

SOUTH CAROLINA WIRELESS AND VoIP CARRIER REGISTRATION FORM

TYPE: [ ] VoIP [ ] Wireless

<u>COMPANY INFORMATION</u>	
Company Name	FEIN/SSN
Dbafka	Telephone #
Mailing Address	Filer FCC Form 499 ID
City, State, Zip Code	<i>Date <b>Service began:</b></i>

Pursuant to the Commission's requirements, print or type company contact for the following areas:

A. Regulatory Officer (Name & Title)  
(Mailing Address)  
Telephone Number / Facsimile Number / E-mail Address

B. Dual Party Mailings (Name & Title)  
(Mailing Address)  
Telephone Number / Facsimile Number / E-mail Address

C. Universal Service Fund Mailings (Name & Title)  
(Mailing Address)  
Telephone Number / Facsimile Number / E-mail Address

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This form was completed by / Signature  
Title / Date

RETURN COMPLETED FORM TO: [registration@ors.sc.gov](mailto:registration@ors.sc.gov)