



Office Number One
Maiden lane Centre
Lower Earley
Reading RG6 3HD

RSA FORM
(Application for Supervised Access)

Please email/fax this form to
MAP Customer Service Centre,
giving at least 2 clear working
days notice.
t. 0118 3758383
f. 0118 9627999
e. map.csc@mapl.co.uk

Important Notes

- MAP will process all RSA requests as quickly as possible but approval will be refused if this form is incomplete or if the scope of work is such that supervision is required. **No RSA can be processed with less than 5 clear working days notice.**
- See Site Access Rate Card for current charges. Charges for RSA applications are non refundable once the request is approved.
- The permit to work must be taken to site as local evidence of permission to access unsupervised.
- Applicants are responsible for gaining the required keys from the Site Owner. Instructions will be provided with permits.

Section A

To be completed by the applicant		PLEASE USE BLOCK CAPITALS
Company:	Applicant's Name and Position:	
Telephone No:	Fax No or Email Address (for return of approved RSA):	
Mobile Phone No:		
MAP Site Name & Number (or NGR if unsure):	Date of Proposed Visit:	
Description of Work (include name of antenna owner, working height, and approved height of any new or replacement antenna):	Expected Duration Timescale:	
<p>Will a cherrypicker be used? : Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please supply a method statement</p> <p>Will any rope access be carried out? : Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please supply a method statement</p> <p>Will a crane be used? : Yes <input type="checkbox"/> No <input type="checkbox"/> if yes please supply a method statement</p> <p>Name of Applicant's Representative On Site:</p> <p>Telephone / Mobile No:</p>		
<p>Name of Applicant's Representative On Site: _____ Telephone / Mobile No: _____</p>		
<p>Declaration :</p> <ul style="list-style-type: none"> • I confirm that all site activity resulting from this application will comply with MAP Safety regulations and Code of Practice for Managed Telecoms Sites. Attention is drawn to section 5.4.1 • I confirm my acceptance of all RSA conditions. 		
Applicant's Signature	Date	Time

See Section B on page 2

Section B

To be completed by the company responsible for payment of charges		
Company Name:	Contact Name:	
Position held:	Tel. No:	
* Purchase Order No. / MAP Project No.		
* Note: A Purchase Order is required before this application can be processed UNLESS the work is being carried out for MAP when an MAP Project No. is to be given.		
Declaration		
<ul style="list-style-type: none">• I confirm acceptance of all RSA conditions.• I confirm that all charges incurred under this request will be paid under the above Purchase Order in accordance with the MAP Site Access Rate Card.		
Name:	Signature:	Date: