

Telecommunications Carriers
AUTHORIZED UTILITY REPRESENTATIVE FORM

CERTIFICATED COMPANY INFORMATION

Company Name:		FEIN/SSN:	
DBA/FKA:		Telephone #	
Mailing Address:			
City:		State:	ZIP Code:
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:	ZIP Code:
Phone:	Email:		Fax:

UTILITY REPRESENTATIVE INFORMATION			
Regulatory Officer			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Annual Report Form Mailings			
Name & Title:			
Address:			
City:		State:	ZIP Code:
Phone:	Email:		Fax:
Dual Party Invoice Mailings			
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 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 Office of Regulatory Staff
Attn. Kari Munn
1401 Main Street, Suite 800
Columbia, SC 29201