FOR OFFSHORE/OUT-OF-STATE OPERATORS and COMMERCIAL DISPOSAL FACILITIES ONLY

INSTRUCTIONS

EP 2016 Form OR-1: Organization Report Registration Fee $0.00

WHO IS TO FILE THE FORM EP-OR-1

Each entity performing operations within the jurisdiction of the Office of Conservation must file annually. A separate Form OR-1, and appropriate fee (if applicable), must be filed for each type of operation.

WHEN TO FILE THE FORM EP-OR-1

Form OR-1 must be filed and be approved prior to initial date of operation by any entity with whom the Office of Conservation has jurisdiction or must be filed when the organization name, contact person, officer and/or any address listed on approved Form OR-1 is being changed. Initial filing shall be valid for the first calendar year.

Form OR-1 must be re-filed annually by the date specified. The Office of Conservation will provide a renewal notice by mailing a blank Form OR-1. Update any changes by entering them in the proper areas: where no changes occur, enter the word "SAME". SIGN and DATE the OR-1 and return to the Office of Conservation in Baton Rouge by Monday, January 4, 2016. Use of the organization identification number for manifesting E&P Waste generated in Federal offshore or out-of-state locations without submission of EP 2014 Form OR-1 will be considered a violation of LAC 43:XIX.Subpart 1. Chapter 5 subject to appropriate enforcement actions.

HOW TO COMPLETE THE 2016 EP FORM OR-1

1. Check the proper block to show the purpose of filing.

2. Your permanent code number is assigned upon initial filing of your EP FORM OR-1. If you change your organization name, a new number will be assigned; do not give your previously assigned OOC Code Number in this space (See No. 9).

3. Check proper block to show type of operation. A separate Form OR-1 , and appropriate fee, must be filed for each type of operation.

3a. Please indicate the Initial Date of Operation in Louisiana.

4. Check the appropriate Plan of Organization. Select one only.

5. Reserved

6. Provide the official name of your organization as carried on Office of Conservation records. The information in this section is required pursuant to R.S. 30:4b. ALL OF THIS INFORMATION MUST BE PROVIDED. Each name and address line is limited to 30 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.

6a. Provide the MAIN address and primary CONTACT PERSON for the organization. Complete 6a with the Official Organization Name, the Main Address of the Organization, the Primary Contact Person's Name, Phone Number, Fax Number, and E-mail Address.

6b. Provide the EMERGENCY CONTACT information for the organization. Complete 6b with the Emergency Contact Address, the Emergency Contact Person's Name, Phone Number, Fax Number, and E-mail Address. If the information is the same as 6a, check the block titled "Mark here if same as 6a".

6c. Provide the contact information for matters regarding ENVIRONMENTAL concerns. Complete 6c-6e with the Address, Contact Person's Name, Telephone Number, Fax Number and Email Address to which the requested Correspondence should be directed. If the information is the same as 6a, check the block titled "Mark here if same as 6a".

7. Provide the full legal names of ONLY the THREE highest ranking officers of the organization (AGENTS ARE NOT ACCEPTABLE). Do not attach a listing of additional officers. If the Current Plan of Organization (No. 4) was marked as "Individual", then only first Primary Officer should be completed and the address may be the same as the information completed in No. 6a.

8. If you have changed your organization name, give the previous name of the organization, as well as the previously assigned OOC Code Number.

IF YOU HAVE ANY QUESTIONS PLEASE CALL DARYL WILLIAMS AT (225) 342-7286.

RETURN TO: DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL DIVISION – 8th FLOOR
P.O. BOX 94275
BATON ROUGE, LA. 70804-9275

ORGANIZATION REPORT FOR OFF-SHORE/ OUT-OF-STATE OPERATORS & COMMERCIAL DISPOSAL FACILITIES ONLY 2016 FORM EP-OR-1

READ THE INSTRUCTIONS • COMPLETE ENTIRE FORM

1. Purpose of Filing: _____ Initial Filing _____ Change of Address/Contact/Officer _____ Annual Refiling _____ Organization Name Change

2. OOC Code Number:

3. Type of Operation: _____ Offshore/Out-of-State Operator _____ Disposal Operator (Type A, Type B, or Transfer Station)

3a. Initial Date of LA Operation:

4. Current Plan of Organization (Select ONLY ONE): _____ Corporation - State Where Incorp _____

_____ Individual _____ Joint Venture _____ Partnership _____ Trust _____ LLC

6a. Organization - Name & Mailing Address

Contact Person for Organization: _____

Phone Number: _____

Fax Number: _____

E-Mail Address (Required): _____

6b. EMERGENCY Contact Address

☐ Mark here if same as 6a

Contact Person for Emergency: _____

Phone Number: _____

Fax Number: _____

E-Mail Address (Required): _____

6c. Address to which ENVIRONMENTAL correspondence should be directed:

☐ Mark here if same as 6a

Contact Person: _____

Phone Number: _____

Fax Number: _____

E-Mail Address (Required): _____

7. Three Primary Officers FULL LEGAL NAME (If Individual, only one Officer necessary)

(1) Name: _____

Address: _____

Title: _____

(2) Name: _____

Address: _____

Title: _____

(3) Name: _____

Address: _____

Title: _____

8. If a change of organization name, give previous name, OOC code number and the desired effective date of the company name change:

Name: _____ OOC Code Number: _____ Eff. Date: _____

9. Each registered organization shall notify this Office, in writing, following the filing of a voluntary petition for bankruptcy under any Chapters of Title 11 (Bankruptcy) of the United States Code (11 U.S.C.) by or against. The notification will indicate the name of the court and date of filing.

CERTIFICATE: I DECLARE UNDER PENALTIES AS PRESCRIBED IN LRS 30:17, THAT I AM AUTHORIZED TO MAKE THIS REPORT, THAT THIS REPORT WAS PREPARED BY ME OR UNDER MY SUPERVISION AND DIRECTION, AND THAT DATA AND FACTS STATED THEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ PRINTED NAME _____ TITLE _____ DATE

_____ SIGNATURE _____ TELEPHONE NUMBER

FOR OFFICE OF CONSERVATION USE ONLY

DATE: _____ APPROVED BY: _____