BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

In The Matter of the Application of	)	
	)	
_____ to	)	Case No.
Provide Telecommunications and/or	)	
Interconnected Voice over Internet	)	
Protocol Services	)	

APPLICATION

Applicant's Legal Name, including d/b/a if applicable

_____

Pursuant to §392.611.4 and/or §392.550 RSMo, Applicant seeks the following authorizations as checked below:

- ☐ Certificate of Service Authority to Provide Basic Local Telecommunications Service
- ☐ Certificate of Service Authority to Provide Non-Switched Local Telecommunications Service
- ☐ Certificate of Service Authority to Provide Interexchange Telecommunications Service
- ☐ Registration to Provide Interconnected Voice over Internet Protocol Service

Listed below is basic information regarding the Applicant:

Type of Organization _____

Jurisdiction Where Organized _____

Mailing Address _____

E-Mail Address _____

Telephone Number _____

The company's services will be identified in a tariff unless website is provided.

Website _____

Attached is an affidavit signed by an officer or general partner of the Applicant stating the various requirements identified in §392.611.4 and/or §392.550 RSMo, plus confirmation the Applicant's service meets the criteria for these services as defined by §386.020 and a copy of Applicant's Certificate of Registration from the Missouri Secretary of State's Office. If applicable, a copy of the registration of the fictitious name with the secretary of state is also attached.

WHEREFORE, the Applicant requests the Commission to issue an order granting the Applicant a registration to offer and provide the indicated services identified in this application.

Respectfully submitted,

_____
Signature

_____
Name/MO Bar #

_____
Law Firm/Company Name

_____
Street Address

_____
City, State Zip

_____
Phone

_____
E-Mail

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing document was delivered by first class mail, electronic mail or hand delivery, on this ___ day of ___, 20___, to the following parties:

General Counsel
Missouri Public Service Commission
PO Box 360
Jefferson City, MO 65102

Office of Public Counsel
PO Box 7800
Jefferson City, MO 65102

AFFIDAVIT

I, _____, a natural person, do hereby swear and affirm that I am an officer or general partner of Applicant and that the following information and statements are true and correct to the best of my knowledge and belief:

(1) Applicant's basic information:

Legal Name, Including d/b/a, if applicable _____

Principal Place of Business _____

Principal Executive Officers _____

(2) Area (identified by local telephone company exchange, in whole or in part) where the Applicant proposes to offer telecommunications or IVoIP services:

_____

_____

(3) That the Applicant is legally, financially, and technically qualified to provide the requested authorization to provide the indicated telecommunications and/or interconnected voice over internet protocol services;

(4) That the Applicant is ready, willing, able, and will comply with all applicable state and federal laws and regulations imposed upon providers of the indicated telecommunications and/or interconnected voice over Internet protocol services;

(5) That the Applicant will comply with applicable assessment requirements. These assessments include but are not necessarily limited to:

(a) Relay Missouri assessment requirements identified in 20 CSR 4240-28.012(2)(C);

(b) Missouri universal service fund assessment requirements identified in 20 CSR 4240-28.012(2)(B);

(c) Missouri Public Service Commission assessment requirements identified in 20 CSR 4240-28.012(2)(A);

(d) Local enhanced 911;

(e) Any applicable license tax;

(6) That the Applicant will comply with applicable reporting requirements identified in 20 CSR 4240-28.012 including maintaining an updated list of company contacts in the Missouri Commission's Electronic Filing and Information System;

(7) That the Applicant has established a process for handling inquiries from customers concerning billing issues, service issues, and other consumer-related complaints;

and

(8) The Applicant's service meets the criteria as defined within §386.020 for the indicated services sought for certification and/or registration.

(9) The undersigned requests waiver of Rule 4.017 for good cause. By signing this form, I hereby certify that neither I, nor any other members of this filing party, has had communications with a Commissioner, Commissioner Advisor, Regulatory Law Judge, or any member of their support team in the one hundred fifty (150) days prior

to the filing date of this application regarding any substantive issue included in this filing.

This concludes my affidavit.

_____
Signature

_____
Printed Name

_____
Title

State of _____
County of_____
Subscribed and sworn before me this ___ day of _____, 20___.

_____
Notary Public

Notary Seal: