

	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	NATIONAL REGISTRY NOTIFICATION	DOT USE ONLY
<p>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.</p>			
STEP 1 – ENTER BASIC NOTIFICATION INFORMATION			

- 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	
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☐ **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

☐ **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

☐ OCS Atlantic Miles: / / / / / / / / / /

☐ OCS Gulf of Mexico Miles: / / / / / / / / / /

☐ OCS Pacific Miles: / / / / / / / / / /

☐ OCS Alaska Miles: / / / / / / / / / /

State 1: /_/ _/_/_ Miles: /_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_

Countries:

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 – DESCRIPTION OF PIPELINES AND PIPELINE FACILITIES

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.
