



An AEP Company

BOUNDLESS ENERGY

# APPLICATION FOR POLE ATTACHMENT AGREEMENT WITH:

APPALACHIAN POWER	<input checked="" type="checkbox"/> AEP TEXAS (TCC)	COLUMBUS SOUTHERN POWER
INDIANA & MICHIGAN POWER	KENTUCKY POWER	KINGSPORT POWER
OHIO POWER	PUBLIC SERVICE OF OKLAHOMA	SOUTHWESTERN ELECTRIC POWER
<input type="checkbox"/> AEP TEXAS (TNC)	WHEELING POWER	

**DATE:** 08-19-2020

**APPLICANT'S LEGAL BUSINESS NAME:** \_\_\_\_\_ **COUNTY OF HIDALGO, TEXAS**

**LEGAL OPERATING NAME IF DIFFERENT FROM BUSINESS NAME:** \_\_\_\_\_

**TYPE OF ORGANIZATION:** ("x" one)

SOLE PROPRIETORSHIP: FULL NAME OF OWNER: \_\_\_\_\_

PARTNERSHIP: FULL NAME OF PARTNERS: \_\_\_\_\_

CORPORATION: FULL NAME OF PRESIDENT: \_\_\_\_\_

GOVERNMENT: FULL NAME OF VICE PRESIDENT: \_\_\_\_\_

FULL NAME OF SECRETARY: \_\_\_\_\_

FULL NAME OF TREASURER: Lita Leo, Treasurer

**IF INCORPORATED, STATE INCORPORATED IN AND DATE OF INCORPORATION:** \_\_\_\_\_

**LOCAL MANAGER OR PRIMARY CONTACT PERSON:** NAME: Daniel Salinas

ADDRESS: 100 E. Cano

CITY, STATE & ZIP: Edinburg, TX 78539

TELEPHONE: (956)292-7010

E-MAIL ADDRESS: daniel.salinas@co.hidalgo.tx.us

**CORPORATE OFFICE MGR OR CONTACT PERSON:** NAME: Valde Guerra  
(IF APPLICABLE)

ADDRESS: 100 E. Cano

CITY, STATE & ZIP: Edinburg, TX 78539

TELEPHONE: (956)292-7000

E-MAIL ADDRESS: \_\_\_\_\_

**ADDRESS WHERE ALL BILLS ARE TO BE SENT:** NAME: Arcilia Duran, Hidalgo County Auditor

ADDRESS: 2808 S. Business Highway 281

CITY, STATE, & ZIP: Edinburg, TX 78539

**COMPLETE NAME, TITLE, & E-MAIL ADDRESS OF PERSON(S) WHO WILL SIGN AGREEMENT:** Richard F. Cortez, Hidalgo County Judge

AREA WHERE SERVICE WILL BE PROVIDED:  
[ATTACH 8 1/2" X 11" MAP SHOWING EXACT AREA(S)]

See attached map

**CONSTRUCTION PLAN:**

When is the proposed installation scheduled to begin? 09/01/2020  
When is the proposed system scheduled to be placed in service? 12/01/2020  
What type of attachments is being proposed: (Fiber, CoaX, etc.)? Wireless Access

PLEASE FORWARD MANUFACTURER SPECIFICATION DETAIL OR SKETCH WITH DIMENSIONS (DIAMETER, WT., ETC.) OF ATTACHMENTS

**PROPOSED SERVICES BEING PROVIDED (including any services provided by third parties over applicant's facilities):**

(Place an "X" in the appropriate box)

CABLE SERVICE AS DEFINED IN 47 U.S.C. §224	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	DATE TO PROVIDE	_____
TELECOMMUNICATIONS SERVICE AS DEFINED IN 47 U.S.C. §224	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	DATE TO PROVIDE	_____
INTERNET SERVICE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	DATE TO PROVIDE	<u>12/01/2020</u>
COMMERCIAL SECURITY SERVICES	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	DATE TO PROVIDE	_____
OTHER SERVICES	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	DATE TO PROVIDE	_____

(Please Describe): \_\_\_\_\_

**INSURANCE INFORMATION:**

If an agreement is granted, proof of insurance coverage in the following amounts will be requested in the form of a Certificate of Insurance:

- >Worker's Compensation and Occupational Disease in accordance with laws of the state in which the work is to be performed.
- >Employer's Liability coverage in an amount not less than ~~\$5,000,000~~ for each accident.
- >Commercial General Liability insurance with limits of not less than ~~\$5,000,000~~ each occurrence and aggregate.
- >Commercial Automobile insurance with a limit for bodily injury and property damage of not less than \$5,000,000 each accident.

Such certificate(s) shall state that the insurance carrier will provide thirty days prior written notice of any material change in, or cancellation of, such policies. The certificate should also show the name of the insured operations, e.g. "dba....."

***NO ATTACHMENTS SHALL BE MADE TO AEP POLES PRIOR TO EXECUTION BY ALL PARTIES OF A POLE ATTACHMENT LICENSE AGREEMENT AND THE APPROVAL OF THE APPLICABLE CONSTRUCTION PROPOSAL. AEP's submittal of this application form or an unexecuted pole attachment license agreement does not constitute an offer to enter into such agreement. AEP will not review any proposed attachments until a fully executed agreement is returned.***

**PLEASE RETURN COMPLETED APPLICATION FORM, CERTIFICATE OF INSURANCE AND A \$500 APPLICATION FEE TO:**

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David B. Day, J.U.R.	Phone: 361-881-5896
Distribution Attachment Services	Fax: 361-880-6221
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