

APPENDIX "A"

BC One Call Limited

Member Information Form

BC One Call uses the information contained in this form to process locate requests and to communicate with your organization. Required fields are outlined in blue.

1. Legal name of organization: _____

2. Head office

Mailing address _____

City _____ Province _____ Postal Code _____

Street address (if different)

City _____ Province _____ Postal Code _____

3. Invoicing/Accounts Payable

Name _____ Title _____

Telephone Number (_____) _____ Email _____

Invoicing Email _____

PO Number (if applicable) _____

Mailing Address (if different than above)

City _____ Province _____ Postal Code _____

4. Contact for data input correspondence

Provide a single contact, responsible for preparing, maintaining and verifying your data base.

Name _____ Title _____

Company Name (if using a third party) _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Telephone Number (_____) _____

Email _____

5. Field Office Contacts and Notification Details

Service Area: _____

Note: A Service Area is each area which has a unique database registered with the Supplier. Enter "ALL" above if the contact information is the same for all of the User's Service Areas.

Routine Locate Notifications		
FTP/Email address:	Phone number during business hours	
	Primary:	Alternate:
User name (for FTP):	Phone number outside of business hours	
Password (for FTP):	Primary:	Alternate:

Emergency Locate Notifications		
FTP/Email address:	Phone number outside of business hours	
	Primary:	Alternate:
User name (for FTP):		
Password (for FTP):		

Dig Up Notifications		
FTP/Email address:	Phone number during business hours	
	Primary:	Alternate:
User name (for FTP):	Phone number outside of business hours	
Password (for FTP):	Primary:	Alternate:

Business Hours (in PST)		
	Open at	Close at
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

6. General Contact for Complaints, Transmission issues, Email issues, etc.

Name _____ Title _____

Telephone Number (_____) _____ Email _____

If the above person has not resolved the problem whom do we contact next?

Name _____ Title _____

Telephone Number (_____) _____ Email _____

7. Name of person who completed this form:

Name _____

Title _____

Telephone Number (_____) _____ Email _____

Signature _____

It is your responsibility to advise BC One Call of any changes to this information. Upon request an update form will be supplied.

As an BC One Call member, you are obligated to respond to each notification you receive and establish contact with the ground disturber.

If you have any questions concerning this form please contact BC One Call at 1-800-474-6886, option 3 or by email at info@bconecall.bc.ca.

Please return this form to: info@bconecall.bc.ca

Date Received by BC One Call _____