

**STATE OF VERMONT
PUBLIC SERVICE BOARD**

**COMPETITIVE LOCAL EXCHANGE COMPANY
REGISTRATION FORM**

Section A.

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

Name, as registered with the Vermont Secretary of State _____

Doing business as: _____

Is applicant a corporation? Yes _____ No _____

Principle business address and telephone number _____

Contact person for this application, address, telephone number _____

Name of registered agent in Vermont _____

Address of registered agent, telephone _____

Names and business addresses of current directors and officers

A description of proposed Vermont operations _____

Does the carrier propose operator service charges? If yes, that charge appears on page ____ of the carrier's rate schedule.

Proposed underlying carrier(s) _____

Other states where carrier is registered and provides or has provided telecommunications service

Counties which the CLEC intends to serve within 24 months of obtaining authorization, and the types of services it intends to provide ¹

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

Has the carrier ever been or is the carrier currently the subject of an investigation (excluding an initial investigation to provide service) by a state or federal authority? If yes, please complete Part 2 of Section B.

Has the carrier ever been or is the carrier 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

Part 1. Bankruptcy

If carrier 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.

Part 2. Investigation of Carrier

If carrier 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.

Part 3. Fines or Penalties Imposed Upon Carrier

If carrier has ever been or is currently subject to any fines, penalties, or sanctions imposed by a state utility commission, a state attorney general, or 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.

Necessary Accompanying Documentation

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

The undersigned agree to participate in Vermont's Lifeline Program, and to comply with Vermont statutes and PSB orders regarding telecommunications carriers and the provision of telecommunications services,³ and attest that they have examined the foregoing information provided by _____ and that the information is correct and complete.

BY: _____
[Officer] of Company

BY: _____
[Officer] of Company

This document was signed in my presence on the _____ day of _____, 19__.

Notary Public

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

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.