

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:

* 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: e.g., 301-555-1212 x123

Fax Number: e.g., 301-555-1212

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

Principal Place of Business

* City:

* State/Province:

* Zip/Postal Code:

* Country:

***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 truck
 - ☐ Export LNG to Canada by ☒ vessel ☐ truck
 - ☐ Import LNG from Mexico by truck
 - ☐ Export LNG to Mexico by ☒ vessel ☐ truck
-

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

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[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.

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

REMINDER: Applicant companies may not have two (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 Web site 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

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[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:	<input type="text"/>
*Last Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
Position/Title:	<input type="text"/>
*Country:	<input type="text" value="NONE"/>
*Street:	<input type="text"/>
	<input type="text"/>
*City:	<input type="text"/>
*State/Province:	<input type="text" value="NONE"/>
*Zip/Postal Code:	<input type="text"/>
*Phone Number:	<input type="text"/>
	<input type="text"/> e.g., 301-555-1212
	x123
Fax:	<input type="text"/>
Email:	<input type="text"/>

Attorney Contact Information:**Copy Company HQ Contact Information**

*First Name:	<input type="text"/>
*Last Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
Position/Title:	<input type="text"/>
*Country:	<input type="text" value="NONE"/>
*Street:	<input type="text"/>
	<input type="text"/>
*City:	<input type="text"/>
*State/Province:	<input type="text" value="NONE"/>

* Zip/Postal Code:

* Phone Number:

e.g., 301-555-1212

x123

Fax:

Email:

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:

Email:

***The signed order will be sent via U.S. mail to the "Applicant" listed. Also, an email copy of the Order will be sent to each contact person listed above.**

***How should DOE communicate with the Company? (Check all that apply)**☐ Email☐ Phone☐ Fax

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