



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

Return completed form to:

Attn: Shonda D. Green
Department Secretary
Department of Telecommunications and Cable
1000 Washington Street, Suite 600
Boston, MA 02118-6500

Certificate of Withdrawal

The exact legal name of the company is _____

DBA _____

Federal Identification Number is _____

-or

Social Security Number _____

Address _____

The above-named entity:

Ceased conducting business in the Commonwealth of Massachusetts as of _____
(Month/Day/Year)

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

Payphone Provider other type 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