COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE

Third Party Verification Service Provider
Registration Application

In order to facilitate a change in a customer's primary interexchange carrier (IXC) or a primary local exchange carrier (LEC), an IXC or LEC may rely upon a Third Party Verification (TPV) Service Provider to provide customer authorization confirmation services as provided for in Massachusetts General Laws, Chapter 93, Sections 108-113, inclusive.

Pursuant to M.G.L., c. 159, ' 12E(a)(3), any company that provides TPV services, pursuant to Section 109 of Chapter 93, must register with the Department of Telecommunications and Cable (Department). In order to register with the Department, a prospective TPV service provider must complete the following registration application and submit it to the Department for approval.

Instructions:

- Provide all requested information. Do not leave any question unanswered. If a question is not applicable, answer "N/A" on the form and explain why it is not applicable. Attach a separate sheet if necessary.

- The registration application will be processed in the order in which it was received. Once the Departments review is complete, Registrant will be informed of the applications status. If approved, Registrant will receive a copy of the registration cover page bearing an Approved stamp, the date of approval and TPV registration number.

- There is no filing fee. Submit an original and one copy of the completed Registration Application and all attachments to:

Department of Telecommunications and Cable
Attn: Competition Division
One Federal Street, Suite 0740
Boston, MA 02110-2012

FOR DEPARTMENT USE ONLY

Approved G **Rejected G**
Date _____ TS_____
Reg. # DTC-TEL-TPV_____

Contact Information

1. Legal Name of Registrant

_____

Doing Business As (dba), if applicable

_____

2. Business Address (P.O. Box not acceptable)

Street Address _____
City/State/Zip Code _____

3. Principal Place of Business, if applicable (P.O. Box not acceptable)

Street Address _____

City/State/Zip Code _____

4. Mailing Address, if applicable:

Street Address _____

City/State/Zip Code _____

5. Provide the name, title, direct telephone number, and mailing address of the company person designated for the Department to contact regarding:

   a. issues or questions related to processing this application:

   _____

   _____

   _____

   b. consumer-related issues, including dispute resolution:

   _____

   _____

   _____

   c. technical and/or quality of service issues:

   _____

   _____

   _____

COMPANY INFORMATION

1. If Registrant is a corporation, association, or partnership:

   a. Jurisdiction where legally organized _____

   b. Date of organization _____

c All business incorporated in states other than the Commonwealth of MA which are doing business in MA must register with the Secretary of the Commonwealth within ten days after they commence doing business in the state by filing a foreign registration certificate. If Registrant is organized in a state other than Massachusetts, provide a copy of the foreign registration certificate and certificate of legal existence from the jurisdiction of organization.

d. Please attach a certificate of good standing from the Commonwealth of Massachusetts Secretary of States Office.

e. If not provided above, please attach articles of incorporation, partnership certificate, or other document(s) establishing legal organization.

2. If a corporation, list each officer, director, and stockholder owning 10% or more of Registrant's outstanding stock. Attach additional pages if needed.

Name/Title	Address	Percent/Class of Stock

3. If Registrant is a partnership, list the names and addresses of principal partners.

Name/Title	Address

4. List the telecom company or companies for which Registrant provides TPV services in Massachusetts. NOTE: This list **must be updated** each time a telecom company is added or removed from the list. The registrant is required to notify the Department by mail within ten business days of any change to this list.

   (1) Telecom Company

   _____

   Contact(s) Name & Direct Telephone Number

   _____

   Contact(s) Address

   _____

   (2) Telecom Company

   _____

   Contact(s) Name & Direct Telephone Number

   _____

   Contact(s) Address

   _____

D.T.C. REQUIREMENTS FOR THIRD PARTY VERIFICATION SERVICE PROVIDERS

By signing this document, Registrant attests that the information provided is accurate and that the Company will comply with the following provisions:

1. Registrant operates in a location physically separate from any interexchange (IXC) or local exchange service provider (LEC), or telemarketing representative who has obtained a customer's oral authorization to submit a change order for an IXC or LEC.

2. Registrant is not directly or indirectly managed, controlled, directed, or owned wholly or partially, by any IXC or LEC.

3. Registrant does not receive commissions or compensation based upon the number of customer authorizations confirmed or sales confirmed for any IXC or LEC.

4. Upon registration, Registrant will be bound by the provisions of Massachusetts General Law, Chapter 93, Sections 108-113 inclusive and Massachusetts General Law, Chapter 159, Section 12(E)(b), and any applicable rules and regulations subsequently promulgated by the Massachusetts Department of Telecommunications and Energy pursuant to these provisions.

5. The Department is required to investigate consumer complaints and collect statistical information for the Massachusetts Legislature. To this end, Registrant agrees to provide the Department with any requested information and records needed to perform these tasks in a timely fashion. The Department will consider requests for protective treatment of proprietary or competitively sensitive data.

Signature of Registrant _____ Dated _____

TAX ATTESTATION

Pursuant to M.G.L., c. 62C, Section 49A, I hereby certify under the pains and penalties of perjury that the Registrant, to the best of my knowledge and belief, has filed all federal and state tax returns and paid all federal and state taxes required by law.

Social Security Number

Signature of Individual or
Corporate Name of Registrant

Federal Tax Identification Number

Signature and Title of Corporate Officer
(if Registrant is a Corporation)

Dated _____

NOTARIZE AFFIDAVIT

The undersigned declares under the pains and penalties of perjury that they are authorized to make this verification for and on behalf of Registrant; that they have read the foregoing registration and are informed and believes that same are true, and on that ground, affirms that the matters therein stated are true.

The undersigned further declares that the Registrant understands and will abide by the Department's requirements concerning the provision of TPV service, including the provisions in the foregoing registration.

The undersigned understands that if the Registrant is found not to be in compliance with the Department's requirements, the Department may withdraw registration and prohibit Registrant from providing TPV services within the Commonwealth.

Dated this ___ _____ day of _____ , _____

Registrant _____

NOTARIZED: