Government of Alberta
Transportation

APPLICATION FOR PLACEMENT OF AN OIL / GAS PIPELINE

APPLICANT:
Company _____

Mailing Address _____

City _____ **Province** _____ **Postal Code** _____

Contact Person _____

Phone # _____ **Fax #** _____ **e-mail** _____

Member of a one-call system? ◯ **Yes** ◯ **No**
(e.g. Alberta First Call)

OWNER:
Company _____

Mailing Address _____

City _____ **Province** _____ **Postal Code** _____

Phone # _____ **Fax #** _____ **e-mail** _____

FACILITY:
Type: _____ File / Drawing No. _____
(e.g. oil, natural gas, etc.)

CARRIER PIPE
Pipe Type _____ Max. Operating Pressure (kPa) _____
(steel, polyethylene, etc)

Outside Diameter (mm) _____ Wall Thickness (mm) _____

CASING PIPE

Outside Diameter (mm) _____ Wall Thickness (mm) _____

CONSTRUCTION LOCATION
Starting Point _____ Ending Point _____
(legal location) (legal location)

Highway(s) Affected: _____

PROPOSED FACILITY PARALLELS HIGHWAY NO._____ FROM - TO

___ ¼ **SEC** ___ **TWP** ___ **RGE** ___ **W** ___ **M** **TO** ___ ¼ **SEC** ___ **TWP** ___ **RGE** ___ **W** ___ **M**

___ ¼ **SEC** ___ **TWP** ___ **RGE** ___ **W** ___ **M** **TO** ___ ¼ **SEC** ___ **TWP** ___ **RGE** ___ **W** ___ **M**

PROPOSED FACILITY CROSSES HIGHWAY NO._____ BETWEEN / IN THE

___ ¼ **SEC** ___ **TWP** ___ **RGE** ___ **W** ___ **M** **AND** ___ ¼ **SEC** ___ **TWP** ___ **RGE** ___ **W** ___ **M**

___ ¼ **SEC** ___ **TWP** ___ **RGE** ___ **W** ___ **M** **AND** ___ ¼ **SEC** ___ **TWP** ___ **RGE** ___ **W** ___ **M**

COMMENTS:
_____
_____
_____

I _____ hereby certify that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of facts relating to this application for placement of an oil/gas pipeline.

(Signed) _____ (Date) _____