|  |
| --- |
| Instructions for use1. This form is for use by owners/operators as a submission check and cover page for verification reservation submissions to the CER.
2. Owners/operators should complete all parts as a checklist to ensure all items have been addressed/included as part of the submission.
3. Both the scanned hard copy of this form and the electronic version should be included as part of the application.
 |
| Part 1(a) **–** Owner/Operator Details |
| Installation name: | *Click here to enter text* |
| Owner/Operator of Installation: | *Click here to enter text* |
| Owner/Operator Postal Address: | *Click here to enter text* |
| Owner/Operator Telephone**:** | *Click here to enter text* |
| Owner/Operator Email Address: | *Click here to enter text* |
| Part 1(b) – Owner Details – Point of Contact |
| Point of Contact Name: | *Click here to enter text* |
| Address | *Click here to enter text* |
| Email: | *Click here to enter text* |
| Telephone: | *Click here to enter text* |
| Part 2 – ICB Details |
| Name (legal and / or trading) | *Click here to enter text* |
| Registered Address | *Click here to enter text* |
| Tel | *Click here to enter text* |
| Fax | *Click here to enter text* |
| Email | *Click here to enter text* |
| Contact Person  | *Click here to enter text* |
| Part 3 – Verification Scheme Details |
| [ ]  | Well Verification Scheme  | **Stage** | *(e.g. Design, Well Work, Production, Suspension, Abandonment* |
| [ ]  | Facilities Verification Scheme  | **Stage** | *(e.g. Design, Construction, Operations)* |
| Part 4 – Anomaly Raised by the ICBDetail the anomaly raised by the ICB. |
| *Click here to enter text.* |
| Part 5 – Reservation DetailsProvide details of the Reservation Context including details of the performance standard and verification scope to which the reservation arose. Please attach all relevant document to this form. |
| *Click here to enter text* |
| **Part 6 –Declaration**Complete all fields in Part 8 |
|  I *Name* , *Job Title*, **HEREBY CONFIRM AND DECLARE:*** 1. that I am authorised to make this submission on behalf of

*Company Name** 1. that the information provided in this form (and in all supporting document) is true, complete, accurate and not misleading in all respects.

Signed by:Print Name: Date: |

## Applications can be submitted:

**Via Secure File Transfer (preferred system)**

 <https://portal.cer.ie>

 contact the CER to obtain log in details

**or Via email**

 petroleumsafety@cer.ie

**or posted**

 Safety Case Lead,

 Petroleum Safety Framework,

 Commission for Energy Regulation,

 The Exchange,

 Belgard Square North,

 Tallaght,

 Dublin 24.

It is CER’s preference that:

* Electronic documents are
	+ Clearly labelled
	+ In A4 format;
	+ Adobe Portable Document Format (PDF)
	+ Text searchable
	+ A single file;
* Drawings are rendered in PDF and included at sufficient size to ensure readability; and
* Electronic copies are not protected in any way.

The portal provides for an unlimited attachment size, while email only provides for 10Mb per message. There are no set limits on the number of documents that may be attached to each message. It is often more convenient to combine a large number of documents into a ZIP archive to be attached to a message, as this reduces the number of steps in preparing a submission.

**Freedom of Information**

The CER is subject to the Freedom of Information Act 2014 and undertakes to treat as confidential any information supplied as part of this application, subject to the obligations under law. If the application contains commercially sensitive information which the applicant wishes not to be disclosed, the applicant should indicate these components when replying, specifying the reasons for its sensitivity. The CER will consult with the applicant before making a decision on any Freedom of Information request received involving any sensitive information that the applicant may have supplied