



AFMSS 2 Operator Account Form

PLEASE TYPE ALL INFORMATION (*handwritten forms that cannot be read will not be processed*)

The following information is **required** to enter your company into the Automated Fluid Minerals Support System database in order to be able to file electronically with the BLM. Please provide only business contact information.

-For Production Accounts-

GENERAL BUSINESS INFORMATION for Operator/Company

Your Company's Legal Name (Name on the Bond)	
Street Address	
PO Box	
City	
State	
Zip Code	
Telephone Number	
EMAIL ADDRESS: Note: cannot be a web address	

CHECK ONE OF THE FOLLOWING:

OPERATOR:	<input type="checkbox"/>	A Designation of Agent Letter for Each Operator must be submitted with this form (submitted w/NOS filing)
PERMIT AGENT:	<input type="checkbox"/>	

IF PERMIT AGENT: please list all the operators you work with and their business address

Operator Name you are Permit Agent for:	
Street Address	
PO Box	
City	
State	
Zip Code	
Phone Number	

Operator Name you are

Permit Agent for:

Street Address

PO Box

City

State

Zip Code

Phone Number

**USER BUSINESS CONTACT INFORMATION: AT LEAST ONE
USER MUST BE LISTED**

Name	
Title	
Street Address	
PO Box	
City	
State	
Zip Code	
Telephone Number	
Email Address	

Name	
Title	
Street Address	
PO Box	
City	
State	
Zip Code	
Telephone Number	
Email Address	

Name	
Title	
Street Address	
PO Box	
City	
State	
Zip Code	
Telephone Number	
Email Address	

Name	
Title	
Street Address	
PO Box	
City	
State	
Zip Code	
Telephone Number	

Email Address	
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Name	
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Title	
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Street Address	
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PO Box	
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City	
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State	
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Zip Code	
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Telephone Number	
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Email Address	
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Name	
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Title	
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Street Address	
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PO Box	
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City	
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State	
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Zip Code	
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Telephone Number	
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Email Address	
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