

CALIFORNIA PUBLIC UTILITIES COMMISSION
Communications Division Registration Form

1. REGISTRATION TYPE (check one only)	
<input type="radio"/> Wireless ID Registration pursuant to D.94-10-031 <input type="radio"/> Nomadic Registration pursuant to D.24-11-003	
2. APPLICANT INFORMATION	
Applicant Name:	
Business Address:	
Telephone No.:	
Email Address:	
2.a. Principal Place of Business: (if different from address above)	
2.b. List all fictitious business names under which Applicant has done business in the last five years:	
2.c. Applicant is (check one only)	
<input type="radio"/> Corporation (Inc)	<input type="radio"/> General Partnership
<input type="radio"/> Limited Partnership (LP)	<input type="radio"/> Sole Proprietor
<input type="radio"/> Limited Liability Company (LLC)	<input type="radio"/> Trust
<input type="radio"/> Other, specify:	
Attach Appendix A with the following: 1) a copy of the entity's organizing documents; (2) evidence of the Applicant's qualification to transact business in California; and (3) a copy of its Certificate of Good Standing Status certified by the Secretary of State of California (CSOS).	
2.d. FCC Registration No.:	2.e CSOS Entity No.:
2.f. Applicant has a foreign ownership interest	
<input type="radio"/> NO <input type="radio"/> YES, Foreign entity interest:	
3. APPLICANT REGISTERED AGENT FOR SERVICE OF PROCESS	
Agent Name:	
Address:	
Telephone No.:	
4. APPLICANT LEGAL DOMICILE (check one only)	
<input type="radio"/> California	<input type="radio"/> Other, specify:
5. DATE APPLICANT EXPECTS TO BEGIN OR HAS BEGUN OFFERING SERVICE(S) IN CALIFORNIA (If already operating in California, attach Appendix B)	

6. FOR WIRELESS ID REGISTRATION ONLY (check all that apply)	
6.a. Facilities Type:	<input type="checkbox"/> Reseller/ Non-facilities-based <input type="checkbox"/> Facilities-based
6.b. Customer Type:	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Other(s), specify in space below
6.c. Types of Services:	<input type="checkbox"/> Prepaid <input type="checkbox"/> Postpaid <input type="checkbox"/> Other(s), specify in space below
6.d. For Facilities-Based WIR: Universal Licensing System (ULS) wireless license call sign:	
6.e. Underlying Facilities-Based wireless carrier(s) and/or underlying Reseller/Non-facilities-based wireless carrier(s) providing resold services to applicant. Attach Appendix C with a copy of the Wireless Resale Agreement(s) for any underlying carrier(s) and include all information requested below if there are multiple carriers.	
Carrier Name:	Utility ID No.:
First and Last Name:	Title:
Email Address:	Telephone No.:
7. FOR NOMADIC REGISTRATION ONLY.	
<input type="checkbox"/> YES. Nomadic Interconnected VoIP Service Attestation included in Attachment A.	
8. SWORN AFFADAVIT	
<input type="radio"/> TRUE <input type="radio"/> NOT TRUE (Appendix D)	
<p>Neither Applicant, any of its affiliates, officers, directors, partners, agents, or owners (directly or indirectly) of more than 10% of Applicant, or anyone acting in a management capacity for Applicant: (a) held one of these positions with a company that filed for bankruptcy; (b) been personally found liable, or held one of these positions with a company that has been found liable, for fraud, dishonesty, failure to disclose, or misrepresentations to consumers or others; (c) been convicted of a felony; (d) been (to his/her knowledge) the subject of a criminal referral by judge or public agency; (e) had a telecommunications license or operating authority denied, suspended, revoked, or limited in any jurisdiction; (f) personally entered into a settlement, or held one of these positions with a company that has entered into settlement of criminal or civil claims involving violations of Sections 17000 et seq., 17200 et seq., or 17500 et seq. of the California Business & Professions Code, or of any other statute, regulation, or decisional law relating to fraud, dishonesty, failure to disclose, or misrepresentations to consumers or others; (g) been found to have violated any statute, law, or rule pertaining to public utilities or other regulated industries; and/or (h) entered into any settlement agreements or made any voluntary payments or agreed to any other type of monetary forfeitures in resolution of any action by any regulatory body, agency, or attorney general.</p> <p>Attach Appendix D if Applicant’s response to this section is anything other than an unqualified “True.” Applicant must declare exceptions by attaching documentation and describing any such bankruptcies, findings, judgments, convictions, referrals, denials, suspensions, revocations, limitations, settlements, voluntary payments or any other type of monetary forfeitures.</p>	
8.a. List of all affiliated entities (Attach Appendix E)	

9. APPLICANT TECHNICAL AND MANAGERIAL EXPERTISE

9.a. Attach **Appendix F** with List of the names, titles, and street addresses of all officers, directors, partners, agents, or owners (directly or indirectly) of more than 10% of Applicant, or any person acting in such capacity whether or not formally appointed.

9.b. Attach **Appendix G** with Resumes for each personnel identified in Section 9.a. List all employment for each officer, director, partner, agent, or owner (directly or indirectly) of more than 10% of Applicant, or any person acting in such capacity whether or not formally appointed.

9.c. Applicant Attestation to the Statement Below

TRUE NOT TRUE (**Appendix H**)

To the best of Applicant's knowledge, neither Applicant, any affiliate, officer, director, partner, nor owner of more than 10% of Applicant, or any person acting in such capacity whether or not formally appointed, is being or has been investigated by the Federal Communications Commission or any law enforcement or regulatory agency for failure to comply with any law, rule or order.

Attach **Appendix H** if Applicant's response to this section is anything other than an unqualified "True." Applicant must declare exceptions by attaching documentation and describing all such investigations, whether pending, settled voluntarily or resolved in another manner.

10. OTHER LICENSE(S) HELD WITH THE COMMISSION, EITHER CURRENT AND/OR PRIOR

NONE
 CURRENT AND/OR PRIOR, specify:

11. ADDITIONAL ATTACHMENT(S) TO THE FORM

11.a. Copy of CD Registration Fee check payment.

11.b. Utility Contact Information Form (Leave Blank the Utility ID field)

California Public Utilities Commission

Page 4 of 4 CD Registration Form

I hereby declare under penalty of perjury under the laws of the State of California that the forgoing information, and all attachments, are true, correct, and complete to the best of my knowledge and belief after due inquiry, and that I am authorized to make this application on behalf of the Applicant named above.

Signed

Name

Title

Dated

Address

Telephone

Email Address