

Act 127 Pennsylvania Pipeline Operator Annual Registration Form

Please	submit	t completed form by	March 31		
		· <u></u>			
Registration for Previous Calendar Year En	ding:	2015			 :
Docket Number:		A-2012-2294762			
If you need help getting your docket number,		······································			
Go to our website, http://www.puc.pa.c	ov and	d go to the bottom se	ction of the home page un	der Natura	l Gas.
Click on the link for Act 127.	A	.	p		
On the Act 127 page you will see a link	c on the	e lower section of the	page under Pipeline Ope	rators Regi	istrv.
Click on the link to "View Current List of the Courte					
 Click on the utility code next to your na 				he Dockete	ed Cases.
1. Registrant (Full name of pipeline oper	rator):	Sharo Gas Inc. dba	Sharp Energy		
Maria Ma		<u> </u>			
Comments: If applicable, explain any changes	to you	ır company name or	egal status (acquisition, m	nerger, etc.) in the
past calendar year.					
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2. Types of Pipelines and/or Facilities.					
Please note that natural gas public ut	ilitles a	are not required to f	ile this form.		
Pipelines and/or facilities covered by	y this	form are associate	d with the following ty	pes of fac	ilities and
transport the following types of comm	noditie	s: (select all that ap	ply}		
Gas Distribution				S	D2
Natural Gas	Propa	ane Gas 🔽		0	5 .
				곱	
Gas Transmission				<u> </u>	
Natural Gas				منز <u>من</u>	<u>~~</u>
Propane Gas				ص:>-	<u> </u>
Other Gas		Define:		თ.⊆	7->
				<u> </u>	
Gas Gathering				둜	<u> </u>
Hazardous Liquid				7	~
Other		Define:			
3. Main Mailing Address:					
Provide the address to which the Com			respondence relating to	this regist	ration.
		ommerce Street			
City, State, Zip Code:	Salisb	ury MD 21804			
4. Physical Address:		to the following white		0	
Provide the address of your primary P		rivania racility. Triis	address is needed by tr	ie Commis	ssion to
perform inspections and onsite visits. Do not provide a post office box numbers.	205				
		el Hai Circle		•	
		Brook, Pennsylvania	19344		
Oity, Otato, 115 0000.	rioney	Brook, r Chilayivania	. , 55, 77		
5. US DOT Operator ID Number:		<u> </u>	225204		
Provide the number assigned to you b	y the l	United States	225304		ļ
Department of Transportation, Pipeline Hazardous and					- 1
Materials Safety Administration (PHMS	SA).				·
6. PA L&I Propane Registration Number:			N/A		
Provide your propane registration number with the			INE		ł
Pennsylvania Department of Labor and	d Indu:	stry (if applicable).	i i		1
If you do not have a number please er					

 -	questions and other matters pertain	ging to your registration and operations
<u> </u>	Name:	Lee Patrick
	Street Address:	520 Commerce Street
	City, State, Zip Code:	Salisbury, MD 21804
	Email Address:	lpatrick@chpk.com
	Telephone Number:	(410) 548-5515
8.	Assessment Contact Information:	
	Complete in full with contact informa	ation of the person in your company who is responsible for receiving the invoices and paying the assessment under Act 127.
	Name:	Ron Patrick
	Street Address:	520 Commerce Street
	City, State, Zip Code:	Salisbury, MD 21804
	City, State, Zip Code.	Salisbury, IND 2 1004
	Email Address:	rpatrick@chpk.com
	Telephone Number:	(443) 260-1523
	(siephone Mumber)	[[440] 200-1020
9. 10.	Federal EIN Number (if applicable): Pipeline Emergency (PEMA) Contact Complete in full with contact informa	t Information:
	Pipeline Emergency (PEMA) Contact Complete in full with contact informa an emergency situation. This informa Emergency Management Authority (F	t Information: ation of the person in your company who the Commission can call in ation is critical to the Commission's interactions with the Pennsylvania PEMA).
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Complete Attachments "A" and "B". For each Pennsylvania gamileage in operation as of December 31 of the prior year, by each individual pipe. Multiple pipelines in one trench are conshave no miles to report on these attachments, check the appropriate to the second	class and by county. Mileage should be reported for idered individual pipes for reporting purposes. If you opriate block at the top of the form(s).
Complete Attachment "C" by providing the country of manufar installed in the prior calendar year in Pennsylvania for the exp hazardous liquids. If you have no data to report on this attach	ploration, gathering or transmission of natural gas or
13. Filing Fee:	
The filing fee for this Annual Registration Form is \$250, paya. The filing fee can either be mailed or electronically paid when eFil NOTE: If you are a Propane Distributor registered with the PA filing fee.	ing your form with the Commission's eFiling system.
	,
Fee Exemptions (please indicate if either exemption appli Propane Distributor registered with PA L&I	es):
Borough	
Dorougn	<u> </u>
14. Verification:	
The person responsible (corporate officer or attorney) for filin her signature and verify that all information provided on the f information and belief. NOTE: Registration Forms that are no	orm is true to the best of his or her knowledge,
I hereby state that the information in this application is true and co belief. I understand that the statements herein are made subject to unsworn falsification to authorities).	rrect to the best of my knowledge, information and to the penalties of 18 Pa. C.S. § 4904 (relating to
Na	Signature
Name:	Signature:
Lee Patrick	I mediculate a self-of the transfer to the tra
	<u> </u>
	Date:
Title:	Date: 3/23/2016
Title: Training and Compliance Manager 15. Registration:	
Title: Training and Compliance Manager 15. Registration: eFiling:	3/23/2016
Title: Training and Compliance Manager 15. Registration: eFiling: Registration Forms may be eFiled with the PUC. If eFiling click on the eFiling link on the bottom of the page under Issues, Netype of filing and enter your docket number where indicated.	3/23/2016 your renewal form, go to http://www.puc.pa.gov and
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