

# OPERATOR/PRODUCER AGENT AUTHORIZATION FORM

Date

Attention: Nominations and Scheduling  
Email: CUSO\_Interstate@EnergyTransfer.com

## AUTHORIZING ENTITY:

(Authorizing Company Name) authorizes  
 (Agent Company Name) to perform all  
Operator functions (including Confirmations and setting Pre-determined Allocation Methods) and/or Producer functions (including  
access to all Producer level information) for the Location(s) listed below. This authorization is effective on   
and remains in effect until further written notification is received by the pipeline(s).

<input type="checkbox"/> EGT Change the Operator Agent on EGT Location(s) where this entity is Location Operator <input type="checkbox"/> Operator	<input type="checkbox"/> MRT Change the Operator Agent on MRT Location(s) where this entity is Location Operator <input type="checkbox"/> Operator
<input type="checkbox"/> All Locations or <input type="checkbox"/> Specific Locations (please list): <input type="text"/>	<input type="checkbox"/> All Locations or <input type="checkbox"/> Specific Locations (please list): <input type="text"/>
Contact for EGT Confirmation Reports: <input type="checkbox"/> Email	Contact for MRT Confirmation Reports: <input type="checkbox"/> Email

<input type="checkbox"/> EOIT Change the Operator Agent on EOIT Location(s) where this entity is Location Operator <input type="checkbox"/> Operator	<input type="checkbox"/> Gulf Run Change the Operator Agent on Gulf Run Location(s) where this entity is Location Operator <input type="checkbox"/> Operator
<input type="checkbox"/> All Locations or <input type="checkbox"/> Specific Locations (please list): <input type="text"/>	<input type="checkbox"/> All Locations or <input type="checkbox"/> Specific Locations (please list): <input type="text"/>
Contact for EOIT Confirmation Reports: <input type="checkbox"/> Email	Contact for Gulf Run Confirmation Reports: <input type="checkbox"/> Email

## AGENT INFORMATION:

Company:   
Contact:   
Phone:  Alt. Phone  Fax  Email

## AUTHORIZED BY:

Company:   
Signed By: \_\_\_\_\_ Please sign after printing  
Type/Print Full Name  Title   
Address:   
Phone:  Alt. Phone  Fax  Email