

**APPLICATION FOR ATTACHMENT TO UTILITY POLES**

Name of Company: \_\_\_\_\_

Managing Director: \_\_\_\_\_

Registered Address: \_\_\_\_\_

Licence Reference No: \_\_\_\_\_

Date of Issue of Licence: \_\_\_\_\_

Period for which Licence is granted: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Operations/Maintenance Centre: \_\_\_\_\_

Telephone (day): \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency (24 hours, or after normal working hours): \_\_\_\_\_

Geographic Boundary of Operation (use additional paper if necessary or attach marked map):

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(1) Names of key Operations Personnel and Qualifications:

Names of Operations Personnel	Qualifications

(2) Names of all Operations Personnel and Regions assigned:

Names of Operations Personnel	Position or Title	Regions Assigned

(3) Number of Maintenance Teams and working period:

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(5) List of Tools for use in working on Poles and Quantities:

Name of Tool	Quantity
Insulated Ladder	
Linesman Belt	
Safety Helmets	
Working Gloves	
(List Other Tools)	

(6) List of Equipment which is to be mounted on poles: Give weights, dimensions and provide Catalogue information:

Name of Equipment	Weight	Dimensions (LxWxH)

(7) STVO's Power Supplies Installation Data

Sht. \_\_\_ of \_\_\_

PARISH	ZONE NO.	ZONE NAME	POWER SUPPLY LOCATION ADDRESS	POWER SUPPLY (PS) RATING (V, I, W & F)	DATE INSTALLED	QTY. AND RATING (V, I, W & F) OF DEVICE POWERED BY EACH P.S.

