SOUTH CAROLINA WIRELESS AND VoIP CARRIER REGISTRATION FORM

TYPE: [ ] VoIP [ ] Wireless

COMPANY INFORMATION

Company Name _____ FEIN/SSN _____

Dba/fka _____ Telephone # _____

Mailing Address _____ Filer FCC Form 499 ID _____

City, State, Zip Code _____

*Date **Service began:***

Pursuant to the Commission's requirements, print or type company contact for the following areas:

A. Regulatory Officer (Name & Title) _____

(Mailing Address) _____

_____ / _____ / _____

Telephone Number / Facsimile Number / E-mail Address

B. Dual Party Mailings (Name & Title) _____

(Mailing Address) _____

_____ / _____ / _____

Telephone Number / Facsimile Number / E-mail Address

C. Universal Service Fund Mailings (Name & Title) _____

(Mailing Address) _____

_____ / _____ / _____

Telephone Number / Facsimile Number / E-mail Address

_____ / _____

This form was completed by *Signature*

_____ / _____

Title *Date*

RETURN COMPLETED FORM TO: registration@ors.sc.gov