FLORIDA GAS TRANSMISSION COMPANY, LLC
An Energy Transfer/Kinder Morgan Affiliate

DESIGNEE REQUEST FORM

Please Send Requests To: **Florida Gas Transmission Company**
Attn: FGT Contract Administration
1300 Main Street
Houston, TX 77002
Or Fax to: **(713) 989-1150**

_____ ("Shipper") hereby notifies Florida Gas Transmission Company, LLC ("FGT") that it has designated _____ ("Designee") as its designee to perform the following obligations of Shipper under its Transportation Agreement(s) with FGT beginning on _____ through _____ for FGT contract number(s) which may include Delivery Point Operating Account(s): _____, _____, _____, _____, _____, _____, _____, _____, _____.

("X" all those that apply)

Invoicing/Payment Obligations ☐ **Capacity Release Program** ☐

Nominations
Receipt Point(s) ☐ Zone 1 ☐ Zone 2 ☐ Zone 3 ☐
Delivery Point(s) ☐ Primary Delivery Point DRN No. *(if applicable)* _____

Confirmations
Receipt Point(s) ☐ Zone 1 ☐ Zone 2 ☐ Zone 3 ☐
Delivery Point(s) ☐ Primary Delivery Point DRN No. *(if applicable)* _____

Imbalance Resolutions
Receipt Point(s) ☐ Zone 1 ☐ Zone 2 ☐ Zone 3 ☐
Delivery Point(s) ☐ Delivery Point Operator Account No. *(if applicable)* _____

FGT shall have the right to rely on written and verbal communications from Designee for all purposes for the duties specified above. Shipper agrees to defend and hold FGT harmless from all of Designee's actions.

Communications by FGT to Designee shall be deemed to be notice to Shipper for all purposes for the duties specified above.

Designee agrees to perform its duties consistent with FGT's FERC Tariff. Shipper shall remain liable for any and all actions or failure to act of Designee and shall remain responsible for all liabilities and charges under each of the Agreements specified herein.

SHIPPER INFORMATION
(Full Company Legal Name)

SHIPPER: _____

Address: _____

City: _____ State _____ Zip _____

Contact: _____

City: _____ State _____ Zip _____

Shipper hereby agrees to the terms and conditions herein.

Signed By: _____

Title: _____

DESIGNEE INFORMATION
(Full Company Legal Name)

DESIGNEE: _____

Address: _____

City: _____ State _____ Zip _____

Contact: _____

City: _____ State _____ Zip _____

Designee hereby agrees to the terms and conditions herein.

Signed By: _____

Title: _____

FOR INTERNAL USE ONLY		
Request Received on:	**Processed By:**	**Accepted by FGT on:**