INSTRUCTIONS

To apply for an exemption / variation to exemption / revocation of exemption for a non-scheme gas pipeline, complete the relevant Part of the application form.

* Part A – if a service provider (owner, operator or appointed joint-venture manager) of a non-scheme pipeline would like to apply for an exemption under the National Gas Rules as applied in Western Australia.
* Part B – if a service provider would like to vary a condition (or conditions) of a current exemption.
* Part C – if a person would like a current exemption revoked (*Note: The person does not need to be a service provider to apply for a revocation*).

If the application is made by an authorised agent, proof of authority is required for the agent to act on behalf of the named applicants.

Attach any additional information/documents that you consider substantiate the application.

Complete the Statutory Declaration form below (further information on witnessing documents is available at [www.courts.dotag.wa.gov.au](http://www.courts.dotag.wa.gov.au)).

Application forms (Part A, B or C) including any map showing the location of the pipeline will be included on the ERA’s public register. If you provide confidential information in your application, you must also provide a redacted application form that is suitable for publication on the ERA’s website (www.erawa.com.au).

Applications should be submitted electronically to [publicsubmissions@erawa.com.au](mailto:publicsubmissions@erawa.com.au) and marked attention Non-scheme Pipeline Administrator.

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| **PART A - APPLICATION FOR AN EXEMPTION** | | | | | | | |
| **APPLICANT(S)**  *(See Appendix A to register additional applicants)* | | | | | | | |
| LEGAL NAME: | |  | | ACN/ABN: | |  | |
| TRADING NAME:  *If different to legal name* | | | |  | | | |
| NORMAL BUSINESS ACTIVITY | | | |  | | | |
| REGISTERED POSTAL ADDRESS: | | | |  | | | |
| CONTACT PHONE NUMBER | | | |  | | | |
| **NON-SCHEME PIPELINE SUBJECT TO THIS APPLICATION** | | | | | | | |
| PIPELINE NAME: | | |  | | | | |
| PIPELINE LICENCE NUMBER(S): | | |  | | | | |
| LOCATION:  *Details may include start and end points of the pipeline. Provide a map of the site as an attachment.* | | |  | | | | |
| NAMEPLATE RATING:  *Maximum quantity of natural gas that can be transported through the pipeline in a day under normal operating conditions (if available).* | | |  | | | | |
| THROUGHPUT:  *Volume of actual throughput in previous 24 month period and expectation for next 12 month period.* | | |  | | | | |
| DESCRIPTION:  *Provide details of the pipeline operation including ownership of pipeline, purpose or use of gas, shipper(s) and user(s) of the gas. A list of supporting documents may be attached to this application to demonstrate how the pipeline meets the exemption criteria.* | | |  | | | | |
| **CATEGORY OF EXEMPTION**  Category 1: exemption from the access request and negotiations, and arbitration of access disputes provisions (Divisions 3 and 4 of Part 23 of the NGR).  Category 2: exemption from information disclosure provisions (Division 2 of Part 23 of the NGR).  Category 3: exemption from information disclosure provisions (Division 2 of Part 23 of the NGR), except for pipeline information and pipeline service information. | | | | | | | |
| Exemption sought  Tick all categories or criteria that apply. | ☐ | | Category 1  The non-scheme pipeline does not provide third party access | | | | |
| ☐  ☐ | | Category 2  The non-scheme pipeline does not provide third party access  OR  The non-scheme pipeline is a single shipper pipeline | | | | |
| ☐ | | Category 3  The average daily injection of natural gas into the non-scheme pipeline calculated over the immediately preceding 24 months is less than 10TJ/day | | | | |
| Have you previously been granted an exemption in relation to this non-scheme pipeline? | | | | | ☐ Yes | | ☐ No |
| DECLARATION  ☐ I confirm that all supporting documents, including the Statutory Declaration and map, are attached in this application.  ☐ I will notify the ERA if any circumstances change such that the non-scheme pipeline no longer qualifies for any exemption granted by the ERA. | | | | | | | |

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| **PART B – VARIATION TO A CONDITION OF AN EXISTING EXEMPTION** | | | | | |
| **APPLICANT(S)** - *(See Appendix A to register additional applicants)* | | | | | |
| LEGAL NAME: |  | | ACN/ABN: |  | |
| TRADING NAME:  *If different to legal name* | | |  | | |
| NORMAL BUSINESS ACTIVITY | | |  | | |
| REGISTERED POSTAL ADDRESS: | | |  | | |
| CONTACT PHONE NUMBER | | |  | | |
| **EXEMPTION SUBJECT TO THIS APPLICATION FOR VARIATION** | | | | | |
| PIPELINE NAME: | | | | |  |
| PIPELINE LICENCE NUMBER(S) | | | | |  |
| Relevant exemption category(ies): | | | | | ☐ Category 1  ☐ Category 2  ☐ Category 3 |
| Please set out the relevant condition(s) that you wish to vary on the existing approved exemption. | |  | | | |
| Please provide the reasons why the condition(s) should be varied and the proposed variation. Alternatively, attach a document setting these out. | |  | | | |
| All supporting documents to this application have been attached: | | ☐ Yes ☐ No If no, please explain: | | | |

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| **PART C – REVOCATION OF EXISTING EXEMPTION** | | | |
| **APPLICANT(S)** – *(See Appendix A to register additional applicants)* | | | |
| LEGAL NAME: |  | ACN/ABN: |  |
| TRADING NAME: If different to legal name |  | | |
| NORMAL BUSINESS ACTIVITY: |  | | |
| REGISTERED POSTAL ADDRESS: |  | | |
| CONTACT PHONE NUMBER |  | | |
| **NON-SCHEME PIPELINE SUBJECT TO THIS APPLICATION** | | | |
| PIPELINE NAME: | |  | |
| PIPELINE LICENCE NUMBER(S): | |  | |
| LOCATION | |  | |
| Relevant exemption category: | | ☐ Category 1  ☐ Category 2  ☐ Category 3 | |
| Please explain why the exemption should be revoked. You may include an attachment for additional information. | |  | |
| All supporting documents to this application have been attached: | | ☐ Yes ☐ No If no, please explain: | |

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| **APPENDIX A – ADDITIONAL APPLICANTS** | | | |
| **ADDITIONAL APPLICANT 1** | | | |
| LEGAL NAME: |  | ACN/ABN: |  |
| TRADING NAME: *If different to legal name* |  | | |
| NORMAL BUSINESS ACTIVITY: |  | | |
| REGISTERED POSTAL ADDRESS: |  | | |
| CONTACT PHONE NUMBER |  | | |
| **ADDITIONAL APPLICANT 2** | | | |
| LEGAL NAME: |  | ACN/ABN: |  |
| TRADING NAME: *If different to legal name* |  | | |
| NORMAL BUSINESS ACTIVITY: |  | | |
| REGISTERED POSTAL ADDRESS: |  | | |
| CONTACT PHONE NUMBER |  | | |

**STATUTORY DECLARATION**

**Western Australia**

***Oaths, Affidavits and Statutory Declarations Act 2005***

**Statutory Declaration**

I, ............................................................................................. {name of person making declaration}

of ............................................................................................ {address of person making declaration}

occupation …………………………………………………… {occupation of person making declaration}

sincerely declare as follows:

* + - 1. I am an officer or authorised representative of the applicant shown in the attached application form.
      2. I am duly authorised to make this application on the applicant’s behalf for an exemption under Division 6 of Part 23 of the National Gas Rules as applied in Western Australia.
      3. The information contained in the application form is true and accurate.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*

At ................................................................................... {place}

On …………………………………………………………... {date}

By ................................................................................... {Signature of person making the declaration}

in the presence of

.......................................................................................................... {Signature of authorised witness}

…………………………………………………………………………….. {Name of authorised witness}

........................................................................................................... {Qualification as such a witness}