



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 OFFICE OF OIL AND GAS MANAGEMENT

**OIL AND GAS OPERATOR
 OWNERSHIP AND CONTROL INFORMATION**

PLEASE TYPE OR PRINT

GENERAL OPERATOR INFORMATION		Enter the name and address under which you or your organization operate oil and gas wells in Pennsylvania which must be the same name as is providing the bond.			
Corporate, Company, Partnership or Registered Fictitious Name EQT CHAP, LLC		Type of Organization / Code LLC		Federal Tax ID# 20-8243540	
Individual or Partner - Last Name		First Name		MI	Suffix
Mailing Address 625 Liberty Ave, Ste 1700					<input checked="" type="checkbox"/> Check if this is a new address.
City Pittsburgh		State PA	ZIP+4 15222	Country (If Other Than USA)	
Phone (Daytime) 724-746-9023		Ext.	FAX	Email Address regulatory@eqt.com	
Person to Contact - Last Name Klaner		First Name Todd		MI	Suffix
					Title Manager - Permitting
<p>If the applicant is an individual or partnership operating under a name that is different than your full personal name, the name must be registered as a fictitious name with the Department of State. Please attach a copy of your APPROVED fictitious name registration. <input type="checkbox"/> Registration attached <input type="checkbox"/> Registration previously submitted and still active.</p>					
<p>If the applicant is a domestic or foreign corporation or limited liability company, it must be registered to conduct business in Pennsylvania with the Department of State. Please attach a copy of your APPROVED corporate registration or authorization to conduct business in Pennsylvania.</p> <p><input checked="" type="checkbox"/> Registration attached <input type="checkbox"/> Authorization to conduct business in PA attached <input type="checkbox"/> Registration previously submitted still active</p>					
<p>If the applicant has NO parent company, check the following box.</p> <p><input type="checkbox"/> No parent.</p> <p>If the applicant has a parent company, include the following information for the parent company: the name of the company, its address, phone number, taxpayer ID No., and state of incorporation, if the company is a corporation.</p>					
Name <u>EQT Corporation</u>			Phone No. <u>(844) 378-5263</u>		
Address <u>625 Liberty Ave., Ste 1700</u>			Taxpayer ID No. <u>25-0464690</u>		
<u>Pittsburgh, PA 15222</u>			If corporation, state of incorporation <u>PA</u>		

If the applicant has **NO subsidiaries**, indicate by checking the following box.

No subsidiary.

If the applicant has **one or more subsidiaries**, include the following information for each subsidiary company: the name of the company, its address, phone number, taxpayer ID No., and state of incorporation, if the company is a corporation.

Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____
Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____
Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____
Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____

(Attach additional sheet, in the same format, if necessary.)

SIGNATURES

Under penalty of law, the undersigned hereby certify that they have the authority to submit this application on behalf of the applicant, that they have reviewed the information contained in this application and certify that the information is true and correct to the best of their knowledge and belief.

EQT CHAP, LLC

(Print Name of Applicant)

Todd Klaner Manager - Permitting

(Print Name & Title of Signatory)

(Signature)

2/3/2021
Date

Please call 717-772-2199 with any questions.