MEMBERSHIP UPDATE REQUEST

Requests must be submitted to: membership@nm811.org

Legal Name of Company: _____________________________________________________________________________
Requested By: _____________________________ Title: _____________________________
Date of Request: _____________________________

Parent Code: _____________

For NM811 Use

Update Requested:
☐ Add Membership Code(s)
  1. Membership Update Form A (Contact Information Form)
  2. Membership Update Form B (GIS Database Submission/Change Request Form)
  3. Membership Update Form C (Ticket Destination Notification Form)
  4. Membership Update Form D (Afterhours Emergency Notification Agreement)

☐ Delete Membership Code(s)
  1. Membership Update Form B (GIS Database Submission/Change Request Form)

☐ Change Contact Information
  1. Membership Update Form A (Contact Information Form)

☐ Change Company Name or Membership Code Description
  1. Membership Update Form A (Contact Information Form)

Check All That Apply:
☐ Cable ☐ Phone
☐ Electric ☐ Water
☐ Fiber ☐ Waste Water
☐ Gas ☐ Traffic
☐ Oil/Pipeline ☐ Drainage

Reviewed By:
GIS Coordinator _____________________________
Operations Manager _____________________________
Call Center Manager _____________________________
Executive Director _____________________________

Signatures

Date

Applicable Fees

For NM811 Use
MEMBERSHIP UPDATE FORM "A"
(CONTACT INFORMATION FORM)

Note: An individual "Contact Information Form" is "Required" for each new membership code requested.

**Add Membership Code(s) - If applicable**
New Member Code Title: ______________________________________________________

Note: NM811 will assign member codes for each new membership code requested.

**Change Company Name or Membership Code Description - If applicable**
Change Member Code Title To: ____________________________________________________

**Contact Information**

**Primary Company Representative:**
Name: __________________________  Title: __________________________
Mailing Address: __________________________  Phone: _______________________
City: __________________________  Fax: __________________________
State: ______  Zip: ______  Email: __________________________

**Billing Contact Information:**
Name: __________________________  Title: __________________________
Mailing Address: __________________________  Phone: _______________________
City: __________________________  Fax: __________________________
State: ______  Zip: ______  Email: __________________________

**GIS Mapping Contact Information:**
Name: __________________________  Title: __________________________
Mailing Address: __________________________  Phone: _______________________
City: __________________________  Fax: __________________________
State: ______  Zip: ______  Email: __________________________

**Ticket/Locating Supervisory Contact:**
Name: __________________________  Title: __________________________
Mailing Address: __________________________  Phone: _______________________
City: __________________________  Fax: __________________________
State: ______  Zip: ______  Email: __________________________

Note: An individual "Contact Information Form" is "Required" for each new membership code requested.

Requests must be submitted to: membership@nm811.org

**Change Contact Information - Required**

**Primary Company Representative:**
Name: __________________________  Title: __________________________
Mailing Address: __________________________  Phone: _______________________
City: __________________________  Fax: __________________________
State: ______  Zip: ______  Email: __________________________

**Billing Contact Information:**
Name: __________________________  Title: __________________________
Mailing Address: __________________________  Phone: _______________________
City: __________________________  Fax: __________________________
State: ______  Zip: ______  Email: __________________________

**GIS Mapping Contact Information:**
Name: __________________________  Title: __________________________
Mailing Address: __________________________  Phone: _______________________
City: __________________________  Fax: __________________________
State: ______  Zip: ______  Email: __________________________

**Ticket/Locating Supervisory Contact:**
Name: __________________________  Title: __________________________
Mailing Address: __________________________  Phone: _______________________
City: __________________________  Fax: __________________________
State: ______  Zip: ______  Email: __________________________

Required Pursuant To NMPRC Regulation 18.60.5.8 Entitled Responsibilities Of One Call Notification Systems

Primary Company Representative: This person is responsible for adhering to and maintaining all membership requirements as adopted by the NM811 Board of Directors or required by state law and must have the authority to make decisions, resolve problems and to respond to necessary inquiries and notifications related to NM811 and NMPRC Pipeline Safety Bureau personnel.

Billing Contact Information: Requires a company representative overseeing financial and/or accounts payable functions and is capable of responding to NM811 inquiries regarding organizational billing changes, payments or the receipt of member invoices.

GIS Mapping Contact Information: This is the person who is responsible for maintaining and providing your geospatial documentation to NM811 for use in our ticket management and notification system.

Ticket/Locating Contact Person: This is your primary ticket/locating contact or supervisor. This contact should be capable of responding to questions from NM811 Call Center and Pipeline Safety Bureau personnel regarding locate request activities.

Requests must be submitted to: membership@nm811.org
MEMBERSHIP UPDATE FORM “B”
GIS Database Submission/Change Request Form
Requests must be submitted to: membership@nm811.org

Company Name: _____________________________________________________________

Change requested

☐ Delete Code
  ✓ Description: ________________________________________________________________

☐ New Code (To be assigned by NM811)
  ✓ Purpose for requesting the new code: _________________________________________
  _____________________________________________________________

  ✓ Preferred Description: ______________________________________________________

  ✓ Preferred buffer size (if applicable): ______ ft on each side of the centerline. If file is not buffered, and one is not provided, a 300 ft. buffer on each side (totaling 600 ft.) will be applied.

  ✓ Attach anyone of the following acceptable file formats with this request form: shapefiles (preferred), lat/long coordinates, tab files, Google My Maps, and .kml/.kmz files (you can easily get .kml/.kmz files using Google Earth). Paper maps must include street names and CAD files must provide the projection.
The destination designated to receive the excavation notices (ticket transmission notifications) must be manned during normal business hours. A contact person should be designated and available to assist NM811 in resolving any ticket transmission issues that may arise, including but not limited to, adding paper to a fax, resetting modems, adding toner, checking spam folders, etc.

Email shall be the normal method for the delivery of ticket transmissions unless otherwise agreed upon. A backup destination and/or communication method is also recommended in the event problems arise with the primary communication method in which case NM811 can manually switch the delivery of ticket transmission to the designated backup method.

Please Note: If a company desires more than one ticket delivery destination, please fill out an individual form for each desired destination.

Primary Communication Method // Email Address, Fax or Phone Number ($25 annual fee):

________________________________________

Back Up Communication Method // Email Address, Fax or Phone Number ($25 annual fee):

________________________________________

Contact Person: This is your primary ticket/locating contact or supervisor. This contact would also facilitate customer service issues reported to the one call regarding locates.

Name: ___________________ Title: ___________________
Mailing Address: __________________________________________
City: ______________ State: ___________ Zip: ___________
Phone: _______________ Fax: _______________ Email: __________

Back Up Contact Person:
Name: ___________________ Title: ___________________
Mailing Address: __________________________________________
City: ______________ State: ___________ Zip: ___________
Phone: _______________ Fax: _______________ Email: __________
MEMBERSHIP UPDATE FORM “D”
(Afterhours Emergency Notification Agreement)

Note: An individual “Afterhours Emergency Notification Form” is “Required” for each membership code requested.

Legal Name of Company: ________________________________

Option 1: I accept 24 X 7 afterhours emergency notification service

I, ________________________________, hereby authorize NM811 to notify the following named contact person by telephone anytime during holidays of weekends of all after hour emergency and damage notifications:

Afterhours Emergency Contact Name: ________________________________

Afterhours Emergency Phone Number: ________________________________

I further acknowledge and agree that NM811 will make up to four (4) phone-out attempts at 15-30 minute intervals, over a two-hour (2) period, as a result of an afterhours emergency in addition to providing a written copy of any afterhours emergency notification to my normal business hours ticket destination for documentation purposes. I also agree that failure of the above-named contact person to answer or respond to an afterhours emergency notification will be deemed as a non-response by the member company noted above.

_________________________________________           _______________________
Member Authorized Signature                       Date

Option 2: I decline 24 X 7 afterhours emergency notification service

The member company noted above hereby declines the 24 X 7 afterhours emergency notification service offered by NM811. The member company assumes responsibility for responding to any afterhours notifications to the above-named ticket destination in an appropriate manner.

_________________________________________           _______________________
Member Authorized Signature                       Date