

Illinois Department of Natural Resources Office of Oil and Gas Resource Management



One Natural Resources Way Springfield, Illinois 62702-1271 www.dnr.illinois.gov

MAILING ADDRESS VERIFICATION (All information must be completed).

(217) 782-7756

PERMITTEE STATUS REPORTING FORM **OG-01**

		-	_			
F	PERMITTEE #:					
	NAME:					
	ADDRESS:					
CITY:			STATE:		ZIP CODE:	
	PHONE #:		FAX #:			
	EMAIL ADDRESSES:					
	OGRM will allow up to three email addresses. ively, the email addresses must contain 100 or les characters.	s				
oermitte ensure 1	nt to 62 III.Adm.Code Section 240.1710, permittee ees are required to provide any address changes to forwarding of mail from the previous address.	o the Department within 30 day	s after the effective date of the			
	nittee Status (All applicable in		I imited Lia	bility	Oll	
	Identify your business structure:	(individual owner)	Corporation	Partnership	Other	
۷.	Does the Permittee name listed production from the wells shown a. If NO, explain the relation allocate production.	on the Fee Bill?	YES NO	•		
3.	Is the Permittee name listed on t	he Annual Well Fee I	Bill an assumed busi	iness name? YES	NO	
0.	a. If YES, is the assumed be Act? YES NO	ousiness name regist			ss Name	
	b. If YES, in what County cc. Doing Business As (d/b/					
4.	Does the Permittee have a Fede	Does the Permittee have a Federal Employee Identification Number (FEIN)?				

a. Complete Legal Name: b. Social Security Number:

a. If YES, the Permittee is required to report the FEIN:

5. If the Permittee is a Sole Proprietorship (Individual Owner) provide the following:

Permittee Status (continued) 6. If the Permittee is a Corporation or Limited Liability (Company (LLC), provide the following:			
a. Is the Corporation or LLC registered to do business in Illinois?				
b. List Registered Agent:				
	<u>Name</u>			
c. List complete legal names of Corporate o	Address fficers or LLC members or managers:			
<u>President</u>	<u>Manager</u>			
<u>Vice President</u>	<u>Member</u>			
<u>Secretary</u>	<u>Member</u>			
<u>Treasurer</u>	<u>Member</u>			
d. List Secretary of State Corporation / LLC	file number:			
7. If the Permittee is a Partnership provide the following	g:			
a. Type of Partnership:				
b. Doing Business As (d/b/a):				
c. List complete legal names of Partners (s.s	S.# is voluntary): S.S.#			
	S.S.#			
	S.S.#			
	S.S.#			
8. If the Permittee is an entity other than a Corporation describe the nature of the Permittee's organization:				
ist helpwithe complete legal name(s) of person(s) having curry	ont Dowar of Attornov with authorization to sign applications			

List below the complete legal name(s) of person(s) having current Power of Attorney with authorization to sign applications, bonds, etc... on your (or company/corporation) behalf and provide a certified copy of the Power of Attorney.

<u>Complete Legal Name of Person Completing Form for the Permittee (please print – person must have authority to complete and sign form for the Permittee)</u>

 $\underline{Signature\ of\ Person\ Completing\ Form}$

Date of Signature

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 225 ILCS 725 et.seq. Disclosure of this information is REQUIRED. Failure to provide any information may result in a fine up to \$250.