

**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](mailto: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 \_\_\_\_\_

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

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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 \_\_\_\_\_

NEW HAMPSHIRE DEPARTMENT OF ENERGY  
21 S. FRUIT ST., STE 10 CONCORD, NH 03301-2429  
603-271-3670  
www.energy.nh.gov

Form T-2A  
Assessment Report  
Page 1 of 2  
En 411  
3/2024

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 \_\_\_\_\_

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

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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 \_\_\_\_\_

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

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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 \_\_\_\_\_

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

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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 \_\_\_\_\_

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

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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.

- |             |  |
|-------------|--|
|             | The presence of physically located customers, as shown by:   |
| Local Nexus | 1. Collocation with the ILEC-ELEC in the exchange.<br>2. Provisioning of service via local loops owned by the utility.<br>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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Form T-7  
Exchange Eligibility  
Page 1 of 2  
En 409.07  
3/2024

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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 \_\_\_\_\_

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

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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 \_\_\_\_\_

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

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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 \_\_\_\_\_

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