

IXC REGISTRATION FORM

Company Name _____

Florida Secretary of State Registration No. _____

Fictitious Name(s) as filed at Fla. Sec. of State _____

Company Mailing Name _____

Mailing Address _____

Web Address _____

Service Schedule Location _____

E-mail Address _____

Physical Address _____

Company Liaison _____

Title _____

Phone _____

Fax _____

E-mail address _____

Consumer Liaison to PSC _____

Title _____

Address _____

Phone _____

Fax _____

E-mail address _____

My company's service schedule tariff as required in Section 364.04, Florida Statutes, is enclosed with this form or is published through other reasonably publicly accessible means, including a website. I understand that my company must notify the Commission of any changes to the above information pursuant to Section 364.02, Florida Statutes. My company will owe Regulatory Assessment Fees for each year or partial year my registration is active pursuant to Section 364.336, Florida Statutes. My company will comply with Section 364.603, Florida Statutes, concerning carrier selection requirements, and Section 364.604, Florida Statutes, concerning billing practices.

Signature of Company Representative

Printed/Typed Name of Representative

Date