PRINT

DIVISION OF MINERAL RESOURCES
625 BROADWAY - 3RD FLOOR, ALBANY, NEW YORK 12233-6500

OFFICE FILE NUMBER

ORGANIZATIONAL REPORT

NEW YORK STATE OF OPPORTUNITY. Department of Environmental Conservation

INCOMPLETE FORMS ARE NOT ACCEPTABLE AND WILL BE RETURNED FOR COMPLETION

1. FULL NAME AND COMPLETE MAILING ADDRESS OF THE ENTITY; INCLUDE NAME AND TITLE TO WHOM ALL CORRESPONDENCE SHOULD BE SENT.

EMAIL ADDRESS:
TELEPHONE ( )
FAX NUMBER ( )

2. FULL NAME AND COMPLETE MAILING ADDRESS OF **AGENT IN NEW YORK** WHO CAN BE SERVED ORDERS, NOTICES AND PROCESSES OF THE DEPARTMENT OR ANY COURT OF LAW. POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE.

EMAIL ADDRESS:
TELEPHONE ( )

3. TYPE OF ACTIVITY (Check those that apply)

- ☐ PRODUCTION–Oil, Gas, Injection or Geothermal Well(s)
- ☐ STORAGE–Underground Gas or LPG Facility
- ☐ PURCHASING–Of Oil or Gas from Others
- ☐ TRANSPORTATION–By Truck or Pipeline for Others
- ☐ PLUGGING–Plug and Abandon Wells for Others
- ☐ DRILLING–Drill Wells for Others
- ☐ SOLUTION MINING–Own/Operate Facility
- ☐ BRINE DISPOSAL–Own/Operate Facility
- ☐ STRATIGRAPHIC–Own Well or Hole
- ☐ SURFACE MINING–Own/Operate Facility
- ☐ UNDERGROUND MINING–Own/Operate Facility

4. STATE WHETHER THE ENTITY IS A CORPORATION, LIMITED LIABILITY COMPANY, ASSOCIATION, PARTNERSHIP, INDIVIDUAL, PUBLIC AUTHORITY OR GOVERNMENTAL AGENCY, OR TRUST. IF FOREIGN (OUT-OF-STATE) CORPORATION, GIVE STATE AND DATE OF INCORPORATION AND DATE OF AUTHORIZATION TO DO BUSINESS IN NEW YORK STATE. IF PARTNERSHIP, STATE WHETHER GENERAL OR LIMITED AND COUNTY OF FILING. IF DBA, GENERAL PARTNERSHIP OR ASSUMED NAME OF A LIMITED LIABILITY PARTNERSHIP, GIVE COUNTY OF FILING.

5. IF THE NAME ENTERED IN BOX 1 IS NEW, INCLUDE THE COMPLETE NAME AND ADDRESS OF THE PREVIOUS ENTITY.

6. IF ENTITY IS A CORPORATION OR ASSOCIATION, LIST **ALL** DIRECTORS **AND ALL** OFFICERS. IF A PARTNERSHIP, LIST **ALL** GENERAL **AND ALL** LIMITED PARTNERS. IF A LLC, LIST **ALL** MEMBERS. CHECK BOX IF ADDITIONAL SHEETS ARE ATTACHED. ☐

NAME	TITLE

7. LIST ALL PERSONS AUTHORIZED BY THE ENTITY TO SIGN ALL SUBMITTALS TO THE DEPARTMENT. AT LEAST ONE PERSON MUST BE LISTED.

NAME	TITLE

I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief. I am aware any false statement made in this report is punishable pursuant to Section 210.45 of the Penal Law.

TYPE OR PRINT NAME OF AUTHORIZED PERSON		SWORN TO AND SUBSCRIBED BEFORE ME, THIS _____ DAY OF _____ 20 _____ NOTARY PUBLIC	
SIGNATURE	DATE		