

## REGISTRATION FORM

(submit annually)

Annual Registration Fee \$40

### Registration Type

Please check whether you will be the Owner of \_\_\_\_\_ Equipment Owner Are you a new application or  
the equipment placed in the ROW or the \_\_\_\_\_ Contractor updating information?  
Contractor wishing to work in the ROW. If \_\_\_\_\_ Other (Explain)  
other, please explain in next section. \_\_\_\_\_ Update \_\_\_\_\_ New

### REGISTRANT INFORMATION (Company Information)

Name: \_\_\_\_\_ If you checked other in Registration Type, please explain below:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_

### Signature of Applicant

Signature of person completing form

### LOCAL REPRESENTATIVE

Local Contact Person that can Speak for Company that is authorized to accept official notice from the County and act as agent for the Registrant.

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ Cell No. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### 24 HOUR EMERGENCY CONTACT INFORMATION

Name:	Phone/Cell Number:	Pager:	Fax Number:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### REQUIRED DOCUMENTS FOR REGISTRATION

Please attach copies of documents listed below, required for registration processing:  
1. Certificate of Insurance 2. \$40.00 registration fee

### FOR OFFICE USE ONLY

Date Received: _____	Registration Number Assigned _____
Date Approved: _____	Registered by Whom: _____