***To be completed annually by June 1, or as required due to contact information changes.***

**Submit via email to** [poleattachments@btutilities.com](mailto:poleattachments@btutilities.com)**. Email Subject Line: Registration & Annual Reporting Form.**

**Date Form Submitted to BTU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| |  |  |  |  | | --- | --- | --- | --- | | Licensee General Information | | | | | Licensee Name |  | | | | Corporate Address |  | | | | Local Address |  | | | | Form Submitted by |  | | | | Telephone Number |  | | | | Email |  | | | |  |  | | | | Does This Entity Hold a Certificate from the Public Utility Commission of Texas? | | | **Y / N** | | If Yes, Indicate Certificate Number and Date Received | |  | | |  |  | | | | Has This Entity Been Granted a Franchise, Licensee Agreement, Permit, or Ordinance by the City of Bryan? | | | **Y / N** | | If Yes, Indicate Certificate Number and Date Received | |  | | | Has This Entity Been Granted a Franchise, Licensee Agreement, Permit, or Ordinance by a Suburban City in the BTU Service Area? | | | **Y / N** | | If Yes, Indicate City, Certificate Number and Date Received | |  | | |  | |  | | | Is This Entity an Infrastructure Provider as Defined by the Standards? | | | **Y / N** | | If Yes, Please Identify All Infrastructure Provider Sublicensees Under Contract | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |  | | | |  |  | | | | Licensee Contact for Contract/Legal Notices (Primary Contact) | | | | | Contact Name |  | | | | Title |  | | | | Address |  | | | | Telephone |  | | | | Email |  | | | | Fax |  | | | |  |  | | | | Licensee Contact for BTU Insurance Notices | | | | | Contact Name |  | | | | Title |  | | | | Address |  | | | | Telephone |  | | | | Email |  | | | | Fax |  | | | |  |  | | | | **Licensee Contact for Annual Billing/Invoicing/Rental Payments** | | | | | Contact Name |  | | | | Title |  | | | | Address |  | | | | Telephone |  | | | | Email |  | | | | Fax |  | | |  |  |  | | --- | --- | | Licensee Contact for Attachment Transfer Notices | | | Contact Name |  | | Title |  | | Address |  | | Telephone |  | | Email |  | | Fax |  | |  |  | | **Licensee Contact for Make-Ready Invoicing** | | | Contact Name |  | | Title |  | | Address |  | | Telephone |  | | Email |  | | Fax |  | |  |  | | **Licensee Contact for Emergency / Damaged Plant / Network Operations Center** | | | Contact Name |  | | Title |  | | Address |  | | Telephone |  | | Email |  | | Fax |  | |  |  | | **Licensee Other Contact** | | | Contact Purpose |  | | Contact Name |  | | Title |  | | Address |  | | Telephone |  | | Email |  | | Fax |  |  |  |  | | --- | --- | | **Licensee Contact for Dispute Escalation** | | | First Level Contact  Name |  | | Title |  | | Address |  | | Telephone |  | | Email |  | | Fax |  | |  |  | | Second Level Contact  Name |  | | Title |  | | Address |  | | Telephone |  | | Email |  | | Fax |  | |  |  | | Third Level Contact  Name |  | | Title |  | | Address |  | | Telephone |  | | Email |  | | Fax |  |   ***Add rows in table as necessary***   |  |  |  |  | | --- | --- | --- | --- | | **New Attachment List** | | | | |  |  |  | | | **BTU Pole Number** | **Description of Attachment, Overlash, or Wireless Installation** | **Approximate Date of Unpermitted Attachment** | | |  |  |  | | |  |  |  | | |  |  |  | | |  |  |  | | |  |  |  | | |  |  |  | | |  |  |  | | |  |  |  | | |  |  |  | | | **Non-Functional List** | | | | |  |  | |  | | **BTU Pole Number** | **Description of Attachment, Overlash, or Wireless Installation** | | **Approximate Surrender Date** | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | | **Removed Equipment List** | | | | |  |  | |  |  | | **BTU Pole Number** | **Description of Attachment, Overlash, or Wireless Installation** | | **Approximate Removal Date** | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  |  |  | | --- | | **Additional Remarks (attach additional documents as necessary)** | |  | |  | |  | |  | |

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| For BTU Use Only | |
| Date Received by BTU |  |
| By |  |
| Printed Name |  |
| Title |  |
| Date |  |