. Enter the new operator name for use in all PHMSA data systems.
2. Include a brief explanation of the reason for the change.
3. Indicate the effective date for the name change.

Note: The purpose of this Notification type is simply to conform the identification of the Operator in PHMSA’s records and a given OPID with the name under which the Operator does business.

Type B – Change in Entity Operating

Check the appropriate box to indicate whether you are reporting an assumption or cessation of operatorship. If you need to report both an assumption and a cessation, then two separate notifications must be submitted.

1a. For an assumption, report the previous Operator’s OPID Number or indicate that no OPID was assigned to that Operator. The previous Operator name will automatically populate based on the OPID entered. If the name that appears is not correct or does not coincide with the OPID Number, contact the PHMSA Information Resources Manager at (202) 366-8075.

1b. For a cessation, report the OPID of the new Operator or indicate that no OpID has been assigned to that Operator. The new Operator’s name will automatically populate based on the OPID entered. If the name that appears is not correct or does not coincide with the OPID Number, contact the PHMSA Information Resources Manager at (202) 366-8075. If you have ceased operating the last of your jurisdictional assets and would like to deactivate your OpID, check the deactivation block.

2. Provide a brief description of the reason for the change in responsibility.
3. Indicate the date on which the responsible entity changed.

Type C – Shared Safety Program Change

Note: Operators will complete Type C separately for each system type selected in STEP 1, Question 7. If Gas Transmission and Hazardous Liquid were selected in STEP 1, Question 7, Type C must be completed twice – once for Gas Transmission and once for Hazardous Liquid.

Pipeline safety regulations require operators to prepare and implement a number of safety programs, depending on the type of pipelines and/or facilities they operate. These include:

- 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, 192.12)
- 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)
- Integrity Management Program (§§192.907, 192.1005, 195.452, 192.12)
- Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (§194.101)

1a through h. Check each safety program for which there is a new Primary OPID. Enter the new Primary OpID. The system will populate the Previous OPID. Enter the effective date for the new Primary OPID.

Type D – Change in Ownership for Gas or Liquid

Check the appropriate box to indicate whether you are reporting an acquisition or a divestiture. If you need to report both an acquisition and a divestiture, then two separate notifications must be submitted.

2. For an acquisition, report the previous Operator’s OPID Number or indicate that no OPID was assigned. For online Notifications, the previous Operator’s name will automatically be entered based on the OPID entered. If the name that appears is not correct or does not coincide with the OPID Number, contact the PHMSA Information Resources Manager at (202) 366-8075.

3. For a divestiture, report the OPID of the new Operator or indicate that no OpID has been assigned. The new Operator’s name will automatically populate based on the new OPID entered. If the name that appears is not correct or does not coincide with the OPID Number, contact the PHMSA Information Resources Manager at (202) 366-8075. If you have divested the last of your jurisdictional assets and would like to deactivate your OpID, check the deactivation block.

4. Indicate the effective date of the transaction.

Type F – Construction or Rehabilitation of Gas or Liquid Facilities

Construction notifications are required 60 days prior to the “event.” On September 12, 2014, PHMSA published an [Advisory Bulletin](#) describing the activities that constitute the “event” of construction, which determines the due date for the notification.

1. Report the anticipated date that field activities will begin. Enter the anticipated date of operational start-up. Select the option that best describes the preponderance of the field activities.

Type I – Change in Ownership for LNG

1. Check the appropriate box to indicate whether you are reporting an acquisition or a divestiture. If you need to report both an acquisition and a divestiture, then two separate notifications must be submitted.

2. For an acquisition, report the previous Operator’s OPID Number or indicate that no OPID was assigned to that Operator. The previous Operator’s name will automatically populate based on the

OPID entered. If the name that appears is not correct or does not coincide with the OPID Number, contact the PHMSA Information Resources Manager at (202) 366-8075.

3. For a divestiture, report the OPID of the new Operator or indicate that no OPID has been assigned to that Operator. The new Operator’s name will automatically populate based on the OPID entered. If you have divested the last of your jurisdictional assets and would like to deactivate your OpID, check the deactivation block.

4. Indicate the effective date of the transaction.

5. Report the indicated information about the acquired or divested plant(s) or facility(ies).

Onshore and **offshore** are not defined in Part 193. For purposes of reporting here, operators should use the definition of **offshore** in §192.3, namely, “beyond the line of ordinary low water along that portion of the coast of the United States that is in direct contact with the open seas and beyond the line marking the seaward limit of inland waters.” Any facility that is located in an area not meeting the definition of offshore is considered **Onshore**.

Type J – Construction for LNG

Construction notifications are required 60 days prior to the “event.” On September 12, 2014, PHMSA published an [Advisory Bulletin](#) describing the activities that constitute the “event” of construction, which determines the due date for the notification.

1a - 1d. Report the indicated information about the construction project(s).

1e and 1f. Report the anticipated dates that field construction activities will begin and the anticipated date of operational start-up.

1g. Select the option that best describes the preponderance of the field activities.

2a – 2g (and 3a – 3g, etc. as needed). Report the indicated information about the construction.

IMPORTANT: For Type B, D, or F Notifications, proceed to STEP 3. For Type A, C, I or J Notifications, proceed to STEP 4.

STEP 3 – INFORMATION FOR PIPELINES AND PIPELINE FACILITIES

1. Check the appropriate box or boxes to indicate the type of pipelines and/or facilities for which this National Registry Notification applies. Also, select the commodities using the following definitions:

Synthetic Gas - examples include, and manufactured gas based on naphtha.

Gas Gathering - Regulated and Reporting-Regulated pipeline facilities are determined in accordance with the requirements of §192.8.

Crude Oil - unrefined oil consisting mainly of hydrocarbons.

Refined and/or Petroleum Product (non-HVL) – flammable, toxic, or corrosive products obtained from distilling and processing of crude oil, unfinished oils, natural gas liquids, blend stocks and other miscellaneous hydrocarbon compounds. Examples include motor gasoline, diesel fuel, fuel oil, aviation gasoline, jet fuel, kerosene, acetone, benzene, MTBE, naphtha, or other non-HVL petroleum products. In these

instructions, “petroleum products” is meant to be synonymous with “refined products”.

Highly Volatile Liquids (HVLs) – a hazardous liquid which will form a vapor cloud when released to the atmosphere and which has a vapor pressure exceeding 276 kPa at 37.8° C (100° F). Examples include ethane, ethylene, propane, propylene, butylene, and anhydrous ammonia (NH₃).

Carbon Dioxide (CO₂) – a fluid consisting of more than 90 percent carbon dioxide molecules compressed to a supercritical state.

Fuel Grade Ethanol – a clear, colorless, flammable oxygenated hydrocarbon. Ethanol is typically produced chemically from ethylene, or biologically from fermentation of various sugars from carbohydrates found in agricultural crops and cellulosic residues from crops or wood. This commodity is to be selected only if the pipeline and/or pipeline facility is used predominantly to transport ethanol which has NOT been blended with petroleum products. This commodity is sometimes also known as “neat” ethanol.

Landfill Gas – includes biogas

Regulated Hazardous Liquid Gathering, Reporting-Regulated Hazardous Liquid Gathering, and Gravity Line pipelines are as defined in Part 195.

2. Check the “Yes” box if any single pipeline or pipeline facility will transport both natural or other gas subject to 49 CFR Part 192 and a hazardous liquid or carbon dioxide subject to 49 CFR Part 195. Otherwise, check “No”.
3. Enter the requested information for each type of pipelines and/or facilities covered by the notification. Miles under 10 should be reported to the nearest tenth mile; miles over 10 may be rounded to the nearest mile.

For gas pipeline facilities, Interstate and Intrastate are defined by statute as:

Interstate gas pipeline facility means a gas pipeline facility used to transport gas and subject to the jurisdiction of the Federal Energy Regulatory Commission (FERC) under the Natural Gas Act (15 U.S.C. 717 et seq.).

Intrastate gas pipeline facility means a gas pipeline facility and transportation of gas within a State not subject to the jurisdiction of FERC under the Natural Gas Act (15 U.S.C. 717 et seq.).

For hazardous liquid and carbon dioxide pipeline facilities, Interstate and Intrastate are defined in §195.2 as:

*Interstate pipeline** means a pipeline or that part of a pipeline that is used in the transportation of hazardous liquids or carbon dioxide in interstate or foreign commerce.

*Intrastate pipeline** means a pipeline or that part of a pipeline to which Part 195 applies that is not an interstate pipeline.

* The Part 195.2 definition of “pipeline” includes all parts of a pipeline facility through which a hazardous liquid or carbon dioxide moves in transportation

Appendix A to 49 CFR 195 contains PHMSA’s Statement of Policy and Interpretation on the delineation between interstate and intrastate pipelines, and provides additional guidance.

Offshore is defined in §192.3 and §195.2 as “beyond the line of ordinary low water along that portion of the coast of the United States that is in direct contact with the open seas and beyond the line marking the seaward limit of inland waters.” Pipe that is located in areas not meeting the definition of offshore is considered *Onshore*.

STEP 4 – DESCRIPTION OF PIPELINES AND PIPELINE FACILITIES

Enter a brief and general description of the pipelines and/or facilities covered by this notification. Also, upload files including general overview maps, schematics, or drawings.