PUBLIC UTILITIES COMMISSION
505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298

Regulatory/Official Contact Information Update Request

The Communications Division (CD) maintains contact information for all telecommunications carriers certificated by the California Public Utilities Commission (Commission) to provide telecommunications services in California. **The Commission will use this information for its official mailings and contacts, primarily through e-mail.** Please return the complete form by Fax at 415-703-4405 or by e-mail to telcofiling@cpuc.ca.gov.

Legal Name: _____

DBA: _____

Utility Identification Number: U- _____ -C

☐ Change of Contact Information

1. Name/Department: _____ Title: _____
2. E-Mail Address: _____
3. Address: _____ City: _____ State: ____ Zip Code: _____
4. Telephone: _____ Fax: _____
5. Customer Service Telephone Number: _____
6. Web-Site Address: _____

* Change of Name

To change your legal name and/or fictitious name, you must file an Advice Letter with the Commission. A copy of the Proposal and Advice Letter Filing Summary form is available at:
http://www.cpuc.ca.gov/static/industry/telco/information+for+providing+service/alsummaryform.htm

* Consolidation of Utility Identification Numbers

If you, a single entity, have been assigned more than one utility identification number, TD encourages you to consolidate these numbers into one. This consolidation would not change your authorities to do business in California but would assist the Commission in identifying you as one single entity. You may initiate the consolidation request by filing an Advice Letter with the Commission and providing the following information:

- Surviving Legal Name and Utility Identification Number
- Disappearing Legal Name(s) and Utility Identification Number(s)

* Cancellation of Authority

If you no longer conduct business and have no customers in California, you may initiate a cancellation of authority by filing an Advice Letter with the Commission and providing the following information:

- Legal Name and Utility Identification Number,
- Date that operations ceased, and
- A copy of last Transmittal form and Fee Statement for PUC Utilities Reimbursement Account

I, _____, hereby certify that I am an authorized representative of the above carrier, and to the best of my knowledge and belief the above information is true, accurate, and correct.

Authorized by:_____ Date:_____

Title:_____ Phone: _____ Email Address: _____