

{Attachement "A"}

City of Concord
Application for Approval of Tier I Registration for Licensed Professional to
Obtain and Use Sensitive Infrastructure Data

This is a request by **LICENSED PROFESSIONALS** authorizing representatives of their company to obtain sensitive maps, plans, data, and other engineering information pertaining to the City's public infrastructure systems for their use in the practice of their profession, as per the City's Infrastructure Confidentiality and Security Policy, Section 3.2. **Please attach a detailed description of the information requested and its intended use.**

Category of Information Requested:

- | | |
|---|--|
| <input type="checkbox"/> Water System | <input type="checkbox"/> Storm Water System |
| <input type="checkbox"/> Sewer System | <input type="checkbox"/> Electric System |
| <input type="checkbox"/> Public Buildings | <input type="checkbox"/> Public Security Plans |
| <input type="checkbox"/> Telecommunication and Data Network Systems | |

I hereby designate the following individuals of our organization to make requests for information as described above. As a condition of this approval we will immediately notify CITY, in writing, if any of these employees are terminated or otherwise not authorized to obtain information under this agreement. We may add employees in a similar manner. I understand and agree that the City of Concord provides no warranties of any kind (including express, implied or other warranties) about the data provided. The City strives to create and provide accurate information, however I understand that the information may contain errors.

Employees Authorized (Please Print): (If more names are needed, please attach a second sheet.)

_____	_____
_____	_____

I hereby agree that any material furnished to our company will not be copied for transmittal to any other company or individual outside our company. Approval of this request is conditional upon reading and accepting the terms of the City's *Infrastructure Confidentiality and Security Policy*, including contract termination, limits upon future work and payment of damages, if any.

NAME OF REQUESTING FIRM: _____

ADDRESS: _____

REQUESTED AND AUTHORIZED BY:

_____	_____	_____
(Printed Name)	(Title)	
_____	_____	_____
(Signature)	(Date of Request)	(NC Professional License Number)

CITY APPROVED BY:

_____	_____	_____
(Director of lead dept.)	(Title)	(Date Approved)