

GBB Large User Facility Registration

GENERAL INFORMATION

This form is to be completed by:

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

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

LARGE USER FACILITY INFORMATION

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

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

Large User Facility Name: _____

The Company named above owns, controls and operates the Large User 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: _____

If directly connected to GBB Pipeline(s), please indicate the GBB Pipeline(s) and the physical delivery point(s) to which Facility is connected:

Pipeline Name	Physical Delivery Point (Name)

(If the Large User Facility connects to more than four Pipeline connection points, please attach details of all connection points to which the Large User Facility is connected. If more space is required, please attach a separate sheet.)

Or,

If directly connected to a distribution system, please indicate the GBB Pipeline(s) and Delivery point(s) to which the distribution system is connected:

Transmission Pipeline	Connection Point

(If the distribution system connects to more than four GBB Pipeline connection points, please attach details of all connection points. If more space is required, please attach a separate sheet.)

Nameplate Capacity of Facility (TJ/day): _____

Predominant Gas Usage Type (tick one):

- Mining Consumption (including electricity generation for mining)
- Electricity Generation – Other (including Retail)
- Minerals Processing
- Manufacturing Processes
- Other (Please specify): _____

Nominated Registration Date: DD/MM/YYYY

Emergency Management Facility (EMF) Information:

The EMF Information is standing data for your 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.

Facility capable of using alternative fuel to gas?: Yes No

If yes, please specify the alternative fuel type or types: _____

Does the Facility generate electricity for consumption by residential customers: Yes No

If yes, please declare if there is any other form of electricity generation to supply those customers: Yes No

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 constituting the Application for Gas Bulletin Board Large User 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: _____

Market Operator name: _____

Effective date of Facility Registration: _____