

REGISTRATION FORM

Registration Type		
Please check whether you will be the Owner of equipment placed in the ROW or a Contractor wishing to work in the ROW. If other, please explain in next section.	<input type="checkbox"/> Equipment Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other (Explain)	Are you a new applicant or updating information? <input type="checkbox"/> Update <input type="checkbox"/> New

REGISTRANT INFORMATION (Company Information)

Name _____ Address _____ _____ City _____ State _____ Zip Code _____ Phone No. (____) _____ Fax No. (____) _____ E-Mail Address _____	If you checked other in Registration Type, please explain below: _____ _____
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One Call Information (If Applicable)

Registration Number _____	ID Number (If Contractor) _____
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LOCAL REPRESENTATIVE

Local Contact Person that can Speak for Company that is authorized to accept official notices from the County and act as agent for the Registrant.

Name _____	Phone No. (____) _____
Address _____	Fax No. (____) _____
_____	E-Mail Address: _____
City _____ State _____ Zip Code _____	

24 HOUR EMERGENCY CONTACT INFORMATION

Name	Phone Number	Pager	Fax Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATES AND LICENSES

Please attached copies of certificates and licenses as required for registration:

1. Certificate of Insurance	4. Removal Bond (Equip Owner Only)
2. Certificate of Incorporation (if incorporated)	5. Minnesota Contractors License
3. Certificate of Authority from Minnesota Public Utilities	

FOR OFFICE USE ONLY

Date Received: _____	Registration Number Assigned: _____
Date Approved: _____	Registered by Whom: _____
Official County Contact: Name: _____	Emergency County Contact: Name: _____
Telephone No. (____) _____	Telephone No. (____) _____