

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Wholesale Carrier Business

General Information

*All fields are required.*

|  |  |
| --- | --- |
| Customer Name (Legal Corporate Name) |  |
| DBA/Trade Name |  |
| Entity Type (Corp, LLC, Partnership, etc.) |  |
| Type of Business (Wholesale, Retail, Enterprise, etc.) |  |
| Carrier Classification (CLEC, PTT, Tier 1/2/3, etc.) |  |
| Address-Headquarters |  |
| Billing Address |  |
| Main Telephone Number |  |
| Website |  |
| State/Country of Incorporation |  |
| Year of Incorporation |  |
| Foreign Voice Service Provider(Yes/No) |  |
| FCC Registration Number |  |
| FCC Filer ID Number |  |
| Tax Exempt (Yes/No) |  |
| Federal Tax ID Number (FEIN) |  |
| Subscription Account Number for accessing the National Do Not Call Registry |  |
| Registered in the Robocall Mitigation Database, please provide RMDB Number |  |
| Do you have a Robocall Mitigation Plan? Please attach when retuning this file. |  |
| Are you a member of the US Telecom Industry Traceback Group (ITG)? |  |
| Do you actively participate in the ITG traceback process? |  |
| Have you implemented STIR/SHAKEN in your network? |  |
| Do you originate or pass through International originated calls for US domestic termination? |  |
| Do you sign all calls? If this is required, can you comply with this request? |  |
|  |  |
| Company representative for regulatory issues | Company CEO or Officer |
| Name: | Name: |
| Signature: | Signature: |
| Date: | Date: |