



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
BUREAU OF INVESTIGATION AND ENFORCEMENT  
400 NORTH STREET, HARRISBURG, PA 17120

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Law: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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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 \_\_\_\_\_

Email \_\_\_\_\_

Nominee Signature \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Please attach resume (highly recommended)

Submit form to PAPUC Secretary Rosemary Chiavetta at [rchiavetta@pa.gov](mailto:rchiavetta@pa.gov) by October 30, 2020.