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 | | | |
|  | | |  | |  | | | | | |  | | | | | | | | | | |  | | | |
|  | | |  | |  | | | | | |  | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | |  |
|  |  |  |  |  |  |  |  |