



	DEP USE ONLY	
Client Id #		
OGO #		
Agent's Id #		

OPERATOR'S GENERAL INFORMATION FORM

Before completing this form, please read the instructions on the back. This information will be used to establish or verify our computer records about you or your organization as an oil or gas well operator in Pennsylvania. Any applicant who has not previously conducted business with the DEP Oil and Gas Program must submit this form when applying for an oil or gas approval/permit.

GENERAL OPERATOR INFORMATION		Enter the name and address under which you or your organization operate (and bond) oil and gas wells in Pennsylvania.				
Type of Organization / Code		Corporate, Company, Partnership or Registered Fictitious Name			Federal Tax ID#	
Individual or Partner - Last Name		First Name		MI	Suffix	Social Sec #
Individual or Partner - Last Name		First Name		MI	Suffix	Social Sec #
Individual or Partner - Last Name		First Name		MI	Suffix	Social Sec #
Mailing Address					<input type="checkbox"/> Check if this is a new address.	
City			State	ZIP+4	Country (If Other Than USA)	
Phone (Daytime)	Ext.	FAX	Email Address			
Person to Contact - Last Name		First Name		MI	Suffix	Title

Parent or Subsidiary Information	Any changes to business structure must be provided to the Oil and Gas Program within 30 days of the change. If there is currently no parent or subsidiary, check the applicable boxes below. If there is, you must attach the Ownership and Control form 8000-FM-OOGM0118.	
Check if no parent: <input type="checkbox"/>		Check if no subsidiaries: <input type="checkbox"/>

FIELD OFFICE	Fill in this part if the person or branch office responsible for operations in Pennsylvania is at a location other than the corporate address above.					
Person to Contact - Last Name		First Name		MI	Suffix	Title
Mailing Address						
City			State	ZIP+4	Country (If Other Than USA)	
Phone (Daytime)	Ext.	FAX	Email Address			

OPERATOR'S AGENT	Non-resident operators <u>only</u> must designate an agent who is a Pennsylvania resident (or corporation) to serve as the operator's corporate presence for service of legal process.				
Agent's Name		Mailing Address			<input type="checkbox"/> Check if only for change of current agent's address.
<input type="checkbox"/> Check if this is a new agent.		City	State	ZIP+4	Phone (Daytime)

CERTIFICATION	The undersigned certifies that the above information is correct as of this date, and until DEP is notified otherwise it applies to all future oil or gas well permit applications from this organization or individual.	
Signature	Type or print name and title of signer	Date