

**APPLICATION FOR SERVICE
ASSIGNMENT**

ASSIGNOR INFORMATION

Name of Customer: _____
 MNEC: _____
 Contact Person: _____
 Telephone: _____
 Fax: _____
 Service Type: FT-R _____
 FT-D1 _____
 FT-D2 _____
 FT-P _____
 FT-RN _____
 LRS _____
 OS _____

ASSIGNEE INFORMATION

Name of Customer: _____
 MNEC: _____
 Contact Person: _____
 Telephone: _____
 Fax: _____
 Location **Name and Number**: _____

 Effective Date: _____
 Permanent _____ Temporary _____
 Temporary Assignment End Date: _____
 Allow TA to be transferred: **Y N** (Circle One)
 If yes, Assignor acknowledges that early reversion may not be available
 in the event that this assignment is terminated prior to the end date.

Please Select ONE of the following:

Not to exceed request on selected contract

CONTRACT NUMBER	VOLUME

Full request on selected contract

CONTRACT NUMBER

Retain request on selected contract

CONTRACT NUMBER	VOLUME

Are any of the assignments related to a transfer request? Yes _____ No _____
 (If Yes, please indicate which Contracts above by marking with an asterisk)

ASSIGNOR SIGNATURE

**Please Fax to: 403.920.2303 or
 Email to: NGTL_contracting@tcenergy.com**