

## Transitory Event Operator Account Request

Information Needed	Operator Details
Company Name	
Onsite Operator Name	
Office Contact Name, if different	
Company Mailing Address	
City	
State	
Zip Code	
Business Phone	
Mobile 1 - Contact Name	
Mobile Number 1	
Mobile 2 - Contact Name	
Mobile Number 2	
iMS User Account - Email 1	
iMS User Account - Email 2	
iMS User Account - Email 3	
iMS User Account - Email 4	
Website	

Email completed form to: [dli.electricity@state.mn.us](mailto:dli.electricity@state.mn.us)