



City of Plano

Registration Form for Right-of-Way User
(Agency)

Registration No. _____

If the Agency is franchised or licensed by the City of Plano to use the public rights of way, please provide the ordinance number by which such franchise or license was granted.

Ordinance No. _____

Section I

Agency That Owns Facilities

Company Name	Phone
Address	Fax
Suite No.	Cell Phone
City	Pager
State	E-mail Address
Zip Code	

Primary Contact

Company Name	Phone
Address	Fax
Suite No.	Cell Phone
City	Pager
State	E-mail Address
Zip Code	

24 Hour Emergency Contact

Company Name	Phone
Address	Fax
Suite No.	Cell Phone
City	Pager
State	E-mail Address
Zip Code	

Please list all business names, assumed names, or trade names under which the Agency operates or has operated within the past five (5) years. _____

(Attach additional sheets if more than two contractors or subcontractors.)

- Contractor**
- Subcontractor**

24 Hour Contact

Company Name

Address

Suite No.

City

State Zip Code

Phone Fax

Cell Phone Pager

E-mail Address

Company Name

Address

Suite No.

City

State Zip Code

Phone Fax

Cell Phone Pager

E-mail Address

- Contractor**
- Subcontractor**

24 Hour Contact

Company Name

Address

Suite No.

City

State Zip Code

Phone Fax

Cell Phone Pager

E-mail Address

Company Name

Address

Suite No.

City

State Zip Code

Phone Fax

Cell Phone Pager

E-mail Address

Section II

Person(s) who will attend the Utility Coordination Meetings.

_____		_____
Name		Phone
_____		_____
Address		Fax
_____		_____
Suite No.		Cell Phone
_____		_____
City		Pager
_____	_____	_____
State	Zip Code	E-mail Address

Section III

Person(s) who will receive plans of City construction projects.

_____		_____
Name		Phone
_____		_____
Address		Fax
_____		_____
Suite No.		Cell Phone
_____		_____
City		Pager
_____	_____	_____
State	Zip Code	E-mail Address

Section IV

Person(s) who will be responsible for receiving notification of abandonment issues.

_____		_____
Name		Phone
_____		_____
Address		Fax
_____		_____
Suite No.		Cell Phone
_____		_____
City		Pager
_____	_____	_____
State	Zip Code	E-mail Address

Section V

Certificate of Insurance

Insurance Company

Company Name

Phone

Address

Fax

Suite No.

Cell Phone

City

Pager

State

Zip Code

E-mail Address

Please attach certificate of Insurance to this application.

Section VI

Attachments

Plans of Record

A City Street Map marked in such a manner as to evidence which Type F above thoroughfare along which the Agency or Public Infrastructure Contractor has placed Facilities (not including boxes and other appurtenances). The City Street Map will be provided to Agency or Public Infrastructure Contractor in a digital format. The plans of record must be updated and submitted on an annual basis.

Section VII

Certificated Telecommunications Providers

SPCOA **CCN** **COA**

For Agencies that are Certificated Telecommunications Providers, please attach a copy of the Notice of Approval issued by the Public Utility Commission of Texas that grants the Certificated Telecommunications Provider with a service provider certificate of operating authority (SPCOA), certificate of convenience and necessity (CCN), or certificate of operating authority (COA).

Please complete the following information:

Will you be providing local exchange telephone service in the City of Plano?

Yes No Not Applicable

If yes, the date on which you project to provide local exchange telephone service in the City of Plano.
