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|--|--|---|--|
| <b>Name of Operator:</b>   |  |   |  |
| <b>PHMSA Operator ID No.<br/>(IF APPLICABLE)</b><br><i>4 CCR 723-11203(e)</i>  |  |   |  |
| <b>HQ Contact / Address:</b>   |  | <b>Local Unit Operations Manager / Address:</b> |  |
|  |  |   |  |
| <b>Email Address:</b>  |  | <b>Email Address:</b>                           |  |
|  |  |   |  |
| <b>Phone No. or Cell No.:</b>  |  | <b>Phone No. or Cell No.:</b>                   |  |
|  |  |   |  |
| <b>Date Submitted:</b>   |  |   |  |
|  |  |   |  |
| <b>GIS Checklist:</b>  |  |   |  |
| <input type="checkbox"/> <b>System Map (49 CFR 192.605; 4 CCR 723-11100(c)):</b> Indicate format(GDB, SHP, or KML): _____    |  |   |  |
| <input type="checkbox"/> <b>North American Datum of 1983 (NAD 83)</b>  |  |   |  |
| <b>Comments:</b>   |  |   |  |
|  |  |   |  |
| <b>I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.</b> |  |   |  |
| <b>Signed:</b> _____   |  | <b>Date:</b> _____                              |  |
|  |  | <b>Email:</b> _____                             |  |
| <b>Print Name:</b> _____   |  | <b>Title:</b> _____                             |  |