EXHIBIT A (Part I)

APPLICATION FOR POLE ATTACHMENT OR REMOVAL

Place: _____,_____ Date:_____
City State

☐ Request to Attach. (complete Part IV)
☐ Request to Overlash. (complete Part IV)
☐ Service Drop
☐ Notice of Maintenance
☐ Notice of Removal. (Include type)
_____(Qty) Transmission Poles
_____(Qty) Distribution Poles
_____(Qty) Transmission Poles for Overlash
_____(Qty) Distribution Poles for Overlash

_____
(Licensee)

Cable Type: ☐ Fiber ☐ Coax ☐ Other
Cable Diameter: _____.
Sag Tension: _____.
Estimated Construction Complete date: _____

Description of Cable Route _____
_____
(Detailed map required, with requested poles numbered and marked as OH or Overlash)

APPLICATION IS: ☐ Approved
☐ Approved with modifications (Explanation of modifications attached)
☐ Denied (Explanation Attached)

Work Order # _____
Make Ready Cost $_____
Design # _____

Approved by:_____ Date:_____
(Distribution Designer)

Work Order #_____ Inspection Cost $ _____

The above described attachments are hereby brought under and made a part of the JOINT USE AGREEMENT, on file in Joint Use Department.

By the signature below, Licensee represents and warrants to Idaho Power that prior to making any attachments to Idaho Power poles under this pole attachment application, Licensee will obtain any and all consents, permits and/or licenses required from the owner of the underlying property, as provided in the Pole Attachment Agreement between Idaho Power and Licensee.

Attachments made by Licensee as directed by Idaho Power:

Date_____ Licensee Signature_____

IDAHO POWER COMPANY LICENSEE

by_____ by_____
Joint-Use Specialist

1 - Failure to complete Entry within 180 days of approval will require a new Application and Application Fee

Applications will be rejected if the required documentation is not provided when submitted

Exhibit A - Part IV - Joint Use Project Details

Project Details

Licensee _____ Date _____ New Cable Type _____ Total Bundle Diameter _____

New Cable Diameter _____ Total Bundle lbs/ft _____

Contact Person _____ Phone _____ New Cable lbs/ft _____

Route Location

City _____

County _____

State _____

Pole Number and Location Information				Proposed Attachment			Existing Attachments List distance from attachment to ground of street surface (Ft. & In.)				Proposed Installations (riser, anchor/guy, canal crossing)	IPC Contractor Assessment		
Map Sheet #	POLE ID (GISO)	Only if no GISO Latitude	Only if no GISO Longitude	At Pole Height (Ft. & In.)	Height at Midpoint (Ft. & In.)	Span to Next Pole (Ft.)	Lowest Power	Highest Comm	Lowest Comm	Lowest Comm. Midspan	Licensee Notes	Initial Make Ready Assessment (Y/N)	Make-Ready Proposed Modifications to Allow for Attachment:	Installation Instructions

Canal Crossing Requirments									*Written verification of crossing height requirments from canal owner included with Application? (Y/N) *must include references to canal name/owner/operator, location, minimum crossing height, and point of measurement.
Map Sheet #	POLE ID (GISO A)	POLE ID (GISO B)	Latitude	Longitude	Canal Name	Canal Owner/Operator	Authorized Minimum Crossing Height	Point of Measurment	