



# Alternate Locate Provider Program

## Request for ALSP Registration Assessment

This form must be completed fully and submitted to Utility Safety Partners (USP) to initiate the Alternate Locate Service Provider (ALSP) Registration Assessment Process.

Please review each item and check each item to confirm your agreement:

- I have reviewed the Registration Assessment Program Documentation.
- I have self-assessed my company against the Registration Assessment Criteria to ensure major gaps are addressed prior to requesting assessment.
- I agree to pay the ALSP Assessment Fee to initiate the audit process.
- I understand that the ALSP Assessment Fee must be paid no matter the outcome of the Registration Assessment process.
- I have adequate resources in place to support the audit process.
- I have the authority to sign off on behalf of the Applicant.

Please provide the following Applicant information:

\_\_\_\_\_  
Company Legal Name (Applicant)

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Email

\_\_\_\_\_  
Contact Phone

By signing below, I am requesting to proceed with the Registration Assessment Process.

\_\_\_\_\_  
Authorized Signature

Please email the completed and signed form to: [info@utilitypartners.ca](mailto:info@utilitypartners.ca)