



**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

Return completed form to:

**Department of Telecommunications & Cable
Attn: Sara J. Clark, Secretary
1000 Washington Street, Suite 820
Boston, MA 02118-6500**

Certificate of Withdrawal

The exact legal name of the company is: _____

DBA: _____

Federal Identification Number _____

-or

Social Security Number _____

Address _____

The above-named entity:

[] Ceased conducting business in the Commonwealth of Massachusetts as of _____
(month/date/year)

[] Hereby withdraws its registration to conduct business within the Commonwealth as a:

() Payphone Provider () other telecommunications services provider;

[] understands that the withdrawal of its registration will prevent the company from operating and/or providing telecommunications services.

Dated: _____

Signature of Authorized Person

Print or Type Name & Title

Address (street, city, state, zip)

Phone number where Authorized Person can be reached