** REGISTRATION AND**

**COMPETITIVE CLASSIFICATION**

**OF TELECOMMUNICATIONS**

**COMPANIES**

|  |  |
| --- | --- |
| 621 Woodland Square Loop SELacey, WA 98503PO Box 47250Olympia, WA 98504-7250 | Telephone 360-664-1160 / Fax 360-586-1150TTY 360-586-8203 or 1-800-416-5289Website: [www. utc.wa.gov](http://www.wutc.wa.gov) |

*The UTC has a policy of providing equal access to its services. To request this document in alternate formats, please call 360-664-1133.*

Registering as a Telecommunications Company in Washington is as easy as 1-2-3:

1. Complete this application form
2. Submit this form via the [Records Center Web portal](https://www.utc.wa.gov/docs/Pages/howToFile.aspx).
3. UTC will issue a registration certificate generally within 30 days

**Include the following:**

[ ]  Current Balance Sheet [ ]  Latest Annual Report, if any

|  |
| --- |
| **Competitive Classification** |

|  |  |
| --- | --- |
|  [ ]   Yes | Applicant is subject to effective competition and requests waiver of regulatory requirements outlined in [480-121-063(1)](http://app.leg.wa.gov/WAC/default.aspx?cite=480-121-063). |

|  |
| --- |
| **Telecommunications Company Information** |

|  |  |
| --- | --- |
| Company Name:       | d/b/a:       |
| Company Mailing Address:       |
| City/State/Zip:      Web Site Address:       |
| Unified Business Identification Number (UBI):      *(If you do not know your UBI number or need to request one contact the Business Licensing Services at 360-664-1400 or 1-800-451-7985)*Questions regarding this application should be directed to: |
| Name:       |
| Phone Number:       | Fax Number:       | E-mail:       |
| Mailing Address:       |
| City/State/Zip:       |

|  |
| --- |
| **Registered Agent** (A Washington Agent is required if the company is located outside Washington State): |
| Name:       |
| Mailing Address:       |
| City/State/Zip:      Phone Number:       |
| **Name, address and title of each officer or director (attach additional pages if needed)**  |
| Name | Address | Title |
|       |       |       |
|       |       |       |
|       |       |       |

**Regulatory Contact:**

Name:

Mailing Address:

Phone Number:       Fax Number:

E-mail:

**Consumer Questions and/or Complaint Contact:**

Name:

Title:

Phone Number:       Fax Number:

E-mail:

**Emergency Contact:**

Name:

Title:

Phone Number:       Fax Number:

E-mail:

**Telecommunication services provided (check all that apply) :**

[ ]  Local Exchange Service (including resale) [ ]  Data Services

[ ]  Long Distance Service [ ]  Prepaid Calling Cards

[ ]  Operator Services [ ]  VoIP

[ ]  *Other, please specify in box below*: [ ]  Wireless