**Goldfields Gas Pipeline laterals User Access Request Form**

**Non-Scheme Pipelines**

This form, once fully completed and returned, represents an access request in accordance with rule 559 of the National Gas Rules.

**All mandatory fields marked with an \* MUST be completed.**

Once completed please email this form to:

[useraccessrequest@apa.com.au](mailto:useraccessrequest@apa.com.au)

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| **User Details** |
| **Customer Name\*** | |  |
| If acting as a trustee, partner, agent or any other representative capacity, please identify the other relevant persons to the request\* | |  |
| **Entity\*** | |  |
| **ABN/ACN\*** | |  |
| **Address\*** | |  |
| **City / Postcode\*** | |  |
| **Contact Name\*** | |  |
| **Contact Position\*** | |  |
| **Contact Email\*** | |  |
| **Contact Phone\*** | |  |
| Entity Credit Rating  (if applicable) | |  |
| **Credit Referee #1 Contact Name\*** | |  |
| **Credit Referee #1 Phone\*** | |  |
| **Credit Referee #1 Email\*** | |  |
| **Credit Referee #2 Contact Name\*** | |  |
| **Credit Referee #2 Phone\*** | |  |
| **Credit Referee #2 Email\*** | |  |
| **Credit Referee #3 Contact Name\*** | |  |
| **Credit Referee #3 Phone\*** | |  |
| **Credit Referee #3 Email\*** | |  |
| **Term Commencement Date\*** | |  |
| **Term End Date\*** | |  |

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| **Service Request Details** |
| **Service Type\*** | |  |
| **New or Existing Load\*** | |  |
| If New Load please provide detail | |  |
| **Provide evidence as to the timing and status of gas supply, the relevant project and/or requirement for requested pipeline capacity?\*** | |  |
| **Receipt Point Location\*** | |  |
| **Minimum Receipt\* Pressure (kPa)** | |  |
| **Maximum Receipt\* Pressure (kPa)** | |  |
| **Gas Specification\*** Conforms with Goldfields Gas Pipeline Gas Specification on APA website  (Yes/No) | |  |
| Entity Responsible for Delivery of Gas to Receipt Point (if other than the Prospective User) | |  |
| Address | |  |
| City / Postcode | |  |
| Contact Name | |  |
| Contact Position | |  |
| Contact Email | |  |
| Contact Phone | |  |
| **Delivery Point Location\*** | |  |
| **Minimum Delivery\* Pressure (kPa)** | |  |
| **Maximum Delivery\* Pressure (kPa)** | |  |
| Entity Responsible for Controlling Withdrawal of Gas at Delivery Point (if other than the Prospective User) | |  |
| Address | |  |
| City / Postcode | |  |
| Contact Name | |  |
| Contact Position | |  |
| Contact Email | |  |
| Contact Phone | |  |
| **Annual Quantity to be Transported (GJ/a)\*** | |  |
| **Maximum Daily Quantity to be Transported – MDQ\* (GJ/d)\*** | |  |
| **Maximum Hourly Quantity to be Transported – MHQ\* (GJ/h)\*** | |  |
| **Typical Daily Profile\*** (please attach graphically if possible) | |  |
| **Typical Weekly Profile\*** (please attach graphically if possible) | |  |
| **Typical Hourly Profile\*** (please attach graphically if possible) | |  |
| **Additional Details\***  (Please provide any additional details relevant to this request or mark as ‘not applicable’) | |  |