

# 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](mailto:wusf@wyo.gov) and [wpsc\\_docket\\_filing@wyo.gov](mailto:wpsc_docket_filing@wyo.gov)

# COMPANY INFORMATIONAL FORM

## TELECOMMUNICATIONS COMPANIES

**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: \_\_\_\_\_

# COMPANY INFORMATIONAL FORM

## TELECOMMUNICATIONS COMPANIES

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.

**COMPANY INFORMATIONAL FORM**  
TELECOMMUNICATIONS COMPANIES

**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:  
\_\_\_\_\_