

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 _____