

COMPANY INFORMATIONAL FORM

TELECOMMUNICATIONS COMPANIES

The company informational form is used to set up a Docket Management System number with the Commission for assessment purposes. This form is used for companies not sure of reporting and assessment requirements and allows the Commission to determine what reporting and assessment requirements are necessary, if any.

For example, companies new to the state of Wyoming, a new company, or not certain when classification of services are provided this form would be completed to start the process of determining reporting and assessment requirements.

Mail completed form to: Wyoming Public Service Commission
Docketing Section
2515 Warren Avenue, Suite 300
Cheyenne, WY 82002

Or email completed form to: wusf@wyo.gov and wpsc_docket_filing@wyo.gov

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Headquarters (H): (Name of the business as registered with the Wyoming Secretary of State (SOS))

Name: _____
Address: _____
Telephone: _____
Fax: _____
Email: _____

Registered with the Wyoming Secretary of State (Person affirming that business is registered with the (SOS))

Name and Title: _____
Signature and Date: _____

List all previous business names and DBAs that registrant has used in Wyoming

Regulatory Affairs Contact (R): (The person responsible for overall regulatory matters)

Name and Title: _____
Address: _____
Telephone: _____
Fax: _____
Email: _____

Assessment Contact (S): (The person responsible for processing the payment of the Wyoming PSC assessment)

Name and Title: _____
Address: _____
Telephone: _____
Fax: _____
Email: _____

Annual Report Contact (N): (The person responsible for Annual Report Filings)

Name and Title: _____
Address: _____
Telephone: _____

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Fax: _____
Email: _____

Customer Complaints Contact (P): (The person responsible for resolving customer complaint issues)

Name and Title: _____
Address: _____
Telephone: _____
Fax: _____
Email: _____

Registered Agent (G): (The person or firm officially registered as the Registrant's agent in Wyoming)

Name and Title: _____
Address: _____
Telephone: _____
Fax: _____
Email: _____

What is the Company's primary telecommunications business in Wyoming? (i.e. ILEC, CLEC, VoIP, Inmate Calling, IXC, etc.)

For Companies Offering Local Exchange Service: Has the Company been granted or applied for a Certificate of Public Convenience and Necessity (CPCN)?

_____ Yes. The Company was () granted or () applied for a CPCN. Please provide date:

_____ No. The Company understands that it cannot commence local exchange telephone services in Wyoming until it has been granted a CPCN by the Wyoming Public Service Commission.

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Signature of Registrant

Name and Title: _____

Signature and Date: _____

Notary Public

STATE OF) _____

COUNTY OF) _____

Subscribed and sworn to before me, this day of _____,
Witness my hand and official seal. (Signed)

(Seal)

Print or Type Name: _____

My Commission Expires:
