



## **Instructions for Completing the Kentucky 811 Membership Agreement**

1. Please fill out and return to Kentucky 811. Once your membership has been activated and you are receiving locate requests, a copy will be signed and returned for your files.
2. There may be sections of the forms that do not apply to you. If that is the case, please leave those portions blank.
3. Required information:
  - Primary/Senior Leadership Contact
  - Service Area/Database Contact
  - Billing Contact
  - Contact information for receiving destination
  - Email address for receiving tickets
  - Emergency & After-Hours Contact(s)
  - Hours of Operation & Observed Holidays
  - Design Engineer Contact(s)
  - Design Ticket Contact and Destination (Optional)
  - Electronic Positive Response (Optional)
4. Once you have filled out the required forms, please mail them via:
  - Email – [memberservices@usa811.org](mailto:memberservices@usa811.org)
  - Fax – (317) 386-7820
  - Mail – Kentucky 811  
Member Services  
PO Box 23600  
Louisville, KY 40223

If you have any questions, please contact Member Services at [memberservices@usa811.org](mailto:memberservices@usa811.org) or (502) 493-3541.

**Kentucky Underground Protection Service, Inc.**  
**DBA Kentucky811**  
**Membership Agreement**

This agreement, made this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between Kentucky 811, a Kentucky Not-For-Profit Corporation and the state designated notification center for all 811 locate requests, with its principal offices in Louisville, Kentucky, hereinafter referred to as the “Corporation”, and \_\_\_\_\_, with its principal office a \_\_\_\_\_, \_\_\_\_\_ hereinafter referred to as “Member” in the grade of:

Voting (Owns Underground Plant)

WHEREAS, Member may have underground facilities needing the protection offered by Corporation, and therefore wishes to become a Member of the Corporation.

Member does hereby agree to support the purposes for which Kentucky 811 was formed, namely to operate a statewide, one-call system to receive notification prior to any activity which may damage underground facilities, and to relay the notification to the Corporation’s members in order to reduce dig-in damages, periods of utility service disruptions, and the risk of injury to excavators and the public.

The Member shall be obligated to pay fees. The fees shall be based upon a fee schedule adopted by the Board of Directors of the Corporation, and may be changed from time to time, as necessary, in accordance with the Corporation’s By-Laws. It shall be the

obligation of the Member to submit in writing to the Corporation or its designated assignee, all necessary data as to the geographical area for which they wish to be notified of underground locate requests.

The agreement shall be considered to be in full force and effect from the date first above written into perpetuity and shall be considered binding upon the successors and assigns of the Member herein stated. Termination of this agreement must be done in writing and requires thirty (30) days advance notice.

**Company:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**811:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Daniel J. Lucarelli, Executive Director**

**KENTUCKY 811 MEMBERSHIP CONTACTS**

Changes to membership information must be submitted in writing. Changes will be made by the end of the next regular business day. Please complete the entire form, make a copy for your records and either fax or email the changes to:

Fax: 317-386-7820

Email: [memberservices@usa811.org](mailto:memberservices@usa811.org)

Member Name: \_\_\_\_\_

Member/Service Area ID(s): \_\_\_\_\_

Facility Types: \_\_\_\_\_

**Primary Point of Contact/Senior Leadership Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

**Alternate Point of Contact/Senior Leadership Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

**Legal Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

**Marketing Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Kentucky 811 Office Use Only: Updated** \_\_\_\_\_ **By:** \_\_\_\_\_

**KENTUCKY 811 MEMBERSHIP CONTACTS (Cont.)**

Changes to membership information must be submitted in writing. Changes will be made by the end of the next regular business day. Please complete the entire form, make a copy for your records and either fax or email the changes to:

Fax: 317-386-7820

Email: [memberservices@usa811.org](mailto:memberservices@usa811.org)

Member Name: \_\_\_\_\_

Member/Service Area ID(s): \_\_\_\_\_

**Government Affairs Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

**Service Area/Database Contact (Mapping/GIS)**

Service Area Name:		Service Area ID:	
Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

**Alternate Service Area/Database Contact (Optional)**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

**Billing Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	
Purchase Order Number (If Applicable):			

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**KENTUCKY 811 TICKET DESTINATION**

Changes to membership information must be submitted in writing. Changes will be made by the end of the next regular business day. Please complete the entire form, make a copy for your records and either fax or email the changes to:

Fax: 317-386-7820

Email: [memberservices@usa811.org](mailto:memberservices@usa811.org)

Member/Service Area Name: \_\_\_\_\_

Member/Service Area ID(s): \_\_\_\_\_

**Receiving Destination Contact**

NOTE: Contact will be called first if there is an issue transmitting tickets to the given address.

Contact Name:		Title:
Email:		
Phone:	Cell:	Fax:
Address:		
City:	State:	Zip Code:

**Main Receiving Device Address**

Email Address:
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**Alternate Device (Should Transmission Problems Occur)**

Email Address:
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**After-Hours Receiving Destination Contact for Emergency Tickets (Optional)**

NOTE: Contact will be called first if there is an issue transmitting tickets to the given address.

Contact Name:		Title:
Email:		
Phone:	Cell:	Fax:
Address:		
City:	State:	Zip Code:

**After-Hours Receiving Device Address**

Email Address:
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**Alternate Device (Should Transmission Problems Occur)**

Email Address:
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**KENTUCKY 811 SERVICE AREA/EMERGENCY CONTACT INFORMATION**

Changes to membership information must be submitted in writing. Changes will be made by the end of the next regular business day. Please complete the entire form, make a copy for your records and either fax or email the changes to:

Fax: 317-386-7820

Email: [memberservices@usa811.org](mailto:memberservices@usa811.org)

Member/Service Area Name: \_\_\_\_\_

Member/Service Area ID(s): \_\_\_\_\_

**Normal Business Hours – Monday thru Friday 7am – 6pm Eastern Time**

**Ticket Concerns Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

**Emergency Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

**After-Hours – Monday thru Thursday 6p – 7am and 6pm Friday to 7am Monday Eastern Time**

Kentucky 811 will call the following contact to ensure any Emergency Tickets were received and acknowledged.

**1<sup>st</sup> Emergency Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

**2<sup>nd</sup> Emergency Contact (Optional)**

Contact Name:		Title:	
Email:			
Phone:	Cell:	Fax:	
Address:			
City:	State:	Zip Code:	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Kentucky 811 Office Use Only: Updated \_\_\_\_\_ By: \_\_\_\_\_**

**KENTUCKY 811 HOURS OF OPERATION AND HOLIDAYS**

Changes to membership information must be submitted in writing. Changes will be made by the end of the next regular business day. Please complete the entire form, make a copy for your records and either fax or email the changes to:

Fax: 317-386-7820

Email: [memberservices@usa811.org](mailto:memberservices@usa811.org)

Member/Service Area Name: \_\_\_\_\_

Member/Service Area ID(s): \_\_\_\_\_

Time Zone: \_\_\_\_\_

**Normal Business Hours**

Day	Start Time	End Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

**Holidays**

The holidays that are observed by Kentucky 811 for the Two Full Working Day Notice required by Law, are based off the State of Kentucky and Federal Government Holiday schedules. Please check [X] the holidays that you observe and will not be open; requiring calls to your After-Hours Contact on any priority tickets.

New Year's Day	
Martin Luther King, Jr. Day	
President's Day	
Good Friday	
Memorial Day	
Independence Day	
Labor Day	

Columbus Day	
Veterans Day	
Thanksgiving Day	
Day After Thanksgiving	
Christmas Eve	
Christmas Day	
New Year's Eve	

The Two Full Working Day Notice will not be affected by any other holiday. Kentucky 811 will **not** make manual phone calls to your After-Hours Emergency Contact(s) on the dates listed below.

If you observe holidays that are not listed above, please write the **name** and **date** of the holiday below.


Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**KENTUCKY 811 DESIGN ENGINEER CONTACT**

Changes to membership information must be submitted in writing. Changes will be made by the end of the next regular business day. Please complete the entire form, make a copy for your records and either fax or email the changes to:

Fax: 317-386-7820

Email: [memberservices@usa811.org](mailto:memberservices@usa811.org)

Member Name: \_\_\_\_\_

Member/Service Area ID(s): \_\_\_\_\_

Kentucky 811 is part of the design process for large future projects around the state of Kentucky. Kentucky 811 offers a web-based design tool that allows engineers working on these future projects the ability to determine what member utilities have infrastructure in the area where these projects could take place. The web-based design tool utilizes our Member Service Area Database to provide the design engineers with contact information for the member utilities in the proposed project area. In the area below, please provide the contact information for the individual or department in your organization you want to have listed in the design tool application.

**Design Engineer Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell (Optional):	Fax:	
Address:			
City:	State:	Zip Code:	

**2<sup>nd</sup> Design Engineer Contact (Optional)**

Contact Name:		Title:	
Email:			
Phone:	Cell (Optional):	Fax:	
Address:			
City:	State:	Zip Code:	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**KENTUCKY 811 DESIGN TICKET & CONTACT**

Changes to membership information must be submitted in writing. Changes will be made by the end of the next regular business day. Please complete the entire form, make a copy for your records and either fax or email the changes to:

Fax: 317-386-7820

Email: [memberservices@usa811.org](mailto:memberservices@usa811.org)

Member Name: \_\_\_\_\_

Member/Service Area ID(s): \_\_\_\_\_

Different from the web-based Design Tool, Kentucky 811 offers a Design Ticket which is a notification requesting location information regarding buried utilities made to Kentucky 811 in preparation for bidding, preconstruction engineering, or other advance-planning efforts. A Design Ticket may not be used for excavation purposes. Kentucky 811 members are required to respond to these Design Tickets within ten (10) full working days of receipt. Response to the person making the notice includes, but is not limited to, providing prints, maps, drawings, on-site markings, and other facility records of existing utility facilities.

Design Tickets will be delivered to the main destination specified on the “Kentucky 811 Ticket Destination” form. If you would prefer Design Tickets be delivered to a different destination, such as your Engineering Department, please complete and return this form.

**Design Ticket Contact**

NOTE: Contact will be called first if there is an issue with a Design Ticket or transmitting tickets to the given address.

Contact Name:		Title:	
Email:			
Phone:	Cell (Optional):	Fax:	
Address:			
City:	State:	Zip Code:	

**Design Ticket Receiving Device Address**

Email Address:
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**Alternate Device (Should Transmission Problems Occur)**

Email Address:
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Kentucky 811 Office Use Only: Updated** \_\_\_\_\_ **By:** \_\_\_\_\_

**KENTUCKY 811 POSITIVE RESPONSE**

Changes to membership information must be submitted in writing. Changes will be made by the end of the next regular business day. Please complete the entire form, make a copy for your records and either fax or email the changes to:

Fax: 317-386-7820

Email: [memberservices@usa811.org](mailto:memberservices@usa811.org)

Member Name: \_\_\_\_\_

Member/Service Area ID(s): \_\_\_\_\_

Kentucky 811 offers a service called Electronic Positive Response (EPR) to assist with providing a communication link between the you, the utility owner/operator, and the persons who have submitted utility location requests, advising whether the location markings for your facility are complete, the underground facility is not in conflict with the proposed excavation site and it is safe to dig or whether there are extenuating circumstances requiring additional action before it is safe to dig. The EPR system efficiently enhances the communication process and reduces the need for additional phone calls from excavators and delivery of additional utility location request tickets to our members.

Once a member receives a locate request, they will deliver a status message code to Kentucky 811's EPR system via ticket management upload or manual entry. Excavators will be able to go online and view the status of locate request(s) they have submitted to Kentucky 811.

There are two different options for providing positive response information back to Kentucky 811:

1. A member can manually enter positive response codes into our system or
2. Upload responses directly into our system.

**Select which type of EPR you would like to use:**

- Upload process
- Manual Entry (If selected, please fill out the section below.)

**Manual EPR Contact**

Contact Name:		Title:	
Email:			
Phone:	Cell (Optional):	Fax:	
Address:			
City:	State:	Zip Code:	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Kentucky 811 Office Use Only: Updated** \_\_\_\_\_ **By:** \_\_\_\_\_