

**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  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
And Office of Regulatory Staff  
Attn: Jeanne Gordon  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201