8000-FM-OOGM0099 4/2012

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

OPERATOR'S GENERAL INFORMATION FORM

DEP USE ONLY
Client Id #
OGO #
Agent's Id #

Before completing this form, please read the instructions on the back. This information will be used to establish or verify our computer records about you or your organization as an oil or gas well operator in Pennsylvania. Any applicant who has not previously conducted business with the DEP Oil and Gas Program must submit this form when applying for an oil or gas approval/permit.

GENERAL OPERATOR INFORMATION

Enter the name and address under which you or your organization operate (and bond) oil and gas wells in Pennsylvania.

Type of Organization / Code	Corporate, Company, Partnership or Registered Fictitious Name			Federal Tax ID#
Individual or Partner - Last Name	First Name	MI	Suffix	Social Sec #
Individual or Partner - Last Name	First Name	MI	Suffix	Social Sec #
Individual or Partner - Last Name	First Name	MI	Suffix	Social Sec #
Mailing Address		☐ Check if this is a new address.		
City	State	ZIP+4	Country (If Other Than USA)	
Phone (Daytime)	Ext.	FAX	Email Address	
Person to Contact - Last Name	First Name	MI	Suffix	Title

Parent or Subsidiary Information

Any changes to business structure must be provided to the Oil and Gas Program within 30 days of the change. If there is currently no parent or subsidiary, check the applicable boxes below. If there is, you must attach the Ownership and Control form 8000-FM-OOGM0118.

Check if no parent: ☐ Check if no subsidiaries: ☐

FIELD OFFICE

Fill in this part if the person or branch office responsible for operations in Pennsylvania is at a location other than the corporate address above.

Person to Contact - Last Name	First Name	MI	Suffix	Title
Mailing Address				
City	State	ZIP+4	Country (If Other Than USA)	
Phone (Daytime)	Ext.	FAX	Email Address	

OPERATOR'S AGENT

Non-resident operators only must designate an agent who is a Pennsylvania resident (or corporation) to serve as the operator's corporate presence for service of legal process.

Agent's Name	Mailing Address			☐ Check if only for change of current agent's address.
☐ Check if this is a new agent.	City	State	ZIP+4	Phone (Daytime)

CERTIFICATION

The undersigned certifies that the above information is correct as of this date, and until DEP is notified otherwise it applies to all future oil or gas well permit applications from this organization or individual.

Signature	Type or print name and title of signer	Date