

### Pennsylvania Pipeline Operator Annual Registration Form

1. Applicant (Registrant) Name: \_\_\_\_\_

2. Types of Pipelines and/or Facilities. Pipelines and/or facilities covered by this registration form are associated with the following types of facilities and transport the following types of commodities: (select all that apply)

|   |   |
|---|---|
| <input type="checkbox"/> Gas Distribution | <input type="checkbox"/> Gas Transmission |
| <input type="checkbox"/> Natural Gas      | <input type="checkbox"/> Natural Gas      |
| <input type="checkbox"/> Propane Gas      | <input type="checkbox"/> Propane Gas      |
| <input type="checkbox"/> Gas Gathering    | <input type="checkbox"/> Other Gas        |
| <input type="checkbox"/> Hazardous Liquid | Define Other: _____                       |
| <input type="checkbox"/> Other            |   |
| Define Other: _____                       |   |

3. Main Mailing Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Physical Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **PA** Zip Code: \_\_\_\_\_

5. US DOT/PHMSA Operator ID Number (if available): \_\_\_\_\_

6. PA L&I Propane Registration Number (if applicable): \_\_\_\_\_

7. Regulatory Contact Information:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8. Assessment Contact Information:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Pennsylvania Pipeline Operator Annual Registration Form

**Applicant (Registrant) Name:** \_\_\_\_\_

**9. Federal EIN Number:** \_\_\_\_\_

**10. Pipeline Emergency (PEMA) Contact Information:**

**Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Address 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**11. Attorney (if applicable):**

**Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Address 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**12. Operational Information. (Attach additional sheets as necessary)**

- List on the top right corner of page one of this form the total in-state pipeline mileage in operation as of December 31 of the prior year for all Class 2, 3, and 4 Pennsylvania natural gas pipelines and all Pennsylvania hazardous liquids pipelines.
- For each Pennsylvania natural gas pipeline, provide the in-state mileage in operation as of December 31 of the prior year by class and by county as indicated in the attached table entitled "Natural Gas Pipeline County Location and Mileage."
- For each Pennsylvania hazardous liquids pipeline, provide the in-state mileage in operation as of December 31 of the prior year by type and county as indicated in the attached table entitled "Hazardous Liquids Pipeline County Location and Mileage."
- The country of manufacture for all tubular steel products installed in the prior calendar year in Pennsylvania for the exploration, gathering, or transportation of natural gas or hazardous liquids as indicated in the attached table entitled, "Country of Manufacture."

**13. Filing Fee:** \$250, payable to the "Commonwealth of Pennsylvania" (or ePay if eFiled).

**Fee Exemptions:** Propane Distributor registered with PA L&I                      Borough

**14. Verification of Application.** I hereby state that the statements made in this application are true and correct to the best of my/our knowledge and belief. The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 Relating to Unsworn Falsification to Authorities.



\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**