



# REGISTRATION FORM FOR RIGHT-OF-WAY USER (AGENCY)

## SECTION I

### AGENCY THAT OWNS FACILITIES:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### PRIMARY CONTACT:

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### 24 HOUR EMERGENCY CONTACT:

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
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.

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## SECTION II

Approved Contractors (print additional page(s) located at end of document if more than two contractors or subcontractors):

1.

Contractor     Subcontractor

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Company Name

---

Primary Contact Name

---

Primary Contact Email

---

Primary Contact Phone

---

24 Hour Emergency Contact Name

---

24 Hour Emergency Contact Phone

---

Address

---

Suite No.

---

City

State

Zip Code

2.

Contractor     Subcontractor

---

Company Name

---

Primary Contact Name

---

Primary Contact Email

---

Primary Contact Phone

---

24 Hour Emergency Contact Name

---

24 Hour Emergency Contact Phone

---

Address

---

Suite No.

---

City

State

Zip Code



### SECTION III

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

_____		_____	
Contact Name		Office Phone	
_____		_____	
E-Mail Address		Cell Phone	
_____		_____	
Address		Suite No.	
_____		_____	
City	State	Zip Code	

### SECTION IV

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

_____		_____	
Contact Name		Office Phone	
_____		_____	
E-Mail Address		Cell Phone	
_____		_____	
Address		Suite No.	
_____		_____	
City	State	Zip Code	

### SECTION V

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

_____		_____	
Company Name		Office Phone	
_____		_____	
E-Mail Address		Cell Phone	
_____		_____	
Address		Suite No.	
_____		_____	
City	State	Zip Code	



## SECTION VI

### Certificate of Insurance:

**\*Attach certificate of insurance to this application.**

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## SECTION VII

### 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 place 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 records must be updated and submitted on an annual basis.

**\*Date submitted to Land Records:** \_\_\_\_\_

## SECTION VIII

### Certificated Telecommunications Providers (if applicable):

**\*Attach copy of Certificate of Operating Authority (SPCOA), Certificate of Convenience and Necessity (CNN), or Certificate of Operating Authority (COA). Select one:  SPCOA  CNN  COA**



**SECTION IX**

I \_\_\_\_\_, hereby certify that I am duly authorized to complete this  
(Print Name)

Registration Form on behalf of \_\_\_\_\_, and that the information provided  
(Print Name of Agency)

herein is true and correct to the best of my ability. I further certify that the Agency registered hereby is providing insurance for itself, its contractors, and subcontractors as required by the City of Plano’s Right-of-Way Management Ordinance No. 2018-12-5, as amended, codified at City of Plano Code of Ordinances Chapter 19, Article IV. I further certify that the Agency will ensure that the City of Plano is listed as an additional insured on each insurance policy required by the ROW Ordinance. I further certify that I have read the ROW Ordinance and that the Agency will ensure compliance with all of its provisions by the Agency and its contractors and subcontractors.

Dated this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
(Print Name of Agency)

By: \_\_\_\_\_  
Signature



**(Print and attach to add additional contractors or subcontractors under Section II):**

Contractor     Subcontractor

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Primary Contact Name

\_\_\_\_\_  
Primary Contact Email

\_\_\_\_\_  
Primary Contact Phone

\_\_\_\_\_  
24 Hour Emergency Contact Name

\_\_\_\_\_  
24 Hour Emergency Contact Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Contractor     Subcontractor

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Primary Contact Name

\_\_\_\_\_  
Primary Contact Email

\_\_\_\_\_  
Primary Contact Phone

\_\_\_\_\_  
24 Hour Emergency Contact Name

\_\_\_\_\_  
24 Hour Emergency Contact Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Contractor     Subcontractor

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Primary Contact Name

\_\_\_\_\_  
Primary Contact Email

\_\_\_\_\_  
Primary Contact Phone

\_\_\_\_\_  
24 Hour Emergency Contact Name

\_\_\_\_\_  
24 Hour Emergency Contact Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code