

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: [ ] IXC      [ ] CLEC      [ ] ILEC      [ ] Wireless

<u><b>CERTIFICATED COMPANY INFORMATION</b></u>	
Company Name	FEIN/SSN
Db/fka	Telephone #
Mailing Address	
City, State, Zip Code	
Business Location	
City, State, Zip Code	County

<u><b>REGISTERED AGENT INFORMATION</b></u>
Registered Agent: _____
Mailing Address: _____
City, State, Zip Code _____

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

- A.    **General Manager** (Include Address if different than above)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number    / Facsimile Number    / E-mail Address
- B.    **Customer Relations/Complaints Representative** (Include Address if different than above)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number    / Facsimile Number    / E-mail Address
- C1.   **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number    / Facsimile Number    / E-mail Address
- C2.   **Customer Contact** (Toll Free Number)

\_\_\_\_\_
- D.    **Engineering Operations** (Include Address if different than above)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number    / Facsimile Number    / E-mail Address
- E.    **Test and Repair** (Include Address if different than above)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number    / Facsimile Number    / E-mail Address
- F.    **Emergencies** (During Non-Office Hours)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number    / Facsimile Number    / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. **Regulatory Officer** (Include Address if different than above)  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings** (Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings** (Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

J. **Universal Service Fund Mailings** (Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

K. **Gross Receipts Mailings** (Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

L. **Lifeline Mailings** (Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

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\_\_\_\_\_  
***This form was completed by*** / ***Signature***  
\_\_\_\_\_  
***Title*** / ***Date***

RETURN COMPLETED FORM TO: Public Service Commission of SC  
Post Office Drawer 11649  
Columbia, South Carolina 29211  
*And*  
Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201