

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE:  IXC       CLEC       ILEC       Wireless

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

<u>REGISTERED AGENT INFORMATION</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 (Name & Title)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

H. \_\_\_\_\_  
Annual Report Mailings (Name & Title)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

I. \_\_\_\_\_  
Dual Party Mailings (Name & Title)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

J. \_\_\_\_\_  
Interim LEC Fund Mailings (Name & Title)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

K. \_\_\_\_\_  
Universal Service Fund Mailings (Name & Title)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

L. \_\_\_\_\_  
Gross Receipts Mailings (Name & Title)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

M. \_\_\_\_\_  
Lifeline Mailings (Name & Title)  
\_\_\_\_\_  
(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  
Docketing Department And Office of Regulatory Staff  
Post Office Drawer 11649 Attn: Jeanne Gordon  
Columbia, South Carolina 29211 1401 Main Street, Suite 900  
Columbia, South Carolina 29201