

**SCHEDULE A
APPLICATION FOR PARTICIPATION IN
NEW JERSEY ONE-CALL**

Provide the information requested below and either fax to NJ One-Call at 732.394.3007 or mail to:

**New Jersey One Call
One Corporate Place South
Piscataway, New Jersey 08854
Attention: General Manager**

Questions and requests for assistance should be directed to 732.394.3000

Applicant agrees to abide by the Tariff of ONE CALL CONCEPTS, INC. (New Jersey One Call) as it may be approved from time to time by Order of the Board of Public Utilities of the State of New Jersey.

NAME OF PERSON COMPLETING FORM: Please type or print all information

Name: _____ Title: _____

Phone Number: _____ Fax: _____ E-Mail: _____

Signature: _____

1. Legal Name of company: _____
State of Incorporation: _____
2. New Jersey Name if different: _____
3. Business Address of Company Headquarters: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
4. Company's NJ One Call correspondence representative or Contact
Name: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax: _____ E-Mail: _____
5. Holidays observed by your company:

The following Holiday information is needed by the Call Center to know when your receiving location is operational. If the Holiday list changes or an office closes early the day before a Holiday, please indicate this or instruct your personnel to notify the Customer Service Department when they are leaving. (The Customer Service Department number is 732.394.3000.)

New Years Day _	Martin Luther King Day _	Lincoln's Birthday _
Presidents Day _	Washington's Birthday _	Good Friday _
Memorial Day _	Independence Day _	Labor Day _
Columbus Day _	Election Day _	Veterans Day _
Thanksgiving Day _	Thanksgiving Friday _	Christmas Eve _
Christmas Day _	New Year's Eve _	Other: _____

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By: R. Thomas Hoff, President
One Corporate Place South
Piscataway, New Jersey 08854

Effective: February 1, 2015

6. Message Receiver Site/Location Information

***Note: If your company will be receiving notifications at more than one location, the following information must be provided for each location.**

Contact: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Normal Working Hours for this Office (Mon.-Fri.) _____ (Sat.-Sun.) _____

Primary Receive Device Phone # _____ Baud Rate: _____

This is a Fax: _____ Printer: _____ PC Software: _____ Other: _____

Alternate Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

7. **Your Company 24 Hour Emergency Number**

Do you desire the optional service of Voice Calls for the charge* specified under Rate Schedule B when Emergency Notices are processed outside of normal business hours. (Please note there is \$2.50 charge per call, see schedule B)

Yes _____ No _____

If yes, please supply the phone number to call here: _____

8. Please indicate the type of Underground Facilities you are protecting

Cable TV_ Gas _ Electric _ Water _
Sewer _ Pipeline _ Traffic Light _ Telecommunications _
Other: _____

9. Billing information

Name of Person to Bill: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____ E-Mail: _____

Bills will be sent to the email address listed above unless you direct otherwise – see below.

Please DO NOT send my bills via email.

Please send additional copies of my bill to the following email addresses:

10. Geographical Coverage Area

County Name(s): _____

Municipality(s): _____

ATTACH ANY ADDITIONAL DOCUMENTATION

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FACILITY LOCATION FORM

To locate your facilities so that you receive the safe but minimum amount of notices please complete the following:

Name of Facility: _____

What type of facility: _____

Location: (list each street your facility is on/or intersects.)

Street Name	Municipality	County
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You can access the Call Center base map, via the Internet, to map your facilities. Please contact 732-394-3000 for additional information. If you do not have access to the Internet and you have a map of your facilities, which clearly locates them with street names, water features, township/municipally and county please forward with this form. If you do not have a map we can provide you with a One-Call map of your area, in which you can locate your facilities, for a fee of \$5.00 per sheet. You can also make an appointment with our Center to have your facilities mapped on site. This process will result in receiving the appropriate number of notices to insure safety.

Signed by: _____ Date: _____

Please print or type clearly, feel free to copy and attach additional pages.