



PARTICIPATING MEMBERSHIP APPLICATION NEW YORK 811, INC.

WHEREAS New York 811, Inc., a corporation organized and existing under the Not-For-Profit New York 811 Law of the State of New York (hereinafter called "New York 811");

WHEREAS, New York 811 is a duly authorized one-call notification system within the State of New York, specifically the Counties of Bronx, Kings, Nassau, New York, Queens, Richmond and Suffolk;

WHEREAS, New York 811 has been formed among whose purposes is establishing and carrying out procedures and programs to protect underground facilities from damage due to excavation and demolition, including, but not limited to, receiving notices of intent to perform excavation and demolition, and transmitting the notices to one or more member operators of underground facilities in the specified area;

WHEREAS, the Applicant represents that it is an operator of underground facilities located within the State of New York, specifically the Counties of Bronx, Kings, Nassau, New York, Queens, Richmond and Suffolk or is otherwise eligible to be a participating member of New York 811; and

WHEREAS, the Applicant desires to utilize the services of the New York 811 by becoming a participating member thereof and hereby tenders this Application.

NOW, THEREFORE, in consideration of the mutual covenants, agreements, and benefits to be gained by membership in New York 811, the Applicant hereby applies for admission as a participating member of New York 811, and in connection therewith covenants and agrees, when accepted as a participating member, to be bound as follows:

1. For purposes of this application the definitions contained herein shall be in accordance with those contained in New York State General Business Law Section 760.
2. The Applicant acknowledges, agrees and shall abide by the laws of New York State (including General Business Law Art. 36.), the rules and regulations of the Department of Public Service governing the protection of underground facilities (including 16 NYCRR 753), the By-Laws of New York 811, any agreements that New York 811 may have entered into for the protection of underground facilities and the Applicant shall be bound by all of aforementioned in its participation as a member of New York 811.
3. The Applicant shall supply information to New York 811, as New York 811 deems necessary, to establish said Applicant as a participating member including but not limited to: the Proper Name of the Applicant, Administrative Contact (person with ultimate authorization), Alternate Contact (person to contact if Administrative Contact is unavailable), Database Contact (person with ultimate authority over Facility Area setup), Billing Contact (person to send invoices

receiving stations shall be paid for by the Applicant at a cost agreed upon between the Applicant and New York 811.

13. Can an existing New York 811 Member make a claim or claim your subsurface utility facilities as an asset? YES _____ NO _____

Dated: _____

Name of Applicant (Corporation)

By:

Signature

Print Name of Signatory

Applicant's
Federal ID #: _____

Title

Address

City, State Zip

ATTEST:

Secretary

ACCEPTANCE

The above Application for Participating membership in NEW YORK 811, INC., is hereby accepted this _____ day of _____, 20_____.

NEW YORK 811, INC.

By:

Secretary

For utility notifications dial toll free 811 or 1-800-272-4480
CALL BEFORE YOU DIG AND DIG SAFELY!
16 NYCRR 753 Mandates 2-10 business days notice prior to excavation

MEMBER SETUP

MEMBER NAME: _____ TEL #: _____

ADDRESS: _____

ADMINISTRATIVE CONTACT: _____ TEL #: _____

ADDRESS: _____

ALTERNATE CONTACT: _____ TEL #: _____

ADDRESS: _____

DATABASE CONTACT: _____ TEL #: _____

ADDRESS: _____

BILLING CONTACT: _____ TEL #: _____

ADDRESS: _____

FACILITY AREAS: CONTACT THE ONE CALL CENTER FOR GUIDANCE

For utility notifications dial toll free 811 or 1-800-272-4480
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16 NYCRR 753 Mandates 2-10 business days notice prior to excavation



To All Interested Parties:

Thank you for your interest in New York 811. We would be pleased to add your company to the ever-increasing list of underground facility owners in the New York City/Long Island area.

As you requested, enclosed is information regarding membership in New York 811. After reviewing the information, should you decide to proceed with signing up, please do the following:

- Complete, sign, and return the Participating Member Contract.
- Complete all blanks on the enclosed forms regarding the location of your receiving equipment, your hours of operation, contact numbers, the holidays you observe, e-mail agreement, and other important facts about your company.
 - Member Information Form
 - Receiving Station Information
 - Email Ticket Agreement and Release Form (if needed)
 - Hours of Operation
 - Billing Information
 - Emergency Verification Message Information
- Carefully read the “PRISM Member Database Paper Map Submission Specifications” and submit a map to us along with the paperwork.
- Return all paperwork listed above to my attention at: 60 Knickerbocker Ave, Bohemia, NY 11716.

Please feel free to contact us with any questions at (800)524-7603. We look forward to working with you in the near future.

Sincerely,

Eric Surhoff

Eric Surhoff
Office Manager

Enclosures



MEMBER INFORMATION FORM

Please print the official name, address and phone number of your company in the blank spaces below. This address can be the main office of your company and does not have to be the office where you will be receiving locate requests.*

Company Name: _____

Primary Contact Person: _____

Address: _____

Phone Number: _____ Fax Number: _____

Number for contractors with marking concerns: _____

Email Address: _____

**Information regarding your receiving location information will be obtained on a separate form.*

Secondary Contact Person

Contact Person: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail address: _____

Database Information**

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail address: _____

Type of Underground Facilities

***If your company will require that database for multiple receiving locations be handled by different persons, please indicate on a separate page who these additional people are and what District Code they will be responsible for. If necessary, please contact the call center at 866-968-2344 for assistance.*

Completed by _____

Date _____

(to be assigned by OCC)
District Code _____

For use by One Call Concepts Only

Date received: _____ () to Corp. () to mailing list () to db mail list () to db history form

Date changes completed: _____ Changes made by: _____



HOURS OF OPERATION

Company Name: _____ District Code: (to be assigned by OCC)

Please indicate your company's normal hours of operation (when your office is staffed) in the spaces provided below.

| | | |
|-----------|------------|-------------|
| Sunday | Open _____ | Close _____ |
| Monday | Open _____ | Close _____ |
| Tuesday | Open _____ | Close _____ |
| Wednesday | Open _____ | Close _____ |
| Thursday | Open _____ | Close _____ |
| Friday | Open _____ | Close _____ |
| Saturday | Open _____ | Close _____ |

Holidays

Please list the holidays (name and date) that your company observes in the space below.

| Holiday Name | Date | Holiday Name | Date |
|--------------|-------|--------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



BILLING INFORMATION

TERMINAL CODE: _____

Company Name: _____

Address: _____

City/State/Zip _____

We have enhanced our services to better serve you. We have activated a new function which enables you to receive your monthly invoice via email instead of a paper copy. **These changes are for billing purposes only.** Changes to other contact information should be directed to the call center at (316) 687-2102.

CONTACT PERSON: _____ PHONE NUMBER: _____
FAX NUMBER: _____ E-MAIL: _____

A/P PERSON: _____ PHONE NUMBER: _____
FAX NUMBER: _____ E-MAIL: _____

Please clearly list all e-mail addresses that should receive the monthly bills:

Does your company use Purchase Orders? Yes No
If yes, please list the current Purchase Order number, Routing Number, or Pay key Number
Here: _____

Is your company exempt from NY sales tax? Yes No
(If so, please provide your state exemption certificate)

Do you pay NY sales tax directly to the state on your own behalf? Yes No

Please feel free to send us any questions or all of the above information to the following e-mail address: billing@occinc.com



EMAIL TICKET AGREEMENT and RELEASE FORM

You acknowledge, by your signature below, for your organization, that New York 811, Inc. (NY811), and its service provider One Call Concepts, Inc.(OCC), have no control over third party telecommunications networks, servers, or the internet used in providing the services requested above, and that delays and disruptions of other transmissions over such networks are completely beyond the control of NY 811 and OCC. NY811 and OCC do not guarantee the availability or reliability of such telecommunications networks beyond our control.

It is your organization's responsibility to confirm that all information sent through the internet (tickets by sequence number, audits, etc.) is received. Because emergency and other priority messages will be sent through the internet, your organization must accept responsibility to frequently check your e-mail account and confirm the receipt of all information sent to your designated location.

By signing below, your organization agrees that it releases, remises and forever discharges, for itself and its predecessors, principals, agents, successors, and assigns, NY811 and OCC, and any of our agents, employees, successors and assigns of and from all claims, demands, damages, actions, causes of action or suits at law or in equity, of whatsoever kind or nature, for or because of any tickets, reports or other information that NY811 or OCC attempts to transmit to you through the use of e-mail over the internet.

If you have any questions, please contact ONE CALL CONCEPTS, INC. at 800-524-7603. Thank you.

READ, ACKNOWLEDGED AND ACCEPTED:

Company: _____ Date: _____

By: _____ Title: _____

Print Name: _____ Phone Number: (____) _____

Email address to send locates: _____

Above email must match email entered on Receiving Station Information form

District Code: (to be assigned by OCC)

Accepted by: New York 811, Inc. and ONE CALL CONCEPTS, INC.

By: _____ Date: _____

Print Name: _____

EMERGENCY VERIFICATION MESSAGES FORM



Regarding receipt of automated emergency verification messages; I acknowledge, understand and agree to the following:

- *New York 811 (NY 811) will follow up on all emergencies due for work being done within one (1) business hour with an additional automated message (in addition to the actual copy of the ticket).*
- *Delays and disruptions over third party telecommunications networks, servers or the Internet, all of which are used in providing backup messages, are completely beyond the control of New York 811 (NY 811) and One Call Concepts, Inc. (OCC). NY 811 and OCC do not guarantee the availability or reliability of such networks.*
- *NY 811 and OCC shall not be responsible or liable for any loss, damage or expenses incurred directly or indirectly as a result of any difficulties experienced by a third party service provider.*
- *I am the owner or legitimate user, or I have the consent of the owner or the legitimate user, of the phone/cellular phone I am registering for the backup message service. I am responsible for ensuring the method selected is capable of receiving backup messages during the time specified.*

Select ONE of the following for receipt of your emergency verification messages:

Text message*

1st Cell #: _____

Carrier (i.e. Sprint): _____

Automated phone call*

Daytime

After Hours

Primary Phone #: _____

Contact Name: _____

Select a 4-6 numeric PIN #: _____

Alternate Phone #: _____

Contact Name: _____

Select a 4-6 numeric PIN #: _____

READ, ACKNOWLEDGED AND ACCEPTED:

Company: _____

Date: _____

By: _____

Title: _____

Print Name: _____

Ph. Number: _____

Terminal Code: _____

**Each member is allowed a maximum of two phone numbers.*



REQUIREMENTS FOR SUBMITTING DIGITAL DATABASE FILES FOR NEW YORK 811

One Call Concepts' mapping system (MSL) is based on lat/lon coordinates using WGS84 datum for New York City, the Five Burroughs, Suffolk and Nassau Counties.

We do have the FME Suite Universal Translator that can convert most database formats. The preferred formats to submit are MapInfo MidMifs, MapInfo Tab, ArcView Shape or TIGER. When sending digital data, please supply all information necessary for processing. For example; the coordinate system used (lat/lon, UTM, SPCS, etc), the datum (Nad27, Nad83), the UTM/SPCS zone, meters or feet, etc. Sample file formats are available upon request.

Please adhere to the following guidelines when submitting electronic data:

1. Please list in the accompanying email every county the file(s) covers. If it is one file with multiple counties, each county that the coverage encompasses must be listed. If the files are for one county each, it is best to use the county's name in the filename.
2. All files should contain polygon data (not lines) for your coverage area.
3. The data cannot contain any 'reentrant' polygons. A reentrant polygon is one where a line of the polygon crosses itself.
4. Because we store and evaluate each polygon point, it is important that you minimize the number of polygons and points used to define your service area. For example, if you want coverage for a whole section, please do not submit 4 polygons (one for each ¼ section) when one polygon covering the entire section would define the same coverage area. If you have a polygon covering a city block, a 4-point polygon will serve the same purpose as a 100-point polygon. It's not necessary to have 25 points in a straight line when 2 points would define the same line.
5. Polygons containing more than 9,000 coordinate points can limit the ability of future modifications done to the feature in question, so we will ask you to resubmit any polygons that exceed this limit.
6. Any polygons that contain an area less than 100 sq ft will be inflated to meet our minimum standard (100 sq ft). Alternatively, any files submitted with "donut" polygons that contain inner-ring polygons less than the minimum standard will be removed.
7. Once the translation of your submitted data has been completed, the data will be placed on IMAP (OCC's Internet program that allows you to approve/modify polygons), or we will send you paper maps for your review, correction or approval. Upon final approval of the proposed coverage area, the maps will be applied to the live maps on or shortly after the specified activation date (IMAP) or the call center Database Administrator will coordinate the activation date (paper maps).

Feel free to contact us if you have any further questions or comments. We can be reached by e-mail at pnicholas@occinc.com or phone at (866)968-2344.

*The district code will be assigned by OCC. Please contact us to obtain your assigned code(s).



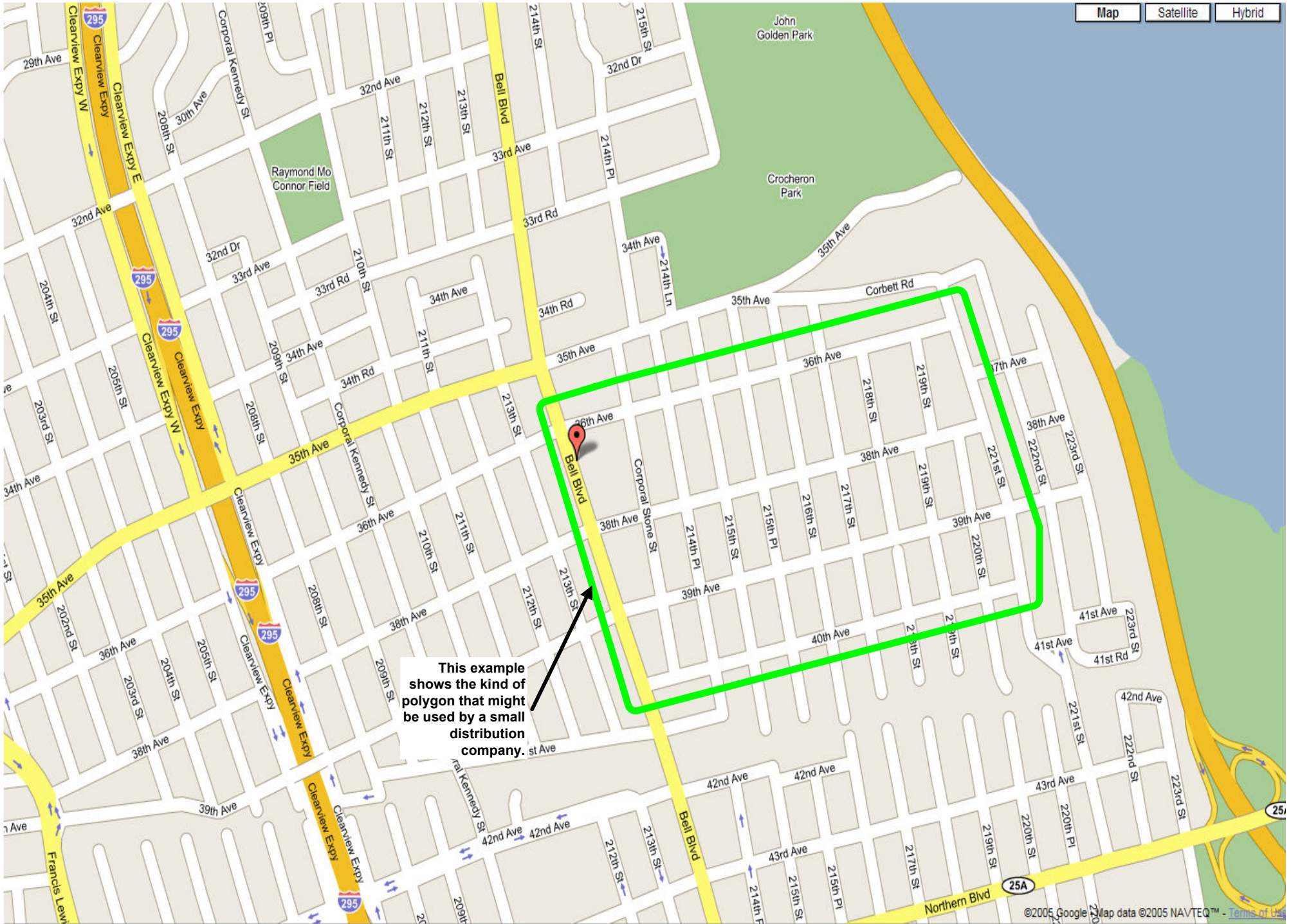
PRISM Member Database Paper Map Submission Specifications

1. Each map MUST be clearly marked with the company name and district code* (CDC) for which the maps are being submitted. If a member is submitting maps for more than one district code (receiving location), they must indicate which maps are for which district codes.
2. Each map or set of maps should also be marked with the name, phone number and address of the person responsible for the map submission. In the event that we have questions about your maps, it is helpful to know whom, within your company, we should speak to. This also confirms for us what mailing address should be used for the return and verification of the maps.
3. The actual size of the map should not exceed 3 ft. by 2 ft. as this makes the map difficult to work with and store.
4. Maps should have clearly identifiable reference points (i.e., named highways, roads and intersections) as well as the name of the county depicted.
5. Only one county per map, please.
6. Members must draw fully enclosed polygons around their facilities, not merely highlight the path of the facilities (please see the attached examples).

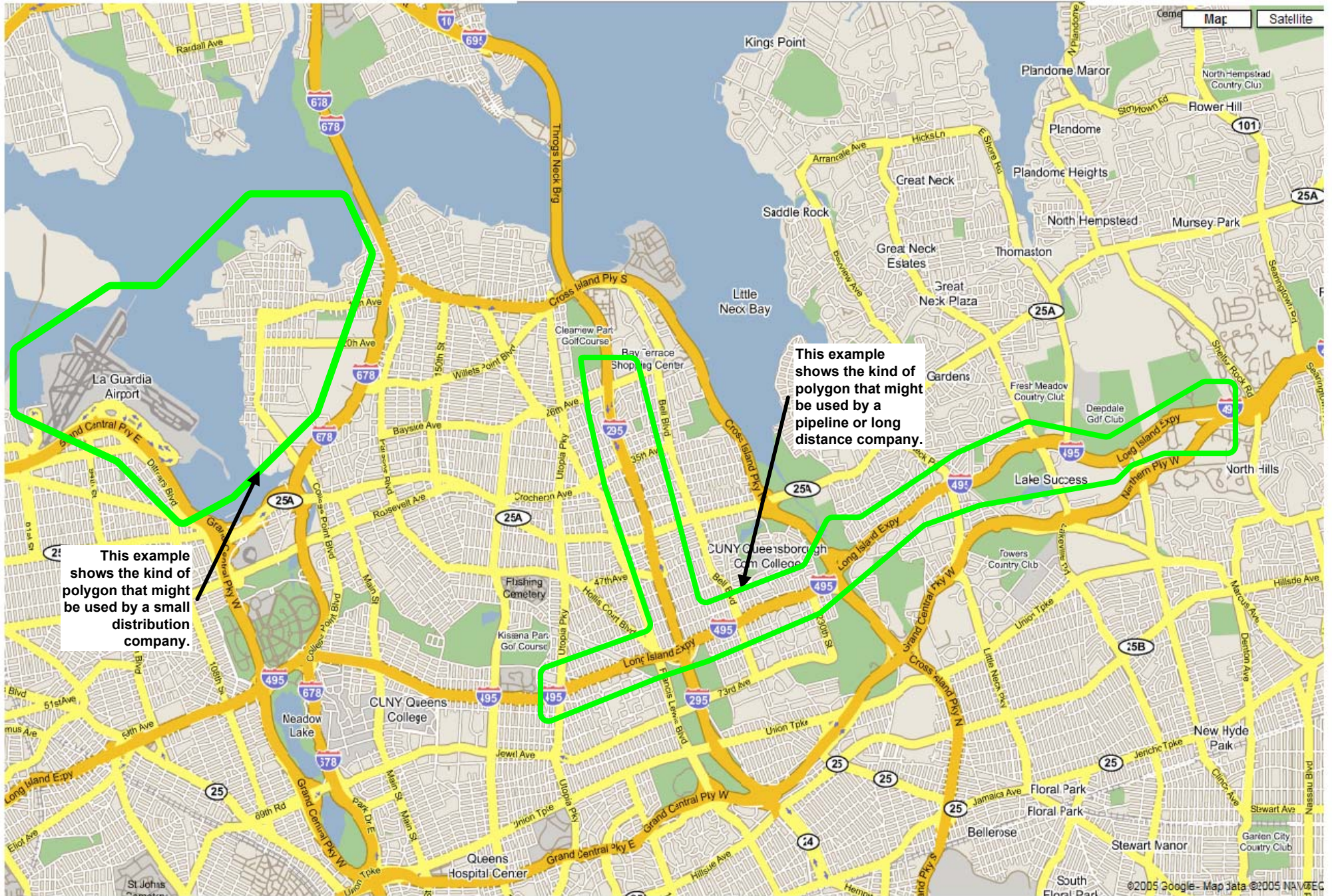
It is of tremendous help for the member to use a bright color with which to draw their polygons (such as green highlighter). Black or blue colors tend to be very difficult to readily identify. **DO NOT USE YELLOW**, as this is the color we use when printing your maps. Thin or medium point pens are preferable since we will digitize along the outer edge of any line that you draw, regardless of width.

7. Please note, that although we will make reasonable efforts to accommodate any map that you may send us, should a map not meet the above criteria or otherwise be unworkable, it will be returned to you for further information or replacement.
8. Any questions regarding the mapping process should be referred to the New York 811 Mapping Department at (866)968-2344, or by e-mail to pnicholas@occinc.com.

*The terminal/district code will be assigned by OCC after receiving a member's initial map submission. The assigned code should be put on any subsequent information sent to OCC.



This example shows the kind of polygon that might be used by a small distribution company.



This example shows the kind of polygon that might be used by a small distribution company.

This example shows the kind of polygon that might be used by a pipeline or long distance company.



PRICING SCHEDULE

2023

UPDATED 01.25.2023 FOR A CHANGE IN ALLOCATION FROM THE 2023 PRICING SCHEDULE SENT ON 12.09.2022

OCC OPERATIONS CHARGE (SECTION A) FOR 2023 HAS BEEN INCREASED BY \$87,558.18 ANNUALLY, AND THE OWNER OPERATION FEE (SECTION B) FOR 2023 HAS BEEN DECREASED BY \$7,296.50 MONTHLY

- a) Unless otherwise agreed to, the Total Lump Sum Cost to the Participating Members for utilizing the services of New York 811, Inc. (hereinafter “Corporation”) for operating the one-call notification system or the One Call Center as described within this Master Service Agreement, entered into between the Corporation and One Call Concepts, Inc. (hereinafter “Vendor”), is \$1,338,258.18 for the calendar year of 2023.
- b) In addition to the above referenced fee, the Participating Members shall be responsible for its portion of the Owner Operated/Operations fee. The current monthly Operations fee approved by the Corporation’s Board of Directors (hereinafter “Board”) is \$177,107.25, same may change at the discretion of the Board. A Participating Member’s portion of the monthly Operations fee shall be the percent that the Participating Member’s monthly billable tickets are of the total billable tickets for that month. (Ex: Total billable messages for month: 119,758; Participating Member’s monthly billable messages: 2125; Participating Member’s monthly billable ticket percent of total monthly billable messages: 1.77%; accordingly, Participating Member’s Operation fee for said month: \$3,134.80).
- c) The Board has duly authorized the Vendor to act as its agent through 2023, to issue individual invoices to Participating Members and to collect any and all fees from the Participating Members on a monthly basis for Services performed during that month based upon a cost allocation formula developed and any other fee or charges, if any, that has been approved by the Corporation’s Board of Directors. Unless contested, Participating Members will pay such invoices within Forty-Five (45) calendar days of receipt.
- d) The Corporation may, from time to time, develop and implement different methods of cost allocation among its Participating Members. The Corporation will notify the Vendor and each Participating Member, in writing, of the cost allocation or any changes within thirty (30) calendar days.

For utility notifications dial toll free 1-800-272-4480

CALL BEFORE YOU DIG AND DIG SAFELY!

NYS Industrial Code Rule 753 Mandates 2 - 10 business days notice prior to excavation

(Ratified by Executive Committee Board on October 21, 2020)

NEW YORK 811

EXPLANATION OF FEES

As you read over the current Pricing Schedule, it states the different costs involved in being a member. The fees can seem complicated, but let me try my best.

- Ticket Fees (Total Lump Sum Cost):** These are based on the number of total tickets received and the number of members. Each Participating Member pays a percentage of a fixed fee based on how many tickets they received that month out of the total tickets received by all Participating Members that month. For example: The total of all tickets (messages) received by all Participating Members for the month is 119,758; one specific Participating Member received 2,125 billable messages that month; That Participating Member’s monthly billable ticket percentage out of total monthly billable messages is 1.77%; So, the member owes 1.77% of the fixed fee.
- Operation Fees (Owner Operated/Operations Fee):** Participating Members currently share responsibility of the operating fees in the same manner that the Ticket Fees are shared.
- Below is chart showing the combined Ticket and Operations Fees for the past few years.

| Month | 2020 Number of Billable Outgoing Tickets Monthly | 2020 Price per Ticket | 2021 Number of Billable Outgoing Tickets Monthly | 2021 Price per Ticket | 2022 Number of Billable Outgoing Tickets Monthly | 2022 Price per Ticket |
|------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|
| January | 250,348 | \$1.04 | 170,557 | \$1.52 | 155,293 | \$1.86 |
| February | 224,116 | \$1.16 | 156,135 | \$1.67 | 168,543 | \$1.71 |
| March | 234,509 | \$1.10 | 229,124 | \$1.13 | 236,500 | \$1.22 |
| April | 165,895 | \$1.57 | 211,937 | \$1.23 | 200,600 | \$1.44 |
| May | 173,103 | \$1.50 | 199,512 | \$1.30 | 189,031 | \$1.53 |
| June | 210,002 | \$1.24 | 200,455 | \$1.30 | 201,710 | \$1.43 |
| July | 194,460 | \$1.34 | 189,238 | \$1.37 | 171,577 | \$1.69 |
| August | 181,531 | \$1.43 | 195,036 | \$1.33 | 206,226 | \$1.40 |
| September | 192,432 | \$1.35 | 208,937 | \$1.25 | 197,230 | \$1.46 |
| October | 213,749 | \$1.22 | 187,030 | \$1.39 | 186,591 | \$1.55 |
| November | 185,013 | \$1.40 | 166,754 | \$1.56 | 166,086 | \$1.74 |
| December | 160,438 | \$1.62 | 136,599 | \$1.90 | 135,103 | \$2.13 |
| Totals | 2,385,596 | \$1.33 | 2,251,314 | \$1.41 | 2,214,490 | \$1.60 |

- Excess Fees:** This would come into play only if the total billable tickets exceed the number allotted for that calendar year. It is rare that it happens, but if it does it follows the same type of formulas as above.
- Sales Tax:** A sales tax is assessed on the total fee.