

GBB Pipeline Registration

GENERAL INFORMATION

This form is to be completed by:

- A Registered Participant who operates a Transmission Pipeline eligible to be registered as a GBB Pipeline.
- A Gas Market Participant applying to be registered as a Registered Participant, who operates a Transmission Pipeline eligible to be registered as a GBB Pipeline.

For information on the requirements to register a Transmission Pipeline, please see the Gas Services Information Procedure: Registration and Exemption and the Gas Services Information Rules.

PIPELINE INFORMATION

The applicant must fill out all of the fields for Pipeline information on the application form:

Company Name or GBB Participant Code (if already registered as a GBB Participant): _____

Pipeline Name: _____

The Company named above owns, controls and operates the Pipeline named above: Yes No

(If no is selected, please attach for each company that owns, controls or operates this facility, evidence that they consent for the Company named above to be the Registered Facility Operator in regards to the GBB.)

Primary Contact Details

The Facility's Primary Contact is the same as the Primary Contact for the Participant who is the Registered Facility

Operator: Yes No

(If 'No' is selected please give details for Primary Contact by filling out the fields below. The fields marked with an * may be left blank.)

Given Name: _____ Family Name: _____

Position: _____

Phone Number: _____ Fax Number*: _____

Mobile Number*: _____ Email: _____

Delivery Point, Receipt Point and Shipper information

For each physical connection point on the pipeline, please provide the information requested in Appendix A and Appendix B.

Please list all shippers operating on the Transmission Pipeline:

Shippers

(If more than eight Shippers operate on this Transmission Pipeline, please attach details of all Shippers on a separate sheet.)

Pipeline and Gate Station Capacity:

Pipeline Nameplate Capacity (TJ/day): _____

Pipeline Impact Agreement:

Subject to a Pipeline Impact Agreement (PIA)? Yes No

(If 'Yes' is marked, please include additional data):

Please specify the first delivery point into a distribution system after receipt of gas from a PIA Production Facility, in relation to which the operator is required to provide Gas Specification Data: _____

Nominated Registration Date: DD/MM/YYYY

Emergency Management Facility (EMF) Information:

The EMF Information is standing data for the facility that is used by the Coordinator of Energy in the case of an emergency or gas supply disruption when the EMF has been activated. This information must be updated at least annually or when there is a material change in this data.

Maximum daily capacity of the Pipeline (without impacting safe operation) (TJ/day): _____

Minimum linepack that must be stored in Pipeline to enable continued safe operation (TJ): _____

DECLARATION

(To be signed by authorised person on behalf of the applying company)

**: The fields marked with '*' may be left blank if this form is sent to the IMO with a Participant Registration Form which already contains this information.*

On behalf of (Company or business name) _____ I declare that the information contained in this form and its Appendix, constituting the Application for Gas Bulletin Board Pipeline Facility Registration is accurate.

Signed: _____

Date: DD/MM/YYYY

Printed Name: _____

Position Held: _____

Postal Address*: _____

Phone Number: _____

Email Address*: _____

IMO CONTACT INFORMATION

Assistance

If you need any help to complete this form, please contact the Market Operations Team at the IMO by phone on 9254 4336, or by email to operations@imowa.com.au.

Submission

This form and any supporting documents are to be submitted to the IMO at the following address:

Independent Market Operator
Group Manager; Operations and Technology
PO Box 7096, Cloisters Square
PERTH WA 6000

Or, send a PDF copy of the completed and signed application form by email to operations@imowa.com.au

IMO EMPLOYEE USE ONLY

Facility Code: _____

Operator name: _____

Effective date of Facility Registration: _____

Appendix A

For each physical connection point on the pipeline, please list (in order from the physical start of the pipeline):

- the name/identifier of the physical connection point,
- its type (receipt point, delivery point),
- identify, if the connection point is to a facility (in this case clarify if it is a Storage, Production, Large User or a Pipeline Facility) or if it is a distribution network (in this case clarify if it is a Gate Station or not).

If the Transmission Pipeline contains more than twelve connection points, please copy and fill out as many sheets of Appendix A as needed to give information for all physical connection points.

Connection Point	Type	Connected to (Name):	Connected to (type)
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery		<input type="checkbox"/> Facility Type: <input type="checkbox"/> Distribution System Gate Station: <input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix B

Please list any notional connection points (if applicable), for example notional gate points, and identify the physical receipt or delivery points represented by the notional connection point.

If the Transmission Pipeline contains more than twelve notional connection points, please fill out as many sheets of Appendix B as needed to give information for all physical connection points.

Notional Point (Name)	Type	Physical Points (Name)
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	
	<input type="checkbox"/> Receipt <input type="checkbox"/> Delivery	