MEMBERSHIP UPDATE REQUEST

Requests must be submitted to: membership@nm811.org

Legal Name of Company: _____

Requested By: _____ **Title:** _____

Date of Request: _____

Parent Code: _____

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:	Signatures	Date	Applicable Fees
GIS Coordinator	_____	_____	_____
Operations Manager	_____	_____	_____
Call Center Manager	_____	_____	_____
Executive Director	_____	_____	_____

MEMBERSHIP UPDATE FORM "A"
(CONTACT INFORMATION FORM)

Requests must be submitted to: membership@nm811.org

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
Required Pursuant To NMPRC Regulation 18.60.5.8 Entilted 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.

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: _____

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

Company Name: _____

<u>Change requested</u>

☐ 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 <u>must</u> provide the projection.

MEMBERSHIP UPDATE FORM "C"
(Ticket Notification Form)

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, _____, herby 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 herby 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