

# GBB Storage Facility Registration

## GENERAL INFORMATION

*This form is to be completed by:*

- A Registered Participant who operates a Storage Facility eligible to be registered as a GBB Storage Facility.
- A Gas Market Participant applying to be registered as a GBB Facility Operator who operates a Storage Facility eligible to be registered as a GBB Storage Facility.

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

## STORAGE FACILITY INFORMATION

*The applicant must fill one application form for each of the Storage Facilities that it operates:*

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

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Storage Facility Name:

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The Company named above owns, controls and operates the Storage Facility 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:

GBB Pipeline(s) to which the Facility is connected, and the physical receipt and delivery points:

Pipeline Name	Connection Point Name	Receipt/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

*(If the Storage Facility connects to more than four GBB Pipeline connection points, please attach details of all connection points to which the Storage Facility is connected on a separate sheet.)*

Production Nameplate Capacity (TJ/day): \_\_\_\_\_

Refill Nameplate Capacity (TJ/day): \_\_\_\_\_

Storage Nameplate Capacity (TJ): \_\_\_\_\_

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 amount of gas that can be safely delivered to the facility (TJ/day): \_\_\_\_\_

Maximum amount of gas that can be safely withdrawn from the facility, for injection into GBB pipelines to which it is connected (TJ/day): \_\_\_\_\_

Minimum amount of gas that must be held in storage 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 if applicable) constituting the Application for Gas Bulletin Board Storage 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](mailto: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](mailto:operations@imowa.com.au)

## IMO EMPLOYEE USE ONLY

Facility Code: \_\_\_\_\_

Market Operator name: \_\_\_\_\_

Effective date of Facility Registration: \_\_\_\_\_