Telecommunications Carriers AUTHORIZED UTILITY REPRESENTATIVE FORM CERTIFICATED COMPANY INFORMATION Company Name: FEIN/SSN: DBA/FKA: Telephone # Mailing Address: City: ZIP Code: State: ILEC IXC CLEC Wireless ETC REGISTERED AGENT INFORMATION Registered Agent: Mailing Address: City: State: ZIP Code:

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

UTILITY REPRESENTATIVE INFORMATION						
General Manager						
Name:						
Address:						
City:		State:	ZIP Code:			
Phone:	Email:		Fax:			
Emergency Contact – Non Office Hours						
Name:						
Phone:	Email:		Fax:			
Customer Relations/Complaints Rep						
Name:						
Address:						
City:		State:	ZIP Code:			
Phone:	Email:		Fax:			
Complaints Rep for Complaint Escalation						
Name:						
Address:						
City:		State:	ZIP Code:			
Phone:	Email:		Fax:			
Customer Toll Free Contact Number:						
Engineering Operations						
Name:						
Address:						
City:		State:	ZIP Code:			
Phone:	Email:	Fax:				
Test and Repair						
Name:						
Address:						
City:	State: ZI		ZIP Code:			
Phone:	Email: F		Fax:			

UTILITY REPRESENTATIVE INFORMATION							
Regulatory Officer							
Name & Title:							
Address:							
City:		State: ZII		ZIP Code:			
Phone:	Email:			Fax:			
Annual Report Form Mailings							
Name & Title:							
Address:							
City:		State:		ZIP Code:			
Phone:	Email:			Fax:			
Dual Party Invoice Mailing	ıs						
Name & Title:							
Address:							
City:		State:		ZIP Code:			
Phone:	Email:			Fax:			
Universal Service Fund Mailings							
Name & Title:							
Address:							
City:		State:		ZIP Code:			
Phone:	Email:			Fax:			
Gross Receipts Mailings							
Name & Title:							
Address:							
City:		State:		ZIP Code:			
Phone:	Email:		Fax	: :			
Lifeline Contact							
Name & Title:							
Address:							
City:		State:	ZIP	P Code:			
Phone:	Email:		Fax:				

FORM PREPARER INFORMATION					
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, SC 29210 AND Attn. Kari Munn
1901 Main Street, Suite 1500
Columbia, SC 29201