

CONTACT & TRADE NAME INFORMATION
Applicable to All Telephone Utilities

A telephone utility must complete this form: 1) When requesting Department of Energy authorization to provide voice service in New Hampshire; 2) Annually, on or before March 31 of each year, and 3) when there have been changes to the information previously reported.

Date _____

General Information

Legal Name _____
Federal Employer Identification
Number (FEIN) _____
Telephone Utility Identification
Number if one has been assigned _____
Trade Name(s) d/b/a
in New Hampshire _____
Mailing Address _____
Phone Number _____
E-mail Address _____
Website _____

End User Customer Service

Toll free 800 Number _____
E-mail Address _____
Hours of Operation _____

End User Repair Service

Toll free 800 Number _____
E-mail Address _____
Hours of Operation _____

Names and Titles of Principal Officers

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Regulatory Contact

Name _____
Title _____
Mailing Address _____

Phone Number _____
E-mail Address _____

Person that Department's Consumer Services Division Shall Call Regarding Customer Complaints

Name _____
Title _____
Mailing Address _____

Phone Number _____
E-mail Address _____

Director of Customer Service Department

Name _____
Title _____
Mailing Address _____

E-Mail Address _____

Company Officer Responsible for Customer Service

Name _____
Title _____
Mailing Address _____

Phone Number _____
E-mail Address _____

Person Responsible for Paying Assessment Bills

Name _____
Title _____
Mailing Address _____

Phone Number _____
E-mail Address _____

Enter "Yes" if you would prefer to receive notices by e-mail rather than postal mail:

Signature

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative
Signature _____ Title _____

Printed Name _____ Date _____

If you have any questions, please call the New Hampshire Department of Energy at 603-271-3670.

Send the original of this completed form by postal mail to New Hampshire Department of Energy, 21 South Fruit Street, Suite 10, Concord, NH 03301 and email a PDF version to telecom-info-reports@energy.nh.gov.

ASSESSMENT REPORT
Applicable to ELECs
Pursuant to RSA 363-A:2, I(c) and En 409.02

This report is due by March 31 following the reported calendar year and will be used to calculate your assessment for the upcoming fiscal year. Entities described in RSA 363-A:2, I(c) will be assessed either 1) an amount equal to 33 percent of their gross utility revenue derived from New Hampshire operations or 2) a minimum of \$1,000, whichever is greater.

1. Reporting Year

For calendar year ending December 31, _____

2. General Information

Legal Name _____

Federal Identification Number (FEIN) _____

Telephone Utility Identification Number
if one has been assigned _____

Trade Name(s) (d/b/a)
in New Hampshire _____

Complete Mailing Address
for Assessment _____

Contact Person for Assessment _____

Contact Person Phone Number _____

Email Address _____

Website _____

3. Revenue

Gross utility revenue derived from New Hampshire operations for the calendar year reported:
\$ _____

4. Telephone Numbers

Number of New Hampshire telephone numbers in use by your customers: _____

5. Signature

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative
Signature _____ Title _____

Printed Name _____ Date _____

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ASSESSMENT REPORT

Applicable to VoIP Services and IP-enabled Services Providing Voice Capabilities Described in RSA 362:7, I(d)(1) and (3), Other Than CMRS Providers Pursuant to RSA 363-A:2, I(c) or I(d) and En 411

This report is due by March 31 following the reported calendar year and will be used to calculate your assessment for the upcoming fiscal year. VoIP and IP-enabled services described in RSA 363-A:2, I(c) or I(d) will be assessed either 1) an amount equal to 33 percent of their gross revenue received from New Hampshire customers for VoIP and IP-enabled services; or 2) a minimum of \$1,000, whichever is greater.

1. Reporting Year

For calendar year ending December 31, _____

2. Type of Utility/Entity filing (check one)

_____ RSA 363-A:2, I (c) – ELEC-affiliated provider of VoIP service as defined in RSA 362:7, I(d) or an IP-enabled service as defined in RSA 362:7, I(e) that provides the voice capabilities described in RSA 362:7, (d)(1) and (3)

_____ RSA 363-A:2, I(d) – provider of VoIP service as defined in RSA 362:7, I(d) or an IP-enabled service as defined in RSA 362:7, I(e) that provides the voice capabilities described in RSA 362:7, I(d)(1) and (3)

3. General Information

Legal Name _____

Federal Identification Number (FEIN) _____

Registered Telecommunications Carrier ID Number (if applicable) _____

Trade Name(s) (d/b/a)
in New Hampshire _____

Complete Mailing Address
for Assessment _____

Contact Person Name _____

Contact Person Phone Number _____

Email Address _____

Website _____

4. Revenue

Gross revenue received from New Hampshire customers for VoIP and IP-enabled services for the calendar year reported: \$ _____

5. Telephone Numbers

Number of New Hampshire telephone numbers in use by your customers: _____

6. Signature

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative
Signature _____ Title _____

Printed Name _____ Date _____

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UTILITY ACCIDENT REPORT
Applicable to All Telephone Utilities

1. General Information

Legal Name _____

Federal Identification Number _____

Telephone Utility Identification
Number if one has been assigned _____

Trade Name (s) (d/b/a) in NH _____

Complete Mailing
Address _____

Phone Number _____

E-mail Address _____

Website _____

2. Accident Information

Date of accident and relationship, if
any, to the utility _____

Date of accident report _____

Location of accident _____

Extent of property damage _____

3. Fatality/Injury Information (Attach additional sheets if more than one person injured)

Name of injured person: _____

Nature and extent of injury: _____

Did accident involve electric contact? Yes _____ No _____

Was injury fatal? Yes _____ No _____

Date of Death: _____ Previous Report No., if applicable: _____

4. Pole Information

For any poles and anchors involved in the accident, include the location and licensing information.

5. Signature

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized
Representative
Signature _____

Title _____

Printed Name _____

Date _____

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FACILITY DISRUPTION REPORT Applicable to All Telephone Utilities

1. General Information

Legal Name _____
Federal Employer Identification
Number (FEIN) _____
Telephone Utility Identification
Number if one has been assigned _____
Trade Name(s) d/b/a
in New Hampshire _____
Complete Mailing
Address _____

Phone Number _____
E-mail Address _____
Website _____

2. Report Statistics

Date of Report _____ Location of outage _____
Date and Time of
Outage _____ Date and Time Restored _____
Was an entire exchange affected? Yes No Number of affected access lines _____
State cause of outage _____

Name of department person contacted (enter
"TelOutages" for e-mail notification) _____
Date Department contacted _____ Time Department contacted _____

3. Signature

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative
Signature _____ Title _____
Printed Name _____ Date _____

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Fruit Street, Suite 10, Concord, NH 03301 and email a PDF version to telecom-info-reports@energy.nh.gov.

3. Payphones Removed from Service Since Previous Report (attach pages if needed)					
Telephone Number	Name of Location	Street Address	City/ Zip	Uses Coins?	Another Payphone within 750 feet?

4. Signature

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative
 Signature _____ Title _____
 Printed Name _____ Date _____

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Exchange Eligibility Report
Applicable to All Telephone Utilities Expanding Into New Exchanges

1. General Information

Legal Name _____
Federal Employer Identification Number (FEIN) _____
Telephone Utility Identification Number if one has been assigned _____
Trade Name(s) d/b/a in New Hampshire _____
Complete Mailing Address _____
Phone Number _____
E-mail Address _____
Website _____

2. Definitions

A telephone utility must complete this form when first establishing a local nexus in a particular exchange area, thereby entitling it to number assignments.

- Local Nexus The presence of physically located customers, as shown by:
1. Collocation with the ILEC-ELEC in the exchange.
 2. Provisioning of service via local loops owned by the utility.
 3. Provisioning of service via Enhanced Extended Links (EELs).
- Customer For the purposes of this report, a customer is defined as a billing entity. Count one customer for each separate bill rendered in a billing cycle.

Instructions

For each exchange area in which your company has become eligible to provide service since filing an earlier Exchange Eligibility Report, describe your operations showing how you meet the local nexus test.

3. Signature

I certify that the information on the attached report is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative Signature _____ Title _____
Printed Name _____ Date _____

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APPLICATION FOR REGISTRATION TO PROVIDE VOICE SERVICE
Applicable to All Telephone Utilities
When Proposing to Offer Voice Service in an Area Not Previously Authorized

1. General Information

Legal Name _____

Federal Identification Number _____

Telephone Utility Identification Number
if one has been assigned _____

Trade Name(s) d/b/a
in New Hampshire _____

Mailing Address _____

Phone Number _____

E-mail Address _____

Website _____

2. History of Applicant

a. Has the applicant, or have any of the general partners, corporate officers, director of the company, limited liability company managers or officers been convicted of any felony not annulled by a court? _____

b. In the past ten years, has the applicant, or have any of the general partners, corporate officers, director of the company, limited liability company managers or officers had any civil, criminal or regulatory sanctions or penalties imposed pursuant to any state or federal consumer protection law or regulation? _____

c. In the past ten years, has the applicant, or have any of the general partners, corporate officers, director of the company, limited liability company managers or officers settled any civil, criminal or regulatory investigation or complaint involving any state or federal consumer protection law or regulation? _____

d. Is the applicant, or are any of the general partners, corporate officers, director of the company, limited liability company managers or officers currently the subject of any pending civil, criminal or regulatory investigation or complaint involving any state or federal consumer protection law or regulation? _____

e. Has the applicant, or have any of the general partners, corporate officers, director of the company, limited liability company managers or officers been denied registration or authorization, or had registration or authorization revoked, in any other state or jurisdiction? _____

If so, please list each state. _____

f. If the answer to any of the questions in a through e above is yes, please attach an explanation.

3. Service

List up to three services, including at least one voice service, that the applicant will provide to retail customers:

a. _____

b. _____

c. _____

Identify the applicant's proposed service area:

4. Required Attachments

a. A copy of the New Hampshire Secretary of State Certificate of Authority

b. Form T-1, Contact and Trade Name Information

5. Compliance Statements

I attest that the applicant will comply with all applicable New Hampshire laws and all Department policies, rules and orders. _____ (initial)

I attest that the applicant has the necessary managerial qualifications, technical competence, and financial resources to operate the telephone utility for which the applicant seeks registration. _____ (Please initial.)

6. Signature

I certify that the information on this form is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative

Signature _____ Title _____

Printed Name _____ Date _____

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WITHDRAWAL OF AUTHORIZATION TO OPERATE AS A TELEPHONE UTILITY IN NEW HAMPSHIRE

An Excepted Local Exchange Carrier (ELEC), if and only if it has no customers for voice telephone service in New Hampshire, may use this form to request that the Department of Energy withdraw the ELEC's authorization provide such service. A company whose authorization is withdrawn may nonetheless be subject to assessments based on Voice over Internet Protocol (VoIP) revenue.

General Information

Legal Name _____

Federal Identification Number _____
Telephone Utility Identification
Number _____

Mailing Address _____

Phone Number _____

E-mail Address _____

Website _____

Signature

I certify that a) the ELEC on whose behalf this form is submitted has no customers in New Hampshire as of this date; and b) said ELEC seeks to have its authorization to offer voice telephone services in New Hampshire withdrawn effective on this date. I make these certifications subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative

Signature _____ Title _____

Printed Name _____ Date _____

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REGISTRATION AS A TELECOMMUNICATIONS CARRIER

1. General Information

Legal Name _____

Trade Name(s) d/b/a
in New Hampshire _____

Mailing Address _____

Contact Person Responsible for
Rights and Obligations under
Communications Act of 1934, as
amended _____

Phone Number of Contact Person _____

E-mail Address for Contact
Person _____

Public website where terms and
conditions of offered
telecommunications services are
described _____

2. Telecommunications Service[s]

List at least one telecommunications service currently provided in New Hampshire:

3. Signature

I certify that the information in the foregoing registration application is true and correct to the best of my knowledge and belief subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized
Representative Signature _____ Title _____

Printed Name _____ Date _____

If you have any questions, please call the New Hampshire Department of Energy at 603-271-3670.

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WITHDRAWAL OF REGISTRATION AS A TELECOMMUNICATIONS CARRIER IN NEW HAMPSHIRE

A company which has voluntarily registered as a telecommunications carrier in New Hampshire may use this form to request that the Department of Energy withdraw its registration and no longer list the company as an active provider of telecommunications services in New Hampshire. The request and withdrawal are available whether or not the company continues to offer telecommunications services in the state, for which no registration is required. A company whose registration is withdrawn may nonetheless be subject to assessments based on Voice over Internet Protocol (VoIP) revenue.

General Information

Legal Name _____
Federal Identification _____
Number _____
Mailing _____
Address _____

Signature

I certify that the company on whose behalf this application is submitted seeks to have its registration as a provider of telecommunications services in New Hampshire withdrawn. I am aware that said company may offer telecommunications services in New Hampshire without any such registration, and that a lack of registration may result in some inconvenience in asserting rights available to telecommunications carriers. I make this certification subject to the penalty for making unsworn false statements under RSA 641:3.

Authorized Representative
Signature _____ Title _____
Printed Name _____ Date _____

If you have any questions, please call the New Hampshire Department of Energy at 603-271-3670.

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