

**BEFORE THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF CALIFORNIA**

1013 Registration Form Pursuant to Public Utilities Code Section 1013

1. APPLICANT INFORMATION

Applicant Name:

Business Address:

Telephone No.:

E-mail Address:

1.a. Principal Place of Business: (if different from address above)

1.b. List all fictitious business names under which Applicant has done business in the last five years:

1.c. Applicant is (check one only)

- | | |
|---|---|
| ☐ Corporation (Inc) | ☐ General Partnership |
| ☐ Limited Partnership (LP) | ☐ Sole Proprietor |
| ☐ Limited Liability Company (LLC) | ☐ Trust |
| ☐ Other, specify: | |

Attach **Appendix A** with the following: 1) a copy of the entity's organizing documents; and (2) a copy of its Certificate of Good Standing Status certified by the California Secretary of State and /or additional evidence of the Applicant's qualification to transact business in California.

1.d. FCC Registration No.:

1.e CSOS Entity No.:

1.f. Applicant has a foreign ownership interest

- ☐ NO ☐ YES, Foreign entity interest:

2. APPLICANT REGISTERED AGENT FOR SERVICE OF PROCESS

Agent Name:

Address:

Telephone No.:

3. APPLICANT LEGAL DOMICILE (check one only)

☐ California ☐ Other, specify:

4. APPLICANT WILL OPERATE AS (check all that apply)

- ☐ Reseller/Non-Facilities-Based Competitive Local Exchange Service Provider in the following service territories:
- ☐ Within ALL the service territories of Uniform Regulatory Framework (URF) Incumbent Local Exchange Carriers (ILECs)
 - ☐ Within ALL the service territories of the Small Incumbent Local Exchange Carriers (Small ILECs)
 - ☐ Throughout the State of California (within ALL the service territories of both URF ILECs and Small ILECs)
 - ☐ In specific portions of the state only (Attach **Appendix B**)
- ☐ Switchless-Reseller/Non-Facilities-Based Interexchange (Intra/Inter-LATA) Service Provider throughout the State of California.
- ☐ Non-Facilities-Based Fixed Interconnected Voice over Internet Protocol (VoIP) Service Provider in the following service territories:
- ☐ Within ALL the service territories of Uniform Regulatory Framework (URF) Incumbent Local Exchange Carriers (ILECs)
 - ☐ Within ALL the service territories of the Small Incumbent Local Exchange Carriers (Small ILECs)
 - ☐ Throughout the State of California (within ALL the service territories of both URF ILECs and Small ILECs)
 - ☐ In specific portions of the state only (Attach **Appendix B**)

If applicant selects the Service Territories option, “In specific portions of the state only,” attach **Appendix B** to include a list of the specific portion(s) or geographical location(s) of the State, and/or ILEC territory(ies); and a public map.

Non-facilities-based Competitive Local Exchange Service Providers that seek to operate within the service territories of any Small ILEC are required to meet the requirements set forth in Appendices A and B of D.20-08-011. However, these requirements do not apply to non-facilities-based Fixed Interconnected VoIP providers.

5. DATE APPLICANT EXPECTS TO BEGIN SERVICE(S) IN CALIFORNIA



IMPORTANT NOTICE: If already providing voice services in California, **DO NOT USE THIS FORM.** The applicant is not qualified to use the 1013 registration process and must obtain an operating authority via CPCN application process pursuant to Pub. Util. Code §1001.

Date:

NOTE: Applicants should provide an estimated date they expect to begin providing voice services in the state after receiving approval, which factors in at least 3-6 months for the application review and approval process.

6. APPLICANT WILL PROVIDE THE FOLLOWING SERVICES IN CALIFORNIA

(Check all that apply – applicant must select at least one of the choices below or select both)

- ☐ Provide voice services (traditional wireline and/or Fixed Interconnected VoIP) directly to customers
- ☐ Other: (Describe below other services the applicant offers that may require the Commission to determine jurisdiction)

Section 6.a Customer Type (check all that apply)

- ☐ Residential ☐ Business ☐ Other(s) (specify in box below):

7. SWORN AFFIDAVIT

- ☐ TRUE ☐ NOT TRUE (See important notice below)

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.



IMPORTANT NOTICE: If Applicant's response to this section is "Not True", **DO NOT USE THIS FORM.** The applicant is not qualified to use the 1013 registration process and must obtain an operating authority via CPCN application process pursuant to Pub. Util. Code §1001.

7.a. List of all Affiliated Entities (Attach as **Appendix C**)

8. APPLICANT HAS THE REQUIRED MANAGERIAL AND TECHNICAL EXPERTISE TO OPERATE AS A SERVICE PROVIDER OF THE TYPE INDICATED IN SECTION 4 OF THIS FORM.

☐ TRUE

Attach **Appendix D** with the following: 1) 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, and 2) all resumes for each personnel identified listing 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.

8.a. Applicant Attestation

☐ TRUE ☐ NOT TRUE *(See important notice below)*

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.



IMPORTANT NOTICE: If Applicant's response to this section is "Not True", **DO NOT USE THIS FORM.** The applicant is not qualified to use the 1013 registration process and must obtain an operating authority via CPCN application process pursuant to Pub. Util. Code §1001.

9. FINANCIAL REQUIREMENT

☐ TRUE

Applicant has a minimum of (a) \$25,000 in the case of a switchless reseller / non-facilities-based, reasonably liquid and available to meet the firm's first year expenses, including an additional \$25,000 for deposits which may be required by local exchange carriers or interexchange carriers; OR (b) has profitable interstate operations to generate the required cash flow.

Attach **Appendix E** containing a financial instrument pursuant to Appendix A of D.26-06-009 as modified by D.26-07-039 that demonstrates the Applicant's financial ability as required above.

9.a. Applicant will not be required to pay deposits to local exchange/interexchange carriers.

☐ TRUE ☐ NOT TRUE

Only applicants who will be required to pay deposits to local exchange or interexchange carriers are required to demonstrate that they have a minimum of \$25,000 to be used solely for deposits in addition to demonstrating they possess the minimum unencumbered financial requirement amount.

10. APPLICANT IS ELIGIBLE AND SEEKS AN EXEMPTION FROM TARIFFING REQUIREMENTS.

☐ TRUE ☐ NOT TRUE (Attach **Appendix F** with Applicant's Draft Initial Tariff)

11. CURRENT/PRIOR OPERATING AUTHORITY LICENSE(S) AND/OR REGISTRATION(S) HELD WITH THE COMMISSION, AND ANY PENDING ACTIVITIES BEFORE THE COMMISSION *(See important notice below)*

- ☐ NONE. Applicant confirms that they do not currently hold, nor have they previously held any operating authority license(s) and /or registration(s) with the Commission, and applicant confirms that they do not have any pending activities before the Commission aside from this application proceeding.
- ☐ PENDING ACTIVITIES, specify:



IMPORTANT NOTICE: If applicant currently holds an active operating authority or registration with the Commission, and/or previously held a CPUC issued operating authority or registration that was either voluntarily surrendered or revoked due to a violation of Commission Rules and Requirements, **DO NOT USE THIS FORM.** The applicant is not qualified to use the 1013 registration process and must obtain an operating authority via the CPCN application process pursuant to Pub. Util. Code § 1001.

12. PERFORMANCE BOND REQUIREMENT

☐ TRUE

Applicant attests that, upon approval of its request, it will comply with the California Public Utilities Commission's performance bond requirements in accordance with Decision (D.) 10-09-017, D.11-09-026, D.13-05-035, D.24-11-003, and D.26-06-009 as modified by D.26-07-039.

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