

Utilities Service Protection Center of Delmarva, Inc.

P.O. Box 600 Greenwood, DE 19950 Attn: Jason A. Lyon, jlyon@dover.de.us



MEMBERSHIP AGREEMENT

		as a member of the					
	(Na	me of Utility Owner Applying for Membership)					
Utilitie	es Service Protection	Center of Delmarva, Inc. (USPCD) agrees:					
(1)	To be bound by USPCD'S Certificate of Incorporation and By-Laws,						
(2)	To comply with the lawful actions and decisions of the Members, Board of Directors and Officers of USPCD taken or adopted in accordance with USPCD'S Certificate of Incorporation and By-Laws,						
(3)	To pay for all services provided to Member by USPCD and its subcontractors, including, but not limited to, Facility locating services; and						
(4)	To pay such other fees as may be assessed by USPCD in accordance with its certificate of Incorporation and By-Laws to support USPCD'S activities.						
Printed Name	of Applicant:						
Mailing Addres	ss of Applicant:						
Signature of Ap Authorized Rep							
Witness/Attest		Printed Name and Title of Applicant's Authorized Representative					
Date of Signat	ure (Applicant)						
UTILITIES SERV	/ICE PROTECTION CE	NTER OF DELMARVA, INC.					
ATTEST:	Secretary - USPCD	BY: President - USPCD					
Date of Signat	·						

NEW MEMBER DATABASE & DISTRICT CODE SET-UP FORM

MEMBER	COMPANY	NAME:							
DISTRICT CODE NAME:									
New Member - you may suggest a district code name using no more than (5) alpha/numeric characters.									
SERVICE AREA (Check Appropriate Box):									
Eastern Shore MD)	Delaware						
What Count	What Counties are your facilities located in?								
TYPES OF	UNDERGI	ROUND FA	CILITY(S): C	Check all the	at apply.				
Telephone	Cable TV	Gas	Electric	Water	Sewer	Fiber Optics	Other:		
Note: If 'Oth	er' please exp	olain what the	utility/facility i	S.				_	
TRANSMISSION: This is the method you will receive tickets, daily district code audits, weekly 'Good Morning' messages and call center notices. If using specialized receiving software, it must be able to process all call center transmissions.									
Check one:	T				1				
FAX []	Voice	Only []	EMAIL [] \	Waiver required	FTP [] Waiver requ	ired		
Based on what you selected as your method of receiving call center tickets/notices, please provide: FAX NUMBER: () VOICE PHONE NUMBER: () EMAIL ADDRESS: FTP ADDRESS:									
FTP LOGIN	FTP LOGIN: FTP PASSWORD:								
TICKET CHECK POSITIVE RESPONSE METHOD – check one.									
Status by Web Service [] If you choose FTP, our Ticket Check Team will contact you for your credentials.				•	Status by Website [] If you choose the web application, we will email you the access code. EMAIL =				

NOTE: All members will be given phone access to Ticket Check (1-866-821-4226), via a 10 digit member code.

DAYTIME – District Code Contact Information

		nation should be th	e contrac	et locating company's information. ation.		
Daytime Contact Name:						
Company Name:						
Contact Telephone Number	er: ()		Fax: ()		
Contact Email Address (if	available):					
Alternate Contact Name:						
Alternate Contact Telepho	ne Number: ()					
Mailing Address:						
Hours of Operations: Ope	en Time	Close Time		Days of Week		
closed, please complete th	ne below fields. <i>If yo</i> r their information be	ou are using a conti	ract locat	e to this free service when your office is ing company to respond to your after hou on this voice ticket delivery method, pleas		
[] We do not require a	ı secondary autom	nated emergency t	ticket no	tification.		
] Yes, we want the automated notification, the below information is for our contract locating company.						
[] Yes, we want the au	utomated notificati	ion, the below info	ormation	is my member information.		
Primary Company Name:						
Primary Contact Name:						
First attempt - Emergency	Dispatch Telephone	e: ()				
Second attempt - Emerger	ncy Dispatch Teleph	none: ()				
The automated voice out s notification requires a pron				extension numbers. If your afterhour's formation.		

MEMBER Invoice Contact Information: This is the person who will receive invoices via email.						
Company name to appear on invoice:						
Send invoices to this email address:						
Billing Contact Name:						
Billing Contact Telephone Number: () Fax: ()						
Contact Email Address (if different from invoice email):						
Mailing Address:						
MEMBER Database/Mapping Contact Information: This is the person, company or agent you authorize as your notification (buried plant) database contact and manager. If you are using a company other than the Service Agreement member, the call center will copy the below listed member on all notification database correspondence whenever communicating with your agent. Members (and their designated agent) can create and manage the member district code notification database using IMAP, our internet mapping application. A login and password will be provided to the member (and agent). There are various levels of access privileges (view only, create/modify, approve and schedule). Electronic shape files can also be utilized, however approval and on line scheduling is managed via IMAP. Scheduling of member polygons will be processed on business days only.						
Member Database/Mapping Contact Name:						
Member Contact Telephone Number: () Fax: ()						
Member Contact Email Address:						
Member Mailing Address:						
*If you authorize an agent/company to provide and manage your buried plant notification database, please complete the below fields.						
Agent Company Name:						
Agent Contact Name:						
Agent Contact Telephone Number: () Fax: ()						
Agent Contact Email Address:						
Agent Mailing Address:						

NOTE: It is the member's responsibility to notify the call center regarding any and all changes to their district database information.

WEBSITE Contacts: The below contact information will be posted on our website when the ticket number is viewed via Search and Status. These contact numbers can be the member or their contract locating company.

MEMBER; CUSTOMER SERVICE TELEPHONE NUMBER(S): ()	
MEMBER; DAMAGE/REPAIR TELEPHONE NUMBER(S): () (Pipeline Members – excavators may use this number as their damage notification to you after calling '911'.)	
MEMBER OR CONTRACT LOCATOR - MARKING CONCERNS: ()	
DATABASE FORM COMPLETED BY:	
Company:	
Name:	
Contact Phone Number: ()	
Email Address:	
Date:	
Note: If someone other than the call center member is completing this database information, the call center will acceptance from the member before entering the information.	obtain

Please email this completed form to: shannon@missutility.net

If you have any questions regarding this form, please call Shannon Stultz, our Database Administrator at 410-782.2057 or email to, shannon@missutility.net. Completed forms may also be faxed to us at; 410-712-0062.

Maryland Owner-Members, please be mindful of Maryland State Law, Title 12-123 (b) (2) – An owner-member shall ensure that all contact information provided to the one-call system remains current.