

Basic Information

**Natural Gas Regulatory E-filing Application
Obtain New Blanket Authorization - Part 1 of 4**

To apply for a new Blanket (2-Year) Authorization, enter the following information and click the [Continue] button.

* Indicates a Required Field

Basic Company Information

*Company Name:	<input type="text"/>
*Country in which company is located:	NONE <input type="checkbox"/>
*Type of Business Entity:	<input type="text"/>
*State/Province of Incorporation:	NONE <input type="checkbox"/>
Parent Company Name (If applicable):	<input type="text"/>

Headquarters Contact Information

*Street:	<input type="text"/>
*City:	<input type="text"/>
*State/Province:	NONE <input type="checkbox"/>
*Zip/Postal Code:	<input type="text"/>
*Phone Number:	<input type="text"/> e.g., 301-555-1212 x123
Fax Number:	<input type="text"/> e.g., 301-555-1212

Copy the Headquarters Contact Information to the Principal Place of Business.

Principal Place of Business

*City:	<input type="text"/>
*State/Province:	NONE <input type="checkbox"/>
*Zip/Postal Code:	<input type="text"/>
*Country:	NONE <input type="checkbox"/>

*** Requested Authorities (Check all that apply) :**

Import NG from Canada

- Export NG to Canada
 - Import NG from Mexico
 - Export NG to Mexico
 - Import LNG from Various Sources by Vessel
 - Import LNG from Canada by vessel truck both
 - Export LNG to Canada by vessel truck both
 - Import LNG from Mexico by vessel truck both
 - Export LNG to Mexico by vessel truck both
-

To expedite processing, you may request a combined total volume. You may also separate out volumes by import/export.

***Make your selection:**

- One Combined Volume
- Separate Volumes

Continue

[Basic Information](#) >> Combined Volumes

Part 2 of 4

To apply for a new Blanket (2-Year) Authorization, enter the following information and click the [Continue] button.

* Indicates a Required Field

*Enter the combined Volume in Bcf for
all selected authorities:

REMINDER: Applicant companies may not have more than (2) concurrent blanket (short-term) authorizations with the same requested authorities (e.g. two exports). If you have a current blanket authorization that will not expire before the effective date requested for your new authorization, the current authorization must be vacated. A vacate request must be received by our office before the new authorization can be issued. Please review our website or contact our office for information regarding vacate requests.

Have you ever had, or do you currently have, an Order? (Check box if yes)

If yes, Please enter any/all Order and/or Docket numbers:

Order Effective Date: (you must choose one)

Order should be effective on the date the Order is issued by DOE.

Order should be effective the day after my current Order expires. Your Current Order

Number: i.e., 101

I request a different effective date: i.e., MM/DD/YYYY

[Basic Information](#) >> [Combined Volumes](#) >> Contact Information

Part 3 of 4

To apply for a new Blanket (2-Year) Authorization, enter the following information and click the [Continue] button.

* Indicates a Required Field

Applicant Contact (Application/Order/Service List) Information:

Copy Company HQ Contact Information

*First Name:

*Last Name:

Middle Initial:

Position/Title:

*Country:

NONE



*Street:

*City:

*State/Province:

NONE



*Zip/Postal Code:

*Phone Number:

e.g., 301-555-1212

x123

Fax:

E-mail:

Report Contact (Monthly Reports) Information:

Copy Company HQ Contact Information

First Name:

Last Name:

Middle Initial:

Position/Title:

Country:

NONE



Street:

City:

State/Province:

NONE



Zip/Postal Code:

Phone Number: _____ e.g., 301-555-1212
x123

Fax: _____

E-mail: _____

***The signed order will be sent via U.S. Mail. If secondary distribution is required, check one of the additional options:**

- E-Mail
- Fax

***How should DOE communicate with the Company? (Check all that apply)**

- E-Mail
- Phone
- Fax



[Basic Information](#) >> [Combined Volumes](#) >> [Contact Information](#) >> Review

Part 4 of 4

To apply for a new Blanket (2-Year) Authorization, enter the following information and click the [Continue] button.

* Indicates a Required Field

Basic Company Information

Name of the Applicant:

Country in which company is located:

Type of Business Entity:

State/Province of Incorporation:

Parent Company Name (If applicable):

Headquarters Contact Information

Street:

City:

State/Province:

Zip/Postal Code:

Phone Number: ext.

Fax Number:

Principal Place of Business

City:

State/Province:

Zip/Postal Code:

Country:

Requested Authorities:

Import NG from Canada

Combined Volume in Bcf for all selected authorities: 10.00 Bcf for two years

REMINDER: Applicant companies may not have more than (2) concurrent blanket (short-term) authorizations with the same requested authorities (e.g. two exports). If you have a current blanket authorization that will not expire before the effective date requested for your new authorization, the current authorization must be vacated. A vacate request must be received by our office before the new authorization can be issued. Please review our website or contact our office for information regarding vacate requests.

Have you ever had or do you currently have an Order? No

Order Effective Date: Order should be effective on the date the Order is issued by DOE.

Applicant Contact (Application/Order etc.) Information:

First Name:

Last Name:

Middle Initial:

Position/Title:

Country:

Street:

City:

State/Province:

Zip/Postal Code:

Phone Number: ext.

Fax:

E-mail:

Report Contact (Monthly Reports) Information:

First Name:

Last Name:

Middle Initial:

Position/Title:

Country:

Street:

City:

State/Province:

Zip/Postal Code:

Phone Number: ext.

Fax:

E-mail:

The signed order will be sent via U.S. Mail. In addition, you will receive a copy by E-Mail.

How should DOE communicate with the Company?

E-Mail

Submit Application

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** THERE IS NO RIGHT OF PRIVACY IN THIS SYSTEM. **

If you have a question concerning this system or encounter a problem, please email us at fergas@hq.doe.gov

**Your Application for New Blanket Authorization has been saved,
but the process is not yet complete!**

To complete the application process please print, sign and mail the printed pages in accordance with the instructions below. After printing this web page you may close it or return to the Department of Energy (DOE) Web Site. The DOE has assigned Application Tracking Number **100641** to your application. Please refer to this number when you communicate with us regarding your application. A summary of your application follows.

Basic Company Information for:
Country where the company is located:
Type of Business Entity:
State/Province of Incorporation:
Parent Company Name (If applicable):

Headquarters Contact Information

Street:

City:

State/Province:

Zip/Postal Code:

Phone Number: ext.

Fax Number:

Principal Place of Business

City:

State/Province:

Zip/Postal Code:

Country:

Requested Authorities: - Import NG from Canada

Combined Volume in Bcf for all selected authorities: 10.00 Bcf for two years

REMINDER: Applicant companies may not have more than (2) concurrent blanket (short-term) authorizations with the same requested authorities (e.g. two exports). If you have a current blanket authorization that will not expire before the effective date requested for your new authorization, the current authorization must be vacated. A vacate request must be received by our office before the new authorization can be issued. Please review our website or contact our office for information regarding vacate requests.

Order Effective Date: Order should be effective on the date the Order is issued by DOE.

**Applicant Contact
(Application/Order/Service List)
Information:**

First Name:

Last Name:

Middle Initial:

Position/Title:

Country:

Street:

City:

State/Province:

Zip/Postal Code:

Phone Number: ext.

Fax:

E-mail:

**Report Contact (Monthly Reports)
Information:**

First Name:

Last Name:

Middle Initial:

Position/Title:

Country:

Street:

City:

State/Province:

Zip/Postal Code:

Phone Number: ext.

Fax:

E-mail:

The signed order will be sent via U.S. Mail. In addition, you will receive a copy by E-Mail.

How should DOE communicate with the Company?

- E-Mail

Does the company have either past or current Orders?: No

Note: Because you have no previous orders, a signed copy of your [Opinion of Counsel](#) must be mailed with your application.

Payment by check is required to process this application.

Your check in the amount of \$50.00 USD should be made payable to "U.S. Department of Treasury" **ONLY**. (No other information should be printed on the check)
Please be sure to write your Application Tracking Number '100641' in the memo section of your check.

Sign where indicated and mail the printed copy of your signed application along with the filing fee to:

Attention: Larine Moore, Docket Room Manager

Office of Natural Gas Regulatory Activities - Docket Room 3E-042 FE-34
Fossil Energy, U.S. Department of Energy (FE-34)
P.O. Box 44375
Washington, DC 20026-4375

Overnight deliveries via FEDEX, UPS or DHL should be addressed to:

Larine A. Moore, Docket Room Manager

Office of Natural Gas Regulatory Activities Office of Natural Gas Global Security and Supply
U.S. Department of Energy, Room 3E042, (FE-34)
1000 Independence Avenue, S.W., Washington, D.C. 20585
(202) 586-9478. (Contact phone number should also be included).

By submitting this application natalie agrees to submit monthly report filings.

Respectfully Submitted,

Print Name _____

Signature _____

Date _____

Thank you for submitting your application to the Office of Fossil Energy, U.S. Department of Energy. You will be receiving an Email Confirmation stating the next steps to be completed, and notifying you that your application has been received. DOE generally responds to these requests within five (5) working days of our receiving the completed signed application. You may contact our office by e-mail using larine.moore@hq.doe.gov, by phone using 202-586-9478 or by fax using 202-586-6050.

Before sending the form to DOE, please check the following:

- Did you sign the form?
- If this is your first application, did you include a signed copy of your [Opinion of Counsel](#)?
- Did you sign the check and include your tracking number on the check?

Company Name: natalie - Tracking Number: 100641 - Order Effective Date: Date issued by DOE (unless applicant has a different order effective date)

Click here to close this window

Click here for a paper copy of your application

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** THERE IS NO RIGHT OF PRIVACY IN THIS SYSTEM. **

If you have a question concerning this system or encounter a problem, please email us at fergas@hq.doe.gov