

**STATE OF VERMONT
PUBLIC SERVICE BOARD**

TELECOMMUNICATIONS PROVIDER REGISTRATION FORM

Section A.

In completing the registration form, applicants shall provide the following information:

1. Name, as registered with the Vermont Secretary of State _____

2. Doing business as _____

3. Is applicant a corporation? Yes _____ No _____

4. Applicant's principal business address and telephone number:

Address

City or town	State	ZIP Code
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Telephone number

5. Contact person for this application, address and telephone number:

Name

Address

City or town	State	ZIP Code
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Telephone number

- 6. Name, address, and telephone number of person to receive annual report forms, if different than given in the response to item five:

_____ Name

_____ Address

_____ City or town State ZIP Code

_____ Telephone number

- 7. Name of registered agent in Vermont _____

- 8. Address of registered agent and telephone number:

_____ Address

_____ City or town State ZIP Code

_____ Telephone number

9. Names and business addresses of current directors and officers:

Name and Position

Address

City or town	State	ZIP Code
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Name and Position

Address

City or town	State	ZIP Code
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Name and Position

Address

City or town	State	ZIP Code
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10. A brief description of proposed Vermont operations and services

11. Proposed underlying carrier(s) _____

12. Other states where the applicant is registered and provides or has in the past provided telecommunications service: _____

13. Counties in which the applicant intends to provide CLEC service, if any, within 24 months of obtaining authorization:¹ _____

14. Has the applicant ever filed for bankruptcy? If yes, please complete Part 1 of Section B.

15. Has the applicant ever been or is the applicant currently the subject of an investigation (excluding an investigation into an application to provide service that was approved) by a state or federal authority? If yes, please complete Part 2 of Section B.

16. Has the applicant ever been or is the applicant currently subject to any fines, penalties, or sanctions imposed by a state utility commission, a state attorney general, or the federal authority? If yes, please complete Part 3 of Section B.

¹ The Board will be able to use the information contained in these filings as indicia of the ongoing levels of competition for basic exchange and other services.

Section B.**1. Bankruptcy**

If applicant has filed for or is currently filing for bankruptcy, please describe the procedural status of the case, and provide all information (including applicable orders, or final order) concerning that proceeding.

2. Investigation of Applicant

If applicant has ever been or is currently the subject of an investigation by a state or federal regulatory authority, please describe the procedural status of the case. Also, provide a copy of the notice of investigation if the proceeding is pending, or final order or settlement agreement if the proceeding has concluded.

3. Fines or Penalties Imposed Upon Applicant

If applicant has ever been or is currently subject to any fines, penalties, or sanctions imposed by a state utility commission, a state attorney general, or a federal agency, please describe the associated incident(s) and the fines, penalties, or sanctions. Also, provide a copy of the appropriate order or notice of sanctions.

Section C.**Necessary Accompanying Documentation**

1. Vermont Secretary of State certificate of authority and, if applicable, tradename registration.
2. Description of applicant company's corporate structure and affiliates.
3. List of shareholders having a beneficial interest in 5% or more of applicant's securities.
4. *Disaster Recovery Plan*² a triennial filing with the DPS (for facilities-based providers).

² This would cover repair contingencies, mutual aid agreements, equipment inventory plans, power replacement strategies, communications and customer service plans.

Attestation

The applicant agrees to participate in Vermont's Lifeline Program, and to comply with Vermont statutes and PSB rules and orders regarding telecommunications carriers and the provision of telecommunications services.³ and it attests that it has the financial and managerial ability to provide telecommunications service in Vermont and that it has examined the foregoing information and that the information is correct and complete.

BY: _____
Officer or Duly Authorized Agent of Company

[PRINT NAME]

This document was signed in my presence on the _____ day of _____, _____.

Notary Public

[PRINT NAME]

³ Including, but not limited to, service quality, consumer protection, privacy, E-911 financing and provision, compatibility with telephone relay system, universal service and funding, and carrier of last resort requirements.