

RAILROAD COMMISSION OF TEXAS
GAS SERVICES DIVISION
PIPELINE SAFETY
PO BOX 12967, AUSTIN, TX 78711-2967

PIPELINE TRANSFER CERTIFICATION
(File with Form T-4)

NEW OPERATOR/APPLICANT: _____

Address: _____

City State Zip

Does the above named operator own the pipeline(s) Yes No
If "no" give owners name and address:

NEW OPERATOR'S CERTIFICATION. By signing this certificate, I acknowledge responsibility for the regulatory compliance of the listed pipelines. I also acknowledge that I will remain designated as the current operator until a new certificate designating a new current operator is approved by the Commission.

Name (print) _____ Signature _____

Title _____ Phone () _____

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OLD OPERATOR: _____

Address: _____

City State Zip

Did the above named operator own the pipeline(s) Yes No
If "no" give owners name and address:

OLD OPERATOR CERTIFICATION. Being the previous operator, I certify that operating responsibility for _____ pipelines listed on Form T-4A for Permit _____ has been transferred to the above named operator. I understand, as previous operator, that designation of the above named operator as current operator is not effective until this certification is approved by the Commission.

Name (print) _____ Signature _____

Title _____ Phone () _____