



## *Public Utility Commission of Texas*

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### **REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING SERVICE COMPANIES AND OTHER UNCERTIFICATED NONDOMINANT TELECOMMUNICATIONS CARRIERS**

#### **INSTRUCTIONS:**

**Original Registrations and Amendments shall be filed to Control No. 25000, using the "Registration for an Interexchange Carrier, PrePaid Calling Service Companies and Other Uncertificated Nondominant Telecommunications Carriers" format provided.**

**All responses to the questions on this registration must be made in a complete, truthful, and timely manner. The format may change periodically; therefore this format should be downloaded from the Commission website before each submittal.**

If the company believes that specific information filed in this registration is not subject to disclosure under the Texas Open Records Act, V.T.C.A. Government Code §552.001 *et seq.* (Vernon Supp. 2000), the company may label that information confidential, citing the applicable provisions of the Open Records Act. Information labeled confidential will be treated as set forth in the generic SPCOA and COA protective order issued by the Commission on August 30, 1995, a copy of which may be obtained from Central Records at the address set forth above. Confidential information shall be filed in accordance with Procedural Rule §22.71(d). If you have any questions concerning the filing of confidential information, contact the Confidential Coordinator, Ms. Sylvia Hopson (sylvia.hopson@puc.state.tx.us).

The information filed in Question Nos. 1 – 7 may appear on the Commission Website (<http://www.puc.state.tx.us/telecomm/directories/index.cfm>) as a public service.

**Failure to provide complete, truthful, and responsive information to all questions may result in administrative penalties, suspension of certification, or revocation of certification. An answer of "not applicable" or "n/a" is considered non-responsive.**

These instructions are NOT to be filed with this registration format.



**CONTROL No. 25000****REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING SERVICES COMPANIES AND OTHER UNCERTIFICATED NONDOMINANT TELECOMMUNICATIONS CARRIERS****Section One: Basic Information**

Type of Registration:

\_\_\_\_\_ IXC (Long Distance Carrier)  
\_\_\_\_\_ Pre Paid Calling Card Provider  
\_\_\_\_\_ Other: \_\_\_\_\_

1. Name of Registrant (Company Name Known to the Public): \_\_\_\_\_  
Legal/Assumed Name of Registrant: \_\_\_\_\_  
Office Address (Street, City, State, Zip Code): \_\_\_\_\_
2. Mailing Address (Street/P.O. Box, City, State, Zip Code): \_\_\_\_\_
3. Registrant Toll-Free Customer Service Number: \_\_\_\_\_  
Registrant Office Number: \_\_\_\_\_  
Registrant Fax Number: \_\_\_\_\_
4. Registrant Website Address: \_\_\_\_\_  
Registrant Email Address: \_\_\_\_\_
5. Authorized Representative Contact (Name and Title): \_\_\_\_\_  
Authorized Representative Address: \_\_\_\_\_  
Authorized Representative Mailing Address: \_\_\_\_\_  
Authorized Representative Phone Number: \_\_\_\_\_  
Authorized Representative Fax Number: \_\_\_\_\_  
Authorized Representative Email Address: \_\_\_\_\_
6. Emergency Contact (Name and Title): \_\_\_\_\_  
Emergency Contact Address: \_\_\_\_\_  
Emergency Contact Mailing Address: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_  
Emergency Contact Fax Number: \_\_\_\_\_  
Emergency Contact Cell Phone Number: \_\_\_\_\_  
Emergency Contact Email Address: \_\_\_\_\_

7. Form of Business (e.g. corporation, partnership, sole proprietorship): \_\_\_\_\_  
State where Business was Formed: \_\_\_\_\_  
Certification/Authorization Number: \_\_\_\_\_  
Date Business was Formed: \_\_\_\_\_
8. FCC Carrier Identification Code (CIC) (if available): \_\_\_\_\_  
National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs) (if available): \_\_\_\_\_

## **Section Two: Affiliate and Key Personnel Information**

9. Legal Name of all Affiliated Telecommunications Public Utilities or Affiliated Telecommunications Companies Providing Regulated Services: \_\_\_\_\_  
States where Affiliates are Providing Services: \_\_\_\_\_  
If the affiliate is in Texas, provide a description of the relationship to the registrant.  
Provide Organizational Chart (if available).
10. List Directors, Officers, or Partners with their business address, phone number, fax number, email/website address: \_\_\_\_\_
11. List the Five Largest Shareholders (if applicable) with their business address, phone number, and email/website address: \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_ §

§

COUNTY OF \_\_\_\_\_ §

1. My name is \_\_\_\_\_ I am  
\_\_\_\_\_ of the reporting company  
\_\_\_\_\_.

2. I swear or affirm that I have personal knowledge of the facts stated in this report on Non-dominant Carriers, that I am competent to testify to them, and that I have the authority to make this report on behalf of the company. I further swear or affirm that all of the statements and representations made in this report are true and correct. I swear or affirm that the company understands and will continue to comply with all requirements of law applicable to Non-dominant Carriers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

SWORN TO AND SUBSCRIBED before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public In and For the  
State of \_\_\_\_\_

My commission expires: \_\_\_\_\_