



## *Louisiana Public Service Commission*

POST OFFICE BOX 91154  
BATON ROUGE, LOUISIANA 70821-9154  
Telephone: (888) 342-5717  
(225) 342-4439

[www.lpsc.louisiana.gov](http://www.lpsc.louisiana.gov)

### PETROLEUM PIPELINE CARRIER ANNUAL REPORT (PLEASE NOTE THIS FORM HAS CHANGED)

Attached you will find a blank **Annual Report Form**. It is the carrier's responsibility to obtain the annual report form each year and to file in a timely manner. It is required that the report be notarized and it is the **CARRIER'S RESPONSIBILITY** to be able to prove the report was mailed **PRIOR** to the due date; **April 30** of each year for those filing on a calendar year basis and one hundred twenty (120) days after the fiscal year has ended for those filing on a fiscal year basis. Carriers who file after the April 30<sup>th</sup> due date (or the 120-day date for fiscal carriers) are subject to a \$500.00 Late Filing Fee and a \$25.00 Citation Fee if the carrier is cited.

An **Extension** may be requested *in writing prior* to the deadlines above. You will be notified in writing if your request was accepted or denied.

#### **Definitions:**

**Gross intrastate revenue** includes the gross receipts derived in connection with Louisiana intrastate transportation, distribution, and delivery of liquid commodities.

**Intrastate operations and maintenance expenses** include salaries and wages, materials and supplies, outside services, operating fuel and power, and other expenses.

**LOUISIANA PUBLIC SERVICE COMMISSION**

*Transportation Division*

Post Office Box 91154; Baton Rouge, LA 70821-9154

Telephone: (888) 342-5717 or (225) 342-4439

LPSC Website: [www.lpsc.louisiana.gov](http://www.lpsc.louisiana.gov)

# PETROLEUM PIPELINE CARRIER ANNUAL REPORT

FOR THE REPORTING YEAR ENDING \_\_\_\_\_ 20\_\_\_\_

**PETROLEUM PIPELINE CARRIER'S GENERAL INFORMATION**

<b>Name</b>			
Mailing Address	City	State	Zip Code
Carrier's Area Code and Phone Number:	Carrier's Fax Number:		

**ANNUAL REPORT CONTACT INFORMATION** List person to whom communication concerning this report should be addressed

Name:			
Mailing Address	City	State	Zip Code
Area Code and Phone Number:	Fax Number:	E-Mail Address	

**TARIFF & REGULATORY CONTACT INFORMATION** List person to whom communication concerning tariffs should be addressed

Name:			
Mailing Address	City	State	Zip Code
Area Code and Phone Number:	Fax Number:	E-Mail Address	

**CALENDAR AND FISCAL YEAR INFORMATION** - You must provide Calendar or Fiscal Year Information

<input type="checkbox"/> Company's Tax reporting year is on a CALENDAR basis reporting January 01 to December 31 each year.
<input type="checkbox"/> Company's Tax reporting year is on a FISCAL basis reporting from _____ to _____ each year. <div style="text-align: center; font-size: small;">             _____ Month/Day                      to                      _____ Month/Day         </div>

**COMMODITIES TRANSPORTED INTRASTATE** - Check All That Apply

Crude Petroleum    Ethylene/Ethane    Propylene    Other: \_\_\_\_\_

**IMPORTANT INFORMATION:**

Please notarize this report and make a copy for your company records. It is advisable that you send the annual report through certified mail with a return receipt or acquire a certificate of mailing that is available through the U.S. Postal Service. It is the Carrier's responsibility to have proof of mailing.

A late fee of **\$500** will be assessed against your LPSC account for failure to file this report on or before your due date and if your company is cited an **additional \$25** will be assessed.

# GENERAL PETROLEUM PIPELINE CARRIER BUSINESS SUMMARY

(If additional space is needed for responses below you may attach separate sheets)

1. Carrier's Name: \_\_\_\_\_

2. Are the Louisiana regulated pipelines operated by someone other than the Carrier as listed above?  YES\*  NO

\*If you answered yes list the name of the operator: \_\_\_\_\_

3. List person upon whom legal process is to be served:

Name \_\_\_\_\_ Address \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

4. List Carrier's owner(s) **as of the end of this reporting year**, percentage of company they own and number of shares of stock held by each (if applicable) attach list, if necessary and company FEIN number:

Pipeline Carrier's Owner(s)	Percentage of Ownership	Number of Shares (if applicable)

**FEIN#** \_\_\_\_\_

5. Has a change in ownership occurred during this reporting year?  YES\*  NO

\*If you answered yes list the name of the new owner(s) and date of change: \_\_\_\_\_

6. Has the name of your company changed in any manner from the last reporting year?  YES\*  NO

\*If you answered yes above new name: \_\_\_\_\_ Date of change\* \_\_\_\_\_

7. Were there any pipeline segments constructed or any segment acquisitions or dispositions?  YES\*  NO

\*If you answered yes give details of the construction, acquisitions or dispositions and dates: \_\_\_\_\_

**NOTE** - If you answered yes to any of the items 5-7: **All name and/or ownership changes, new pipeline construction and/or transfer of a pipeline segment *must be filed* with the LPSC in accordance with General Order dated March 09, 2015. Please visit our web site, [www.lpsc.louisiana.gov](http://www.lpsc.louisiana.gov) for more information if you have not done so already. Also note that if your company is no longer operating Louisiana regulated pipelines you must attach a separate statement outlining and noticing the cancellation to this report.**

8. Please explain any unusual increases or decreases in operating revenues or expenses over preceding year's operations or explain any segments of pipelines that have been dormant during the report year and the reason they have been dormant:

**IF YOUR COMPANY REPORTED \$0 INTRASTATE LOUISIANA REVENUE ON PAGE 3 YOU MUST EXPLAIN HERE:**

CARRIER NAME: \_\_\_\_\_

Period Covering Revenue From \_\_\_\_\_ to \_\_\_\_\_

**FINANCIAL STATEMENT  
(LOUISIANA INTRASTATE REVENUE AND EXPENSES)**

Louisiana "Gross Intrastate" Revenue

\$

Louisiana "Operations and Maintenance" Expenses

\$

**PLEASE NOTARIZE THIS REPORT OR IT WILL BE CONSIDERED INCOMPLETE**

SWORN STATEMENT OF COMPANY REPRESENTATIVE

STATE OF \_\_\_\_\_

PARISH/COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally came and appeared \_\_\_\_\_, who, after being duly sworn, did depose and say that his/her title or position is \_\_\_\_\_ and he/she has examined this report and attachments, and they are true, correct, and complete.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Carrier's Representative

\_\_\_\_\_  
Printed Name Of Carrier's Representative

\_\_\_\_\_  
NOTARY PUBLIC    Signature and Notary Number & Seal

**It is the Carrier's responsibility to have proof of mailing this report prior to the due date.**

**After completion of this report, send it to:**

Louisiana Public Service Commission - Transportation Division P.O Box 91154; Baton Rouge, LA 70821 (Mailing address using US Postal Service ONLY )  
Please send this report priority, certified with a receipt requested or obtain a "certificate of mailing".

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**You may send this report by "overnight priority" using FEDEX or UPS to our physical location:**

Louisiana Public Service Commission Galvez Building 12<sup>th</sup> Floor- Transportation Division 602 North 5<sup>th</sup> Street Baton Rouge, LA 70802