

**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)

- | | |
|---|---|
| <input type="radio"/> Corporation (Inc) | <input type="radio"/> General Partnership |
| <input type="radio"/> Limited Partnership (LP) | <input type="radio"/> Sole Proprietor |
| <input type="radio"/> Limited Liability Company (LLC) | <input type="radio"/> Trust |
| <input type="radio"/> Other, specify: | |

Attach **Appendix A** with the following: 1) a copy of the entity's organizing documents; (2) evidence of the Applicant's qualification to transact business in California; and (3) a copy of its Certificate of Good Standing Status certified by the Secretary of State of California.

1.d. 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)

- | | |
|----------------------------------|---------------------------------------|
| <input type="radio"/> California | <input type="radio"/> Other, specify: |
|----------------------------------|---------------------------------------|

4. APPLICANT WILL OPERATE AS (check all that apply)		
<input type="checkbox"/> Competitive Local Exchange Service Provider 4.a. Proposed Facilities <input type="checkbox"/> Switchless-Reseller / Non facilities based 4.d. Service Territories <input type="checkbox"/> Within ALL the Service Territories of Uniform Regulatory Framework Incumbent Local Exchange Carriers <input type="checkbox"/> Within ALL the Service Territories of the Small Incumbent Local Exchange Carriers <input type="checkbox"/> In specific portions of the State only (Appendix B)	<input type="checkbox"/> Interexchange (Intra / Inter-LATA) Service Provider 4.b. Proposed Facilities <input type="checkbox"/> Switchless-Reseller / Non facilities based 4.e. Service Territories <input type="radio"/> Throughout the State of California. <input type="radio"/> In specific portions of the State only (Appendix B)	<input type="checkbox"/> Fixed Interconnected Voice over Internet Protocol (VoIP) Service Provider 4.c. Proposed Facilities <input type="checkbox"/> Non facilities based 4.f. Service Territories <input type="checkbox"/> Within the Service Territories of Uniform Regulatory Framework Incumbent Local Exchange Carriers <input type="checkbox"/> Within the Service Territories of Small Incumbent Local Exchange Carriers <input type="checkbox"/> In specific portions of the State only (Appendix B)
<p>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 copy of the map(s).</p> <p>Applicant seeking to operate in any Small Incumbent Local Exchange Carriers territories must meet the requirements contained in Appendix A of D.20-08-011.</p>		
5. DATE APPLICANT EXPECTS TO BEGIN OR HAS BEGUN OFFERING SERVICE(S) IN CALIFORNIA (If already operating in California, attach Appendix C)		

6. APPLICANT WILL PROVIDE THE FOLLOWING SERVICES IN CALIFORNIA

(check all that apply)

- ☐ Provide voice services (traditional wireline and/or Fixed Interconnected VoIP) directly to customers
- ☐ Other (Describe below other services applicant offers, whether or not they are within Commission's jurisdiction.)

7. SWORN AFFIDAVIT

☐ TRUE ☐ NOT TRUE (**Appendix D**)

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.

Attach **Appendix D** if Applicant's response to this section is anything other than an unqualified "True." Applicant must declare exceptions by attaching documentation and describing any such bankruptcies, findings, judgments, convictions, referrals, denials, suspensions, revocations, limitations, settlements, voluntary payments or any other type of monetary forfeitures.

7.a. List of all affiliated entities (Attach **Appendix E**)

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

☐ TRUE ☐ NOT TRUE

8.a. Attach **Appendix F** with 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.

8.b. Attach **Appendix G** with Resumes for each personnel identified in Section 8.a. List 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.c. Applicant Attestation to the Statement Below ☐ TRUE ☐ NOT TRUE (**Appendix H**)

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.

Attach **Appendix H** if Applicant's response to this section is anything other than an unqualified "True." Applicant must declare exceptions by attaching documentation and describing all such investigations, whether pending, settled voluntarily or resolved in another manner.

9. FINANCIAL REQUIREMENT

☐ TRUE ☐ NOT 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 I** with financial instrument that demonstrates the Applicant meets financial requirements.

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

☐ TRUE ☐ NOT TRUE (Attach **Appendix J**)

11. OTHER LICENSE(S) HELD WITH THE COMMISSION, EITHER CURRENT AND/OR PRIOR

☐ NONE

☐ CURRENT AND/OR PRIOR, specify:

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