

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 certification in any other state. _____

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.

If you have any questions, please call the New Hampshire Department of Energy at 603-271-3670.
Please mail any documents to the above address.

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. _____ (Please 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, _____, (name) declare under penalty of perjury that I am authorized to make this verification for and on behalf of the applicant; that I have read the information provided by the applicant in the foregoing document and any and all attachments, and am informed and believe the same are true, and on that ground, affirm that the matters stated herein are true.

_____ Signed _____ Title

Subscribed and sworn before me this _____ (day) of _____ (month) in the year _____

County of _____

State of _____

Notary Public/Justice of the Peace
My Commission expires _____