

**City of Austin
Required Information Related to
Eligibility for Network Providers Proposing Use of Right-of-Way for Network Node,
Node Support Pole or Transport Facility**

INSTRUCTIONS:

Company is required to provide the following information, including a schedule of projected facility installations and a network node deployment plan for the coming calendar year. Quarterly updates of the plan are required including the status of completed installations and the number, type and estimated date for projected installations. **THIS IS NOT AN APPLICATION FORM FOR A PERMIT OR ATTACHMENT LICENSE.**

DATE OF SUBMITTAL: _____

COMPANY INFORMATION:

Company's Legal Name (Owner of Facilities)

<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
------------------------	-------------	--------------	------------

<u>Physical Address (if different from mailing address)</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
---	-------------	--------------	------------

<u>Primary Business (area code) Telephone #</u>	<u>24-Hour Emergency Phone #</u>
---	----------------------------------

<u>Toll-free customer service number</u>	<u>Primary e-mail address</u>
--	-------------------------------

<u>Designated primary authorized representative</u>	<u>Title</u>	<u>Phone #</u>	<u>Email</u>
---	--------------	----------------	--------------

<u>Designated secondary authorized representative</u>	<u>Title</u>	<u>Phone #</u>	<u>Email</u>
---	--------------	----------------	--------------

<u>Designated regulatory contact</u>	<u>Title</u>	<u>Phone #</u>	<u>Email</u>
--------------------------------------	--------------	----------------	--------------

<u>Designated complaint contact</u>	<u>Title</u>	<u>Phone #</u>	<u>Email</u>
-------------------------------------	--------------	----------------	--------------

<u>Primary emergency contact</u>	<u>Title</u>	<u>Phone #</u>	<u>Email</u>
----------------------------------	--------------	----------------	--------------

<u>Secondary emergency contact</u>	<u>Title</u>	<u>Phone #</u>	<u>Email</u>
------------------------------------	--------------	----------------	--------------

<u>Operation and policy migration contact</u>	<u>Title</u>	<u>Phone #</u>	<u>Email</u>
---	--------------	----------------	--------------

APPLICANT ELIGIBILITY INFORMATION:

Is your Company authorized to do business in the State of Texas? (Please check one) ___ Yes ___ No

- If a foreign entity, provide copy of Company’s certificate of authority to do business in the State of Texas.
- If not a foreign entity, under what authority does Company conduct business in the State of Texas?

Company is a “network provider” under Sec. 284.002(13) of the Texas Local Government Code as (check one of the following) either (1) ___ a wireless service provider, or (2) ___ builder or installer of wireless network facilities on behalf of a wireless service provider.

- If (1), provide Company’s valid state and/or federal licenses and authorizations necessary to install, operate, or maintain wireless facilities as wireless service provider.
- If (2), provide (a) a copy of Company’s agreement with a wireless service provider authorized to provide wireless services showing that the Company as agent for building or installing facilities on behalf of the wireless service provider along with (b) a copy of the wireless service provider’s valid state and/or federal licenses and authorizations for providing wireless services.

PLEASE SUBMIT ALL PROJECT INFORMATION THAT APPLIES AND THAT WILL APPLY TO COMPANY’S INSTALLATIONS TO DATE AND FOR THE NEXT TWELVE MONTHS IN AUSTIN RIGHT-OF-WAY:

Network Node(s): Completed = _____ Planned next 12 mos. _____

Node Support Pole(s): Completed = _____ Planned next 12 mos. _____

Transport Facility (Aerial/Underground): Completed = _____ Planned next 12 mos. _____

Colocation on Pole:

Streetlight pole: Completed = _____ Planned next 12 mos. _____

Distribution pole: Completed = _____ Planned next 12 mos. _____

Traffic Signal Pole: Completed = _____ Planned next 12 mos. _____

ASSIGNMENT APPROVAL

Company may not assign or transfer (in part or in whole) ownership to any of Company’s installations without the written consent of the City of Austin. Any assignment or transfer of ownership or responsibility to any of Company’s installations shall require Company’s successor to complete and submit to the City this form and

adequately demonstrate to the City of Austin that the assignee or successor is a “network provider” under Sec. 284 of the Texas Local Government Code.

EXECUTION

The undersigned authorizes the City of Austin to verify any and all information provided as determined necessary. In addition, the undersigned understands that failure to provide the requested information or false information on this form or related attachments may result in denial of requested permits.

THE OWNER OF THE FACILITIES, ACKNOWLEDGES BY THEIR SIGNATURES BELOW THAT THEY HAVE READ AND UNDERSTAND THE USES OF THE RIGHT-OF-WAY ORDINANCE (CITY OF AUSTIN CODE 14-11), USES OF CITY-OWNED UTILITY INFRASTRUCTURE (CITY OF AUSTIN CODE 15-7) AND OTHER PERTINENT ORDINANCES, CODES, MANUALS AND REQUIREMENTS, INCLUDING ALL INDEMNITY PROVISIONS, OR IF APPLICABLE ANY STATE LAW PROVISIONS AND THEY ACKNOWLEDGE AND AGREE TO BE BOUND BY THOSE INDEMNITY PROVISIONS. THE OWNER OF FACILITIES ACKNOWLEDGES THAT IT IS RESPONSIBLE AND LIABLE FOR ITS AGENTS, CONTRACTORS, AND SUB-CONTRACTORS. SUCH LIABILITY INCLUDES, BUT IS NOT LIMITED TO, REIMBURSEMENT FOR ALL DAMAGE TO PROPERTY, REPAIR AND REPLACEMENT OF PROPERTY TO THE SAME OR BETTER CONDITION PRIOR TO THE CONSTRUCTION. SUCH REIMBURSEMENT MAY ALSO INCLUDE, IF APPLICABLE, ADDITIONAL COST TO THE CITY FOR CITY PERSONNEL OR OTHER LAWFUL USERS OF THE RIGH-OF-WAY, RESPONDING TO EMERGENCY SITUATIONS WHERE ROADBEDS, WATER OR SEWER LINES OR OTHER UTILITY LINES HAVE BEEN DAMAGED AS A RESULT OF THE CONSTRUCTION WORK PERFORMED.

SIGNED:

Facility Owner: (Company Name) _____

By (Authorized Representative): (Signature) _____

Authorized Representative Printed Name: _____

Title: _____ Telephone: _____

E-mail address: _____

ACKNOWLEDGMENT

STATE OF TEXAS
COUNTY OF TRAVIS

BEFORE ME, the undersigned on this day personally appeared

(Names and Titles),

and attested that they are authorized to sign on behalf of the company shown above and proved to me through the presentation of a valid Texas Driver’s License to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed. They furthermore attested that they are signing this document in their capacity as shown in the above set out Titles for and on behalf of the Company as shown above, and that such capacity makes their signatures valid and binding to said Company.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this ____ day of _____, 20____.

NOTARY OF PUBLIC

My Commission Expires:

Notary Public, in and for the State of Texas