



Public Utility Commission of Texas

1701 N. Congress Avenue or P.O. Box 13326

Austin, Texas 78711-3326

512-936-7180

Web Site: www.puc.texas.gov

REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING SERVICE COMPANY, OR OTHER UNCERTIFICATED NONDOMINANT TELECOMMUNICATIONS CARRIER

INSTRUCTIONS:

An Initial Registration (one original and three copies) shall be filed under Control No. 25000, using this Registration Format. Amendments (name changes, change in ownership/control, cancellation of registration, etc.) shall be filed in letter form (one original and three copies) under Control No. 25000. At a minimum, all amendment letters shall include the registered company name, registration number and name and title of company authorized representative filing the letter. Changes in company information (addresses, phone numbers, websites, email address, etc.) authorized representatives, complaint correspondents, regulatory contacts and emergency contacts shall be made electronically using the IXC Annual Report within 30 days of the change.

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. Any filing questions concerning this registration format should be directed to Central Records at (512-936-7180).

If the Registrant believes that specific information filed in this registration is not subject to disclosure under Government Code §552.001 *et seq.*, the Registrant may label that information confidential and file it in accordance with Procedural Rule §22.71(d), citing the applicable provisions of the Government Code. If you have any questions concerning the filing of confidential information, contact Central Records (512-936-7180).

Failure to provide complete, truthful, and responsive information to all questions may result in administrative penalties, suspension of the registration, or dismissal of the registration.

Responses of “Not Applicable” or “N/A” are unacceptable. Do not file these instructions with the registration form.



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Project No. 25000, Item No. _____

**REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING
SERVICES COMPANY AND OTHER UNCERTIFICATED NONDOMINANT
TELECOMMUNICATIONS CARRIER**

Registrant Name (Name under which services will be provided):

Legal Name of Registrant and all assumed names under which the Registrant conducts business
in Texas or any other state, if any:

1. Type of Registration (mark ALL that apply):

- _____ **IXC (Long Distance Carrier)**
_____ **Pre Paid Calling Card Provider**
_____ **Pre Paid Local Calling Services**
_____ **Pre Paid Domestic Long Distance Calling Services**
_____ **Pre Paid International Long Distance Calling Services**
_____ **Other:** _____

2. Company Contact Information

Company Contact Name: _____
Company Title: _____
Company/Physical Address (Street Address): _____
(Suite, Floor, Apartment Number, etc.): _____
(City, State, Zip Code): _____
Phone Number: _____
Email Address: _____
Fax Number (Optional): _____
Toll-free Customer Service Phone Number: _____
Company Website Address (Optional): _____

3. Mailing Address (If different from the Physical Address):

(Street Address/P.O. Box): _____
(Suite, Floor, Apartment Number, etc.): _____
(City, State, Zip Code): _____

4. Authorized Representative:

Name: _____
Company Title: _____
Address (Street Address): _____
(Suite, Floor, Apartment Number, etc.): _____
(City, State, Zip Code): _____
Phone Number: _____
Fax Number (Optional): _____
Email Address: _____

5. Regulatory Representative:

Name: _____
Company Title: _____
Address (Street Address): _____
(Suite, Floor, Apartment Number, etc.): _____
(City, State, Zip Code): _____
Phone Number: _____
Fax Number (Optional): _____
Email Address: _____

6. Complaint Representative:

Name: _____
Company Title: _____
Address (Street Address): _____
(Suite, Floor, Apartment Number, etc.): _____
(City, State, Zip Code): _____
Complaint Phone Number: _____
Phone Number: _____
Fax Number (Optional): _____
Email Address: _____

7. Emergency Contact (List a primary and a secondary contact)

Name: _____
Company Title: _____
Phone Number: _____
Fax Number (Optional): _____
Cell Phone Number (Optional): _____
Home Phone Number (Optional): _____
Email Address: _____

- 8. Form of Business** (corporation, partnership, sole proprietorship, etc.): _____
State and Date where registered business was formed: _____
Texas Secretary of State (or County) File Number: _____
Texas Comptroller's office Tax Id. No.: _____

9. Carrier Identification:

FCC Carrier Identification Code (CIC) (if available): _____
National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs) (if available): _____

10. Affiliates:

Names of all Telecommunications Affiliates: _____
States where Affiliates are Providing Services: _____
Affiliates in Texas – Provide Certification/Registration Number and relationship to registrant:

Provide Organizational Chart (if available).

11. Owners, Directors, Officers, or Partners Information (List the information requested below for each person):

Name: _____
Company Title: _____
Phone Number: _____
Email Address: _____

12. Legal Status:

Are any owners, directors, officers, or partners in the organization convicted felons? If yes, provide a detailed explanation:

AFFIDAVIT

STATE OF _____ §

§

COUNTY OF _____ §

1. My name is _____ I am the
_____ 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: _____