Description of the Procedure for Execution of Works in the Natural Gas Transmission System Objects (Devices) and / or their Protection Zone

Annex 7

**REQUEST**

**FOR THE RESPONSE TO THE PERFORMANCE OF THE NATURAL GAS TRANSMISSION SYSTEM ON THE OBJECT (DEVICE) AND ITS SECURITY AREA**

**SUPPLEMENT/VALIDITY TERM EXTENSION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   | **No.** |  |  |  |
|   |   | (date) |   |  |  |  |  |
|   |   |   |  |  |  |  |
| Requesting Company (Person) |  |  |
|  |
| □ | **Addition of a list of employees for** consent to work performed in a natural gas transmission system object (facility) and its protection zone |
| □ | **Extension of the term of validity** of the granted consent for the work performed on the natural gas transmission system object (facility) and its protection zone |
| □ | For harmonization of new **subcontractors**  |
|   |   |
| Additional or extended consent no. |   |  |  |
|   |
| Additional staff: |  |  |  |
| No. | Duties | Name, surname | Qualification document, No, expiration date | Expiry date for the right to perform work in the environment of natural gas\* |
| 1 |   |   |   |   |
| 2. |   |   |   |   |
| 3. |   |   |   |   |
| \* - to be filled only by employees, who have the right to work in the natural gas environment. |
|   |
| Added: |
| □ \*\* Copy of the Order *(if the employees are specified in the Order are changed)* ; |
| □ \*\* Copies of documents certifying staff qualifications. |
| \* *mark attachments* |
|  |
| List of subcontractors involved in these works: |
| No.  | Company name | Address | Contact telephone number | Works that are done |
| 1.
 |  |  |  |  |
| 1.
 |  |  |  |  |
|  |
| Reason for extension:  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| You are asked to extend your consent until |  |  |  |  |  |  |
|   | (date) |  |  |  |  |  |  |
|   |
|   |
| Name, surname, position, signature of the head of the company (person) or his authorized person |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**To be filled by AB ‘Amber Grid’ employee**

|  |  |  |  |
| --- | --- | --- | --- |
| We agree with:  |   |   |   |
| □ | Request for **staff addition** |   |
| □ | **Request for an extension** of **validity** |   |
| □ | **Adding a** new **subcontractor to the works** |   |
|  |   |   |  |
|  |   |   |  |
|  | I agree |   |  |
|  |   | (position, signature, name, surname) |  |
|  |   |   |  |
|  | I agree |   |  |
|  |   | (position, signature, name, surname) |  |
|  |   |   |  |
|  | I confirm |   |  |
|  |   | (position, signature, name, surname) |  |
|  |  |  |  |  |  |  |  |