



UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

Pipeline ROW Grant Application

* MMS Region

GOM PAC AK

* Contact Name

(First Name) (Last Name)

* Phone Number

(Area Code + Number)

* Applicant Name

(Company)

* MMS Company Number

* Pipeline Originating Area

* Pipeline Originating Block

* Pipeline Terminating Area

* Pipeline Terminating Block

* Pipeline Length

(Miles 0.00)

* Rental Years

Accessory Rental Payment

* Application Fee

* Total Payment Amount

* Select Payment Type

Credit Card ACH Debit