

**CONTROLLER CERTIFICATION PROJECT
PILOT OPERATOR CANDIDATE
INFORMATION FORM**

Note: Response information should be specifically related to the area or location of your operations that you wish to include in the pilot program.

Company Name: _____

Address: _____

Primary Contact: **Name:** _____
 Telephone Number: _____
 E-mail: _____

Operation(s) Type (check applicable):

- Gas Transmission
- Hazardous Liquid Transmission
- Local Distribution (LDC)

Miles of Pipe for Each Type: Gas Transmission _____ Hazardous Liquid Transmission _____
Local Distribution Company _____

Location(s) of Control Center(s):

Number of Individuals OQ-Qualified in Control Center(s): _____

General Overview and Description of the Controller Qualification Program: *In lieu of or in addition to the information requested in this section, electronic or hardcopy attachments are welcomed*

Thank You: *OPS representatives may conduct follow-up inquiries to clarify information provided and gather additional information as necessary.*

For questions or electronic submittal of the completed form and additional information, if applicable, please contact Byron Coy, Controller Certification Team Leader, at: Byron.Coy@dot.gov, or at (609) 989-2180