MEMBERSHIP APPLICATION

PLEASE COMPLETE AND RETURN THIS FORM WITH THE PARISH CHECKLIST AND YOUR ANNUAL DUES CHECK TO:

LOUISIANA ONE CALL SYSTEM, INC. 2215 WEST BOARDWALK DRIVE BATON ROUGE, LA 70816

225-275-3700 OR 1-800-584-4274

TYPE OF MEMBERSHIP

CORPORATE POLITICAL ENTITY

SUSTAINING

STATE ZIP

STATE ZIP

NAME OF COMPANY OR POLITICAL ENTITY

PLEASE LIST THE NAME OF THE COMPANY YOU ARE OPERATING FOR IF YOU ARE THE OPERATOR.

[]Mr []Ms SENIOR MANAGEMENT CONTACT

ADDRESS

AREA CODE AND PHONE NUMBER

AREA CODE AND FAX NUMBER

E-MAIL

WEB SITE URL ("www.yourweb.com")

[]Mr []Ms

CONTACT PERSON FOR NOTIFICATIONS

ADDRESS

CITY

AREA CODE AND PHONE NUMBER

AREA CODE AND FAX NUMBER

AREA CODE AND <u>ALTERNATE</u> PHONE NUMBER

AREA CODE AND EMERGENCY PHONE NUMBER

E-MAIL

THE EMERGENCY NUMBER LISTED ABOVE WILL BE LISTED ON ALL EMERGENCY TICKETS AND THE MEMBER LISTING ON THE LOC WEBSITE.

[] Mr [] Ms CONTACT PERSON FOR BILLING

BILLING ADDRESS

STATE ZIP

AREA CODE AND PHONE NUMBER

AREA CODE AND FAX NUMBER

E-MAIL

CITY

HOW DID YOU FIRST HEAR ABOUT US?

ANNUAL DUES:

CHECK BOX BELOW TO INDICATE AMOUNT ENCLOSED

- \$100 REGULAR MEMBER (CORPORATE OR POLITICAL ENTITY) (REMEMBER TO COMPLETE THE PARISH CHECKLIST.)
- \$125 SUSTAINING MEMBER (APPLICANTS FOR SUSTAINING MEMBERSHIPS DO NOT NEED TO SUBMIT MAPPING.)

UPON APPROVAL OF THIS APPLICATION, I AGREE TO COMPLY WITH LOUISIANA ONE CALL RULES, REGULATIONS, AND BYLAWS, AND TO PROMPTLY PAY ALL DUES AND FEES. I CERTIFY THAT I AM LEGALLY AUTHORIZED TO ENROLL MY ORGANIZATION IN LOUISIANA ONE CALL AND I UNDERSTAND THAT MY LOUISIANA ONE CALL MEMBERSHIP IS GOVERNED BY THE LAWS OF THE STATE OF LOUISIANA.

SIGNAT	URE OF AUTHORIZED REPRESEN	VTATIVE	DATE
PRINT Y	OUR NAME		
TITLE			
	FOR LOUISIANA ONE CALL		
	Accepted by Louisiana One Ca	all System,	Inc.

QUALIFICATIONS FOR MEMBERSHIP

Corporate Members

lanisian

Corporations that own or operate underground or submerged utilities or facilities.

Political Entities

Owner/operators of underground or submerged utilities or facilities that are governed either by elected officials or appointees of elected officials.

Sustaining Members

Individuals or businesses who share our interest in public safety, but do not own or operate underground or submerged utilities or facilities.

Mapping Requirements

Louisiana One Call uses a computerized mapping system to keep track of member underground or submerged utilities or facilities. For this reason, completed mapping information is a requirement for corporate members and political entities. Please complete parish checklist on the following page.

Dues and Fees

Corporate members and political entities pay \$100 in annual dues, plus \$1.50 each for up to 20 notifications per month. The cost of additional notifications is 90¢ for corporate members and 72¢ for political entities.

Sustaining members (those without underground or submerged utilities or facilities) pay \$125 in annual dues to help promote the program.

Receipt of Notifications

Members must provide an email address or a dedicated fax number for use in conjunction with LOC. If a member chooses to use a fax machine, it must be used for data transmission only -NO VOICE-

Members who receive 100 or more notifications **by fax machine** each month for a given terminal code will be charged an additional fee, determined by the Board of Directors, beginning with their first monthly notification.

DATE

Brent Saltzman, Executive Director

SIGNATURE

PARISH CHECKLIST

PLEASE NOTE: APPLICANTS FOR CORPORATE OR POLITICAL ENTITY MEMBERSHIPS <u>MUST</u> COMPLETE THIS FORM. APPLICANTS FOR SUSTAINING MEMBERSHIPS DO NOT NEED TO COMPLETE THIS FORM.

PLEASE SELECT ALL PARISHES IN WHICH YOU OWN OR OPERATE UNDERGROUND OR SUBMERGED UTILITIES OR FACILITIES ON THE PARISH CHECKLIST BELOW. COMPLETED MAPPING INFORMATION IS A REQUIREMENT FOR CORPORATE MEMBERS AND POLITICAL ENTITIES. PLEASE SUBMIT MAPPING OF THE AREA(S) TO BE MONITORED FOR YOUR COMPANY. DIGITAL FILES ARE RECOMMENDED.



IAME OF COMPANY OR POLITICAI	_ ENTITY	
TY	STATE	ZIP
REA CODE AND <u>PHONE</u> NUMBER		
REA CODE AND <u>FAX</u> NUMBER		
her coberne <u>inv</u> romben		
-MAIL		
ARISH CHECKLIST		
1 _ACADIA	23 _IBERIA	45 _ST. CHARLES
2 _ALLEN	24 _IBERVILLE	46 _ST. HELENA
3 _ASCENSION	25 _JACKSON	47 _ST. JAMES
4ASSUMPTION	26 _JEFFERSON	48 _ST JOHN BAPTIST
5 _AVOYELLES	27 _JEFFERSON DAVIS	49 _ST. LANDRY
6 _BEAUREGARD	28 _LAFAYETTE	50 _ST. MARTIN
7 _BIENVILLE	29 _LAFOURCHE	51 _ST. MARY
8 _BOSSIER	30 _LASALLE	52 _ST. TAMMANY
9 _CADDO	31 _LINCOLN	53 _TANGIPAHOA
10 _CALCASIEU	32 LIVINGSTON	54 _TENSAS
11 _CALDWELL	33 _MADISON	55 _TERREBONNE
12 _CAMERON	34 _MOREHOUSE	56 _UNION
13 _CATAHOULA	35 _NATCHITOCHES	57 _VERMILION
14 _CLAIBORNE	36 _ORLEANS	58 _VERNON
15 _CONCORDIA	37 _OUACHITA	59 _WASHINGTON
16 _DESOTO	38 _ PLAQUEMINES	60 _WEBSTER
17 _E BATON ROUGE	39 _ POINTE COUPEE	61 _W BATON ROUGE
18 _E CARROLL	40 _RAPIDES	62 _W CARROLL
19 _E FELICIANA	41 _RED RIVER	63 _W FELICIANA
20EVANGELINE	42 _RICHLAND	64 _WINN

43 _SABINE

44 _ST. BERNARD

21 _FRANKLIN

22 _GRANT