

SOUTH CAROLINA WIRELESS AND VoIP CARRIER REGISTRATION FORM

TYPE: [] VoIP [] Wireless

<u>COMPANY INFORMATION</u>	
Company Name	FEIN/SSN
Dbafka	Telephone #
Mailing Address	Filer FCC Form 499 ID
City, State, Zip Code	

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

<i>This form was completed by</i>	<i>Signature</i>
<i>Title</i>	<i>Date</i>

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