



PAPUC Damage Prevention Committee Member Nomination Form

Nominee Name: _____

Nominee Position Title: _____

Employer Name: _____

- Facility Owner
Excavator

If a Facility Owner, with which industry are you affiliated:

- Electric
Natural Gas/Hazardous Liquid
Telephone
Water/Wastewater
Cable
Other(Specify)

Employer Address: _____

Phone: _____ Email _____

Describe the nominee's experience with damage prevention programs:

Four horizontal lines for text entry.

Describe the nominee's knowledge, compliance, and experience with the Pennsylvania One Call

Law: _____

Four horizontal lines for text entry.

Provide reasons why the nominee wants to serve on the Damage Prevention Committee:

Has the nominee served as a member on any other committee(s) (previously/currently) involving damage prevention or public safety: Yes No

If Yes, list committee name(s):

1. _____
2. _____
3. _____

Does the nominee's employer agree to allow nominee to serve on the Damage Prevention Committee, which will require him/her to attend monthly meetings of one day in duration (not including required travel to and from meetings)? Yes No

Employer Verification

Signature _____

Print Name _____

Title _____

Email _____

Nominee Signature _____

Title _____

Please attach resume (highly recommended)

Submit form to PAPUC Secretary Rosemary Chiavetta at rchiavetta@pa.gov by the close of business (4:30 p.m. EST) on May 5, 2023.