



# Mid West Pipeline 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:

[mark@cgeconsultants.com.au](mailto:mark@cgeconsultants.com.au)



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



<b>Service Request Details</b>	
<b>Service Type*</b>	
<b>New or Existing Load*</b>	
If New Load please provide detail	
<b>Provide evidence as to the timing and status of gas supply, the relevant project and/or requirement for requested pipeline capacity?*</b>	
<b>Receipt Point Location*</b>	
<b>Minimum Receipt* Pressure (kPa)</b>	
<b>Maximum Receipt* Pressure (kPa)</b>	
<b>Gas Specification*</b> Conforms with Mid West 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	
<b>Delivery Point Location*</b>	
<b>Minimum Delivery* Pressure (kPa)</b>	
<b>Maximum Delivery* Pressure (kPa)</b>	
Entity Responsible for Controlling Withdrawal of Gas at Delivery Point	

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(if other than the Prospective User)	
Address	
City / Postcode	
Contact Name	
Contact Position	
Contact Email	
Contact Phone	
<b>Annual Quantity to be Transported (GJ/a)*</b>	
<b>Maximum Daily Quantity to be Transported – MDQ* (GJ/d)*</b>	
<b>Maximum Hourly Quantity to be Transported – MHQ* (GJ/h)*</b>	
<b>Typical Daily Profile*</b> (please attach graphically if possible)	
<b>Typical Weekly Profile*</b> (please attach graphically if possible)	
<b>Typical Hourly Profile*</b> (please attach graphically if possible)	
<b>Additional Details*</b> (Please provide any additional details relevant to this request or mark as 'not applicable')	