



REGISTRATION APPLICATION FOR UTILITIES WITHIN CITY RIGHT OF WAY

Brooklyn Center Public Works Department
6301 Shingle Creek Parkway
Brooklyn Center, Minnesota 55430-2199
763-569-3340
763-569-3440 Fax

Registrant Information (Company Information)

Name:
Address:
City: State: Zip Code:
Phone Number: Fax Number:
E-Mail Address:

One-Call Information (If Applicable)

Operator Registration Number: ID Number (If Contractor):

Local Area Representative

Name:
Address:
City: State: Zip Code:
Phone Number: Fax Number:
E-Mail Address:

24 Hour Emergency Contact Information (Notify the city immediately if this information changes)

Name: Phone Number: Cell Phone: Fax Number:

Certificates and Licenses

Please attach copies of certificates and licenses as required for registration

1. Certificate of Insurance
2. Certificate of Incorporation (If Incorporated)
3. Certificate of Authority from Minnesota Public Utilities Commission (MPUC)
4. Removal Bond (Equipment Owner Only)
5. Minnesota Contractors License

For Office Use Only

Date Received: Date / Approved: