



# Instructions for Applicant Submission of Authorized Contractor

AAC Instructions  
5/20

## Do not submit a request until the following has been done:

1. The Applicant Company must have a valid Structure Access agreement with AT&T **which has been updated to include verbiage around the FCC-118-11 order**. For more information please see the [CLEC online site](#). In the section called **Guidelines**, you will find a subsection called **New Agreement Negotiation Process**. This will provide you with the instructions you'll need to get that FCC verbiage added to the existing agreement with AT&T or initiate a Structure Access agreement.
2. The Authorized Signature must have a Letter of Authorization (LOA) on file for the Applicant Company.

## Applicant Information

This section includes information pertaining to the Applicant. The Applicant is the company (Attaching Party) whose facilities will be attached to the pole. This is the company that will be authorizing and certifying the contractor information in the section below.

**Applicant (Company Name)** - Complete these fields with the name of the Applicant company

**Applicant tracking #** - This field is optional. The applicant company can use this field internally to track these forms

**Authorizer Name, Title, Email** - Provide Name, Title and valid email address. The Authorizer is the person within the Applicant Company

who is authorizing/certifying the contractor information provided below. This person is the contact person who AT&T will notify should any communications be necessary regarding the Applicant Authorized Contractor. If the applicant is not authorized, then he/she will need to submit a LOA (Letter of Authorization) form as well. [LOA Form](#)

**License/SA Agreement or LSB #** - This is the applicants license, SA agreement or LSB number they have on file with AT&T. If you do not know yours, please send an email to [g14158@att.com](mailto:g14158@att.com) and someone from AT&T will help you find it.

## Application Type

This section includes the Type of work the Contractor Company is authorized to perform for the Applicant Company. Select the work type that is being Authorized on this form. One form per Work Type is required.

**Initial or Change request** – Choose from the drop down if this is an Initial or Change request

**If a Change Request, please tell us what is changing** – Please specify what is changing on this form

**Contractor Work Authorization Type** – Select from the drop down one of the following:

**Pole Attachment Survey in the Communications Space** - By checking this box, the Applicant Company is authorizing/certifying the contractor below is able to perform Survey work WITHIN the Communications Space of a pole.

**Pole Attachment Make Ready Work in the Communication Space** - By checking this box, the Applicant Company is authorizing/certifying the contractor below is able to perform Make Ready work WITHIN the Communications Space of a pole.

**Make Ready Work Above the Communications Space** - By checking this box, the Applicant Company is authorizing/certifying the contractor below is able to perform any work ABOVE the Communications Space of a pole, i.e. the Electrical Space.

## Contract Company Information

This section includes the information about the Contract Company being authorized by the Applicant Company.

**Contract Company Name, Address, City, State, Zip** - Complete these fields with the Contract Company name and address of the

person representing the Contract Company.

**Contact Name, Telephone Number and Email** - Provide Contract Company Contact Name, telephone number and valid Email address.

The name is the person within the Contract Company who will be the single point of contact as it relates to the type of work authorized on this form. This person will be notified by AT&T should any communications be necessary regarding the work performed.

**Effective Date** - Provide the date on which the authorization of this Contract Company by the Applicant Company begins.

**Do you want an expiration date?** Select "Yes, I want an expiration date on the Contractor" or "No, I don't want an expiration date on

this contractor" from the drop-down menu.

**If you entered yes to the question above, please select an expiration date** - Provide the date on which the authorization of this

Contract Company by the Applicant Company should end. **Please note:** After this end date, if the Applicant Company wants to keep this Contract Company authorized for this type of work, a new Authorization form will be required.

**State(s) Authorized to Perform Work** – Put an X on the state or states in which the Applicant Company is authorizing this Contract

Company to perform this work

## Contract Company Insurance Information

This section includes the Insurance Policy information held by the Contract Company. By providing this information, the Applicant Company is certifying that the Contract Company has current, valid insurance coverage.

**Insurance Company Name** - Provide Insurance Company Name with which the Authorized Contract Company holds a current, valid insurance policy.

**Address, City, State, Zip** - Provide the Address (number and street), City, State and Zip of the Insurance Company with which the

Authorized Contract Company holds a current, valid insurance policy.

**Telephone Number** - Provide a valid telephone number for the Authorized Contract Company's Insurance Company.

## Certification and Signature

This section includes a statement regarding certification of the Contract Company by the Applicant Company. The Applicant Company should read and understand this statement in its entirety prior to signing the form. By signing the form, the Authorizer who is representing the Applicant Company agrees to the certification statement thereby authorizing the Contract Company to perform the type of work as indicated on this application. The Person who is representing the Applicant Company must have a LOA on file with AT&T. If one does not exist, then please submit one with this application. The form can be found here, [LOA Form](#)

**Authorized Signature** - Provide name of the Authorizer at the Applicant Company who has a LOA with AT&T

**Date** - Date on which the Authorizer at the Applicant Company signs this form.

**Email to [g14158@att.com](mailto:g14158@att.com)** - Send this completed form to AT&T at the email address provided: [g14158@att.com](mailto:g14158@att.com)

You will receive an email response with the form for your records indicating if it has been denied or approved. Only send one form per email.