

INSTRUCTIONS

Form PLS-OR-1: Organization Report

WHO IS TO FILE FORM PLS-OR-1: Each entity performing operations within the jurisdiction of the Office of Conservation. A separate Form PLS OR-1 must be filed for each type of operation.

WHEN TO FILE FORM PLS-OR-1: Form PLS-OR-1 must be filed prior to beginning the first operation that is within Office of Conservation jurisdiction or when an organization name is being changed. Initial filing shall be valid for the first calendar year.

Form PLS-OR-1 must be re-filed annually by the date specified. The Office of Conservation will provide a renewal notice by mailing a blank Form PLS-OR-1. **THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.** SIGN and DATE the PLS-OR-1 and return to the Office of Conservation in Baton Rouge by the date required.

ADDRESS INSTRUCTIONS: Each name and address line is limited to 30 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.

SPECIFIC ITEMS ON FORM PLS-OR-1:

1. Check the proper block to show the purpose of filing.
2. Your permanent code number is assigned upon initial filing of your PLS-OR-1. If you change your organization name, a new number will be assigned, do not give your previously assigned OOC Code Number in this space (See No. 9). Please see the second page of your bill to the right of operator for you OOC #.
 - 2a. Enter the Federal Operator ID number assigned to you by PHMSA.
3. Check proper block to show type of operation. **A separate Form PLS-OR-1 must be filed for each type of operation.**
 - 3a. Please indicate the Initial Date of Operation in Louisiana.
4. Check yes if company has received a Certificate of Transportation from the Commissioner of Conservation.
5. Check the appropriate plan of organization. Select one only.
 - 5a. Please indicate the LA Secretary of State charter/organization ID number (if applicable), such as, Corporations, Incorporated companies, LLC, or Partnerships.
6. This is the official name of your organization as carried on Office of Conservation records and LA Secretary of State records, if applicable. ADDRESS, ALONG WITH AN EMERGENCY CONTACT, PHONE NUMBER, ETC ARE REQUIRED PURSUANT TO R.S. 30:4B. ALL OF THIS INFORMATION MUST BE PROVIDED.
7. Address to which Official Correspondence should be directed, the Contact Person, telephone number, fax number and e-mail address. The Contact Person **must** hold a position of Vice President or higher for a private entity. Examples of Contact Persons are listed below for other type organizations.

Municipals	Mayor
Partnerships	Managing Partner
GUD	President or VP of Board
8. List **ONLY** the **THREE** highest ranking officers of the organization and give their full legal name (**AGENTS NOT ACCEPTABLE**). Do not attach a listing of any others. The street address for each Officer **MUST** be different from that shown for the organization in No. 5. If plan of organization is an individual, only No. 1 under primary officer is to be completed and the address may be the same as shown in No. 5. **COMPANY'S FEDERAL TAX ID NUMBER MUST BE LISTED.** The information provided will be used solely for the administration and enforcement of the laws pertaining to the Office of Conservation.
9. Complete Page 2 as an option of organization address for DOT Compliance Specialist and Billing Correspondence. Otherwise, such correspondence will be directed to the address provided at No. 6. Each name and address line is limited to 30 spaces in length. Each name is limited to one line, while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.
10. If you have changed your organization name, give the previous name of the organization, as well as the previously assigned OOC Code Number.

IF YOU HAVE ANY QUESTIONS PLEASE CALL (225) 342-5585.

RETURN TO:

**DEPARTMENT OF NATURAL RESOURCES
OFFICE OF CONSERVATION - PIPELINE DIVISION
P.O. BOX 94275
BATON ROUGE, LA. 70804-9275**

READ THE INSTRUCTIONS • COMPLETE ENTIRE FORM

1. Purpose of Filing:	Initial Filing	Change of Address/Contact/Officer	2. OOC Code Number:	2a. PHMSA ID Number:
	Annual Refiling	Organization Name Change		

3. Type of Operation:	Gas Transmission	Municipal	Master Meter	3a. Initial Date of LA Operation:
	Hazardous Liquid	Gas Gathering	Gas Utility District	

4. Certified Intrastate Natural Gas Transporter?	Yes	No	Certified Date _____
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5. Current Plan of Organization (Select ONLY ONE):	Corporation - State Where Inc. _____		Other _____		5a. LA Sec. of State Charter No.:
	Company	Individual	Joint Venture	LLC	

6. Organization - Name & Mailing Address:	7. Address for Official Correspondence Including Citations:
_____	_____
_____	_____
_____	_____
_____	_____
Contact Person for Organization: _____	Contact Person: _____ (Must VP or higher for Private Entity)
Emergency Contact Person: _____	Phone Number: _____
Phone Number: _____ Fax Number: _____	Fax Number: _____
E-Mail Address (Required): _____	E-Mail Address (Required): _____

8. Three Primary Officers: <u>FULL LEGAL NAME</u>	Company Federal Tax ID No.: _____
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(1) Name: _____

Address: _____

Title: _____

(2) Name: _____

Address: _____

Title: _____

(3) Name: _____

Address: _____

Title: _____

9. Complete Page 2 for DOT SPECIALIST & BILLING CONTACTS (see instructions).

10. If a change of organization name, give previous name, OOC code number and the desired effective date of the company name change:

Name: _____ OOC Code Number: _____ Eff. Date: _____

11. Each registered organization shall notify this Office, in writing, following the filing of a voluntary petition for bankruptcy under any Chapters of Title 11 (Bankruptcy) of the United States Code (11 U.S.C.) by or against. The notification will indicate the name of the court and date of filing.

CERTIFICATE: I DECLARE UNDER PENALTIES AS PRESCRIBED IN LRS 30:17, THAT I AM AUTHORIZED TO MAKE THIS REPORT, THAT THIS REPORT WAS PREPARED BY ME OR UNDER MY SUPERVISION AND DIRECTION, AND THAT DATA AND FACTS STATED THEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____	_____	_____
PRINTED NAME	TITLE	DATE
_____	_____	_____
SIGNATURE	TELEPHONE NUMBER	

FOR OFFICE OF CONSERVATION USE ONLY

DATE: _____ APPROVED BY: _____

Office of Conservation (OOC) Code Number: _____

(Please see the second page of your bill next to operator for the correct OOC #)

Organization Name: _____

(To be completed by Pipeline Operators)

ADDRESS TO WHICH DOT COMPLIANCE SPECIALIST & ANNUAL REPORT CORRESPONDENCE SHOULD BE DIRECTED:

CONTACT PERSON: _____

PHONE NUMBER: _____ / _____

AREA CODE

NUMBER

FAX NUMBER: _____ / _____

AREA CODE

NUMBER

E-MAIL ADDRESS: _____

(To be completed by All Pipeline Operators)

ADDRESS TO WHICH USER FEE & BILLING CORRESPONDENCE SHOULD BE DIRECTED:

CONTACT PERSON: _____

PHONE NUMBER: _____ / _____

AREA CODE

NUMBER

FAX NUMBER: _____ / _____

AREA CODE

NUMBER

E-MAIL ADDRESS: _____

(To be completed only by Certified Intrastate Natural Gas Transporters)

ADDRESS FOR PIPELINE OPERATIONS CONTACT:

CONTACT PERSON: _____

PHONE NUMBER: _____ / _____

AREA CODE

NUMBER

FAX NUMBER: _____ / _____

AREA CODE

NUMBER

E-MAIL ADDRESS: _____

INSTRUCTIONS:

This form is to be filed **annually**. Each name and address line is limited to 30 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.