



REQUEST FOR WAIVER
FROM THE HAWAII ONE CALL CENTER (HOCC)
ZERO AUDIT NOTIFICATION PROCEDURES

HOCC Member Requesting Waiver: _____

Address: _____

District Code: _____

The HOCC requires that its members be notified by telefax at the end of each business day of the number of Locate Requests sent that day. Members may then verify that all Locate Requests have been accounted for. Members not receiving any Locate Requests are notified that “zero” locate requests were transmitted. This is referred to as a “zero audit”.

This signed REQUEST FOR WAIVER, specifically, releases the HOCC and its agents from the requirement to notify members on a daily basis of the number of Locate Requests transmitted only when no Locate Requests have been transmitted to the member (zero audit).

By signing this REQUEST FOR WAIVER, below, you agree that:

1. Telefax notification of the number of Locate Requests will NOT be sent to a member when no Locate Requests were sent to the member (zero audit).
2. There will be NO Follow-Up of any kind by the HOCC or its agents, and
3. Member will NOT contend that the HOCC or its agents failed to give adequate information to member regarding “zero audits”.

By my signature below, I agree to the conditions set forth and declare that I have the authority to make this REQUEST FOR WAIVER on behalf of the HOCC member named above.

Name (printed): _____ Date: _____

Signature: _____