** REGISTRATION AND**

**COMPETITIVE CLASSIFICATION**

**OF TELECOMMUNICATIONS**

**COMPANIES**

|  |  |
| --- | --- |
| 621 Woodland Square Loop SE  Lacey, WA 98503  PO Box 47250  Olympia, WA 98504-7250 | Telephone 360-664-1160 / Fax 360-586-1150  TTY 360-586-8203 or 1-800-416-5289  Website: [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

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

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| --- | --- |
| 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). |

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| **Telecommunications Company Information** |

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| --- | --- | --- | --- |
| 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: | | | |

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| **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 |
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**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