

TRANSGAS LIMITED

500-1777 Victoria Ave, Regina, Sask. S4P 4K5 Phone (306) 777-9489 Fax (306) 525-3422

REQUEST FOR REGISTERED QUEUE POSITION Delivery Transportation Service

Applicant :

Telephone:

Address:

Fax:

Postal Code:

Contact Name:

Email Address:

Requested Capacity for a Queue Position

Delivery Point (Legal Desc or Street Address)	Requested Capacity GJ/day	Minimum Capacity GJ/day	In-Service Date Requested
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TransGas Use Only

Capacity Subject to Queue Deposit GJ/day	Queue Deposit Required \$
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TOTALS

Request Received Date: _____
File Number Assigned: _____

Request for Queue Position Term

Contract Term requested: ____Year(s) (minimum 1 year required for a queue position)

May TransGas identify your company by name when publishing the TransGas Queue List?

Yes

No

Please Initial

Requested and Acknowledged by : _____

Date : _____

The Applicant acknowledges having reviewed the Tariff which contains the TransGas Queue Policy currently in force; provided, however, that it is understood and agreed that TransGas Limited may change its Queue Policy without notice, however, such new TransGas Queue Policy shall be binding on the Applicant once it is available for review on the TransGas website.

The Applicant acknowledges and agrees that this Request for Registered Queue Position Form will not be considered complete and will not be processed by TransGas until the Applicant has signed a TransGas Service Agreement.