



**Public Utility Commission of Texas**

1701 N. Congress Avenue or P.O. Box 13326

Austin, Texas 78711-3326

512-936-7180

Web Site: [www.puc.texas.gov](http://www.puc.texas.gov)

**REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID  
CALLING SERVICE COMPANY, OR OTHER UNCERTIFICATED  
NONDOMINANT TELECOMMUNICATIONS CARRIER**

**INSTRUCTIONS:**

An Initial Registration (one original and three copies) shall be filed under Control No. 25000, using this Registration Format. Amendments (name changes, change in ownership/control, cancellation of registration, etc.) shall be filed in letter form (one original and three copies) under Control No. 25000. At a minimum, all amendment letters shall include the registered company name, registration number and name and title of company authorized representative filing the letter. Changes in company information (addresses, phone numbers, websites, email address, etc.) authorized representatives, complaint correspondents, regulatory contacts and emergency contacts shall be made electronically using the IXC Annual Report within 30 days of the change.

All responses to the questions on this registration must be made in a complete, truthful, and timely manner. The format may change periodically; therefore this format should be downloaded from the Commission website before each submittal. Any filing questions concerning this registration format should be directed to Central Records at (512-936-7180).

If the Registrant believes that specific information filed in this registration is not subject to disclosure under Government Code §552.001 *et seq.*, the Registrant may label that information confidential and file it in accordance with Procedural Rule §22.71(d), citing the applicable provisions of the Government Code. If you have any questions concerning the filing of confidential information, contact Central Records (512-936-7180).

**Failure to provide complete, truthful, and responsive information to all questions may result in administrative penalties, suspension of the registration, or dismissal of the registration.**

**Responses of “Not Applicable” or “N/A” are unacceptable. Do not file these instructions with the registration form.**



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**Project No. 25000, Item No. \_\_\_\_\_**

**REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING SERVICES COMPANY AND OTHER UNCERTIFICATED NONDOMINANT TELECOMMUNICATIONS CARRIER**

**Registrant Name** (Name under which services will be provided):

\_\_\_\_\_  
Legal Name of Registrant and all assumed names under which the Registrant conducts business in Texas or any other state, if any:

**1. Type of Registration** (mark ALL that apply):

- \_\_\_\_\_ **IXC (Long Distance Carrier)**  
\_\_\_\_\_ **Pre Paid Calling Card Provider**  
\_\_\_\_\_ **Pre Paid Local Calling Services**  
\_\_\_\_\_ **Pre Paid Domestic Long Distance Calling Services**  
\_\_\_\_\_ **Pre Paid International Long Distance Calling Services**  
\_\_\_\_\_ **Other:** \_\_\_\_\_

**2. Company Contact Information**

Company Contact Name: \_\_\_\_\_  
Company Title: \_\_\_\_\_  
Company/Physical Address (Street Address): \_\_\_\_\_  
(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_  
(City, State, Zip Code): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Fax Number (Optional): \_\_\_\_\_  
Toll-free Customer Service Phone Number: \_\_\_\_\_  
Company Website Address (Optional): \_\_\_\_\_

**3. Mailing Address** (If different from the Physical Address):

(Street Address/P.O. Box): \_\_\_\_\_  
(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_  
(City, State, Zip Code): \_\_\_\_\_

**4. Authorized Representative:**

Name: \_\_\_\_\_  
Company Title: \_\_\_\_\_  
Address (Street Address): \_\_\_\_\_  
(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_  
(City, State, Zip Code): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number (Optional): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**5. Regulatory Representative:**

Name: \_\_\_\_\_  
Company Title: \_\_\_\_\_  
Address (Street Address): \_\_\_\_\_  
(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_  
(City, State, Zip Code): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number (Optional): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**6. Complaint Representative:**

Name: \_\_\_\_\_  
Company Title: \_\_\_\_\_  
Address (Street Address): \_\_\_\_\_  
(Suite, Floor, Apartment Number, etc.): \_\_\_\_\_  
(City, State, Zip Code): \_\_\_\_\_  
Complaint Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number (Optional): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**7. Emergency Contact (List a primary and a secondary contact)**

Name: \_\_\_\_\_  
Company Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number (Optional): \_\_\_\_\_  
Cell Phone Number (Optional): \_\_\_\_\_  
Home Phone Number (Optional): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**8. Form of Business** (corporation, partnership, sole proprietorship, etc.): \_\_\_\_\_  
 State and Date where registered business was formed: \_\_\_\_\_  
 Texas Secretary of State (or County) File Number: \_\_\_\_\_  
 Texas Comptroller’s office Tax Id. No.: \_\_\_\_\_

**9. Carrier Identification:**  
 FCC Carrier Identification Code (CIC) (if available): \_\_\_\_\_  
 National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs) (if available): \_\_\_\_\_

**10. Affiliates:**  
 Names of all Telecommunications Affiliates: \_\_\_\_\_  
 States where Affiliates are Providing Services: \_\_\_\_\_  
 Affiliates in Texas – Provide Certification/Registration Number and relationship to registrant:  
 \_\_\_\_\_  
 Provide Organizational Chart (if available).

**11. Owners, Directors, Officers, or Partners Information (List the information requested below for each person):**  
 Name: \_\_\_\_\_  
 Company Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**12. Legal Status:**  
 Are any owners, directors, officers, or partners in the organization convicted felons? If yes, provide a detailed explanation:  
 \_\_\_\_\_  
 \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_ §

§

COUNTY OF \_\_\_\_\_ §

1. My name is \_\_\_\_\_ I am the  
\_\_\_\_\_ of the reporting company  
\_\_\_\_\_.

2. I swear or affirm that I have personal knowledge of the facts stated in this report on Non-dominant Carriers, that I am competent to testify to them, and that I have the authority to make this report on behalf of the company. I further swear or affirm that all of the statements and representations made in this report are true and correct. I swear or affirm that the company understands and will continue to comply with all requirements of law applicable to Non-dominant Carriers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

SWORN TO AND SUBSCRIBED before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public In and For the  
State of \_\_\_\_\_

My commission expires: \_\_\_\_\_