



DATABASE/MAPPING CONTACT AUTHORIZATION

Company Name: _____ Terminal Code: _____

Primary Contact

Contact Person: _____

Address: _____ Apt or Ste: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Secondary Contact

Contact Person: _____

Address: _____ Apt or Ste: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Completed by: _____ Phone: _____

Signature: _____

****PLEASE NOTE:** This form must be completed and submitted only by an authorized representative of the company/facility owner and "terminal code" named above. By signing above, you represent that you have authority to make such changes to the mapping information used by said company/facility owner and terminal code.

If you have questions, please call 316-687-2102 or send an email to koc@occinc.com