



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

or billing issues) and Facility Areas (the location of Applicant's underground facilities in a form designated by New York 811).

4. The Applicant shall promptly and fully pay any annual fee, its pro-rata monthly fee and any other fee or charges, if any, fixed by the Board of Directors of New York 811 and/or prescribed pursuant to the By-Laws of New York 811, Pricing Schedule or any other document ratified by the Board of Directors or membership of New York 811. The Applicant agrees to pay a finance charge of 1-1/2% per month on the unpaid balance of any fee not paid within 90 days of invoice date.

5. The Applicant hereby agrees to indemnify, save harmless, and defend New York 811 and/or its Contract Vendor, if any, from and against any and all liabilities, claims, penalties, forfeitures, suits, and the costs and expenses incident thereto, including costs of defense, settlement, and reasonable attorneys' fees, which New York 811 and/or its Contract Vendor, if any, may hereafter incur, become responsible for, or pay out as a result of death or bodily injuries to any person or persons, destruction or damage to any property, contamination of or adverse effects on the environment, or any violation of any governmental laws, regulations, or orders, caused, in whole or in part, by the breach of any term or provision of this Agreement, or by any negligence or willful act or omission by the Applicant, its employees, subcontractors, agents, or assigns, in the performance of requirements of members of New York 811.

6. The Applicant owns or operates the following type(s) of subsurface utility facilities:

☐ Electric	☐ Water	☐ Gas
☐ Cable Television	☐ Telephone	☐ Communications
☐ Streets/Roadways	☐ Transmission Pipelines	
☐ Other _____		

7. The Applicant shall maintain, at one or more of its business office(s), to be selected by it, appropriate telecommunications and/or data processing equipment, to receive Underground Location Request messages dispatched by New York 811's One Call Center.

8. The Applicant shall be responsible for supplying telephone numbers that can be used as a backup line for transmission in the event of a primary telephone line failure.

9. The Applicant shall provide New York 811 or its designated agent with backup telephone numbers for each contact location and name and telephone number of a liaison representative.

10. For each receiving location, the Applicant shall supply New York 811 and the One Call Center with its facility database (ie via paper maps and/or digital submissions depicting the area in which the Applicant wishes to receive notices) in a format approved by New York 811. The Applicant shall immediately notify the One Call Center in writing of any changes in its coverage area.

11. The Applicant shall be responsible individually for taking such action, as it may deem necessary to protect the public and its underground facilities and to insure continuation of its utility service to the public.

12. The Applicant is currently entitled to the transmission of Underground Location Requests to a maximum of two (2) receiving stations per billing network. Transmission to additional

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16 NYCRR 753 Mandates 2-10 business days notice prior to excavation

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

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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



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: _____

Please note that for formatting reasons, there is a 30 character limit to company names, including spaces

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**



RECEIVING STATION INFORMATION

District Code: (to be assigned by OCC) Date:

Company Name:

Announce as:

Contact Name: Phone:

Contact E-mail:

Terminal Address:

Alternate Contact Name: Phone:

Type of Underground Facility:

** These numbers will only be used outside of your regular business hours.

RECEIVING EQUIPMENT

The information requested below is *how* the locate requests will be sent and blanks must be completed.

SFTP [☐] E-mail* [☐]

SFTP IP address: Login & password:

E-mail address*:

If receiving via email, above email must match email entered on NY 811 Email Ticket Agreement and Release Form

If software is used, what is the name of the product and who is the provider?

Completed by: Phone Number:

PLEASE NOTE: This form may be submitted only by an authorized representative of the company/facility owner and "terminal code" named above. By signing, you represent that you have authority to make such changes to the receiving information used by said company/facility owner and "terminal code".

*If E-mail delivery is selected, the Email Ticket Agreement and Release Form MUST be completed and signed.



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 INFORMATION

Automated emergency messages can be delivered by text message or an automated telephone call and can be sent to a maximum of two (2) phone numbers.

We will follow up on all emergencies due for work being done within one (1) hour with an additional automated message (in addition to the actual copy of the ticket) using one of the following methods below:

- **TEXT MESSAGE** (Short Message Service or SMS)

A text message will be sent to the designated number(s) immediately after the request is completed. The text message will include the ticket number, type of ticket, start date and time, contact name and contact phone number, address/nearest intersecting street and city. If no address is provided, a line reading "CALL FOR LOCATION INFO" replaces the address/nearest interacting street and city.

Sample text message:

FRM: ny@occinc.com
(TKT 855111111)
EMERGENCY
Start Dt/Tm:5/04/07
10:00AM
JOE PUBLIC @ 3167777777
123 MAIN ST
at 1ST ST
Port Jefferson
Station

- **AUTOMATED CALL**

An automated call will be made to the primary or alternate contact number provided. These numbers must be to a phone number that is answered promptly by an individual who is familiar with the process. Once a call is answered, the individual will be prompted to press 1. The ticket information will be available once the individual enters the correct response. After collecting the appropriate information, the individual is prompted to confirm receipt of the message so that no further attempts are made for the current ticket. If no contact is made at the primary number, an automated call to the alternate contact number will occur after 5 minutes. After several failed automated call attempts, a live operator will intervene to complete the call process.

Sample automated call:

"You have a new locate request from NY 811. Please press 1 to continue."

User presses 1

"Ticket 855111111."

"Press 9 at any time to accept this ticket. Otherwise press 1 to repeat the ticket number, 2 for start time, 3 for contact information, 4 for location of work, 5 for marking instructions, or 6 for ticket comment."

User enters 9: *"Ticket Accepted"*

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 ☐ Automated phone call ☐ No automated messages needed

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

- ☐ Business Hours ☐ After Hours ☐ Business and After Hours

Fill out of the following for the phone numbers to receive your emergency verification messages:

	<u>Primary Contact</u>	<u>Secondary Contact</u>
Phone #:	_____	_____
Contact Name:	_____	_____
Phone Carrier:	_____	_____

READ, ACKNOWLEDGED AND ACCEPTED:

Company: _____ Date: _____

By: _____ Title: _____

Print Name: _____ Ph. Number: _____

Terminal Code: _____



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).



PRICING SCHEDULE 2026

- 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 \$1,425,817 for the calendar year of 2026.
- 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 \$217,359.95, 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: \$3,847.27).
- c) The Board has duly authorized the Vendor to act as its agent through 2026, 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

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

(Ratified by Executive Committee Board on November 18, 2025)

NEW YORK 811 EXPLANATION OF FEES

As you read over the Pricing Schedule, it states the different costs involved in being a member. The fees can seem complicated. Here is an explanation of how the fees work.

- **Total Lump Sum Cost and Owner Operated/Operations fee (Items A & B on the pricing schedule):** Your company is **NOT** responsible for paying the entirety of the fees listed in these sections. Instead, you are only billed for a percentage of these fees. That percentage is calculated by dividing the total number of tickets received by ALL Participating Members by the total number of tickets received by your company alone. For example...
 - 100,000 tickets were sent to all Participating Members for the month. 15,000 tickets were sent to one specific Participating Member (your company).
 - Your company owes a percentage of the fees listed in section A & B of the Pricing Schedule. That percentage is calculated by dividing 100,000 by 15,000, which is 15%.
 - Participating members with large notification areas will receive a large number of tickets, and will have higher invoice totals. Participating Members with small notification areas will receive a small number of tickets, and will have lower invoice totals.
- Below is chart showing the combined Ticket and Operations Fees for the past few years.

Month	2023 Monthly Billable Tickets	2023 Price per Ticket	2024 Monthly Billable Tickets	2024 Price per Ticket	2025 Monthly Billable Tickets	2025 Price per Ticket
January	162,654	\$1.78	174,226	\$1.66	163,446	\$2.06
February	164,793	\$1.76	174,597	\$1.65	160,502	\$2.09
March	206,857	\$1.40	193,870	\$1.54	200,618	\$1.67
April	195,155	\$1.48	207,607	\$1.39	202,131	\$1.67
May	188,657	\$1.53	199,978	\$1.45	194,844	\$1.73
June	175,155	\$1.65	167,809	\$1.72	170,968	\$1.96
July	177,406	\$1.63	180,912	\$1.60	197,223	\$1.70
August	223,605	\$1.29	200,239	\$1.44	179,620	\$1.87
September	186,330	\$1.55	205,561	\$1.40	202,977	\$1.66
October	202,303	\$1.42	220,426	\$1.31	198,223	\$1.70
November	169,575	\$1.70	162,564	\$1.78	153,188	\$2.20
December	130,551	\$2.21	138,903	\$2.08	140,519	\$2.40
Totals	2,183,041	\$1.62	2,226,692	\$1.59	2,164,259	\$1.89

- **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.