



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

**APPLICATION FOR REGISTRATION
FOR TELECOMMUNICATIONS SERVICE PROVIDERS
*OTHER THAN PAYPHONE SERVICE PROVIDERS***

STATEMENT OF BUSINESS OPERATIONS (SBO)

Updated 2018

Date:

Please check appropriate box: Initial SBO Amended SBO

Reason:

Effective Date:

Part I

1. Legal Name of Registrant	
2. Doing Business As (DBA)	
3. Federal Taxpayer ID No.	
4. Address - Corporate Office (Street, City, State, Zip +)	
5. Main Telephone Number	
6. Customer Service Number	
7. Website/URL	http://www.

8. Please provide the following information for the regulatory contact person to work with the Department on the following:	
A. Issues related to processing this Registration and tariff filing only	Name/Title Mailing Address Direct Phone No. Direct Facsimile No. Email Address
B. Issues related to consumer complaints [not the general customer service department]	Name/Title Mailing Address Direct Phone No. Direct Facsimile No. Email Address
C. All other regulatory-related issues [in-house]	Name/Title Mailing Address Direct Phone No. Direct Facsimile No. Email Address

9. Authorized as:		
10. Technology Type: <input type="checkbox"/> Circuit Switch	<input type="checkbox"/> VoIP	<input type="checkbox"/> Other

11. Provide a clear and concise summary of the specific services the Registrant will be offering (e.g., local, interexchange, bundled local and interexchange services; wholesale or carrier-to-carrier services; package of regulated and/or unregulated telecom services; bundle of voice and/or video and/or wireless and/or broadband, such as voicemail, call forwarding or vertical features)
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12. Registrant will be providing telecommunications services as indicated:

- Residential
 Business
 Wholesale/Carrier-to-Carrier

Service Provided Using:

- | | |
|--|---|
| <input type="checkbox"/> Facilities-based service: | <input type="checkbox"/> Reseller |
| <input type="checkbox"/> Leased Facilities | <input type="checkbox"/> Own Network |
| <input type="checkbox"/> Leased Facilities [Non-UNE] | <input type="checkbox"/> Underlying Carrier |

13. Registrant's initial tariff offers the following services: [check all that apply]

Services	If any of the services are sold on a prepaid basis	Residential	Business
<input type="checkbox"/> Local Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lifeline/Linkup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Calling Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Operator Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Operator Services at traffic aggregated locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Payphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inmate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Data (explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. If the Registrant will be providing operator-assisted service, describe how: (A) a company operator would be reached, e.g., dial 00; and (B) an emergency-type call will be handled.

15. Please list alphabetically names of cities and/or towns served. (Attachment Acceptable)

16. If a corporation, please:

A. Provide the date of organization:

B. Indicate the jurisdiction under the laws of which it is organized:

C. provide the following information as to each officer, director, and stockholder owning of record, or beneficially, 10% or more of Registrant's outstanding capital stock:

Name/Title	Address	Percent & Class of Shares
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17. All businesses incorporated in states other than the Commonwealth which are doing business in Massachusetts must register with the Secretary of the Commonwealth (SOC) within ten days after they commence doing business in the state by filing a foreign registration certificate. Failure to register may result in the imposition of fines and/or an injunction restraining the further prosecution of business in the Commonwealth by the foreign corporation.

A copy of the SOC Foreign Registration Certificate

(<https://www.sec.state.ma.us/cor/corpweb/corfor/forinf.htm>):

is attached.

will be filed with the Department within the following 30 days

Part II

OPERATOR SERVICE PROVIDER - CONSUMER PROTECTION POLICIES

The term “operator-service provider” (OSP) generally refers to a telecommunications service company that handles live or mechanized operator-assisted calling, such as calls placed on a collect, third-party billed or person-to-person basis, from locations such as payphones and other traffic aggregator locations (e.g., hotels, hospitals).

OSPs must adhere to the following Department policies:

- A. OSPs must be registered and have an approved tariff of intrastate rates and charges on file with the Department.
- B. OSP rate disclosure requirements similar to rules adopted in January 1998 by the Federal Communications Commission, effective July 1, 1998. OSPs must notify callers orally of how they can obtain rate information for their operator-assisted calls, i.e., the *total cost* of the call, including any aggregator surcharges, premise-imposed surcharges, and how consumers may access the long distance carrier of their choice, before connecting and billing for the OSP call(s).
- C. OSP consumer information labels/placards/tent cards must clearly state:
 - the name and address of the OSP;
 - the OSP’s 800 telephone number;
 - that rate information is available from the OSP operator 24 hours a day, seven days a week;
 - procedures for reporting service problems, obtaining billing information, and how to access emergency services; and
 - that the end-user has a right to appeal any UNRESOLVED disputes concerning **intrastate** calls to:

Department of Telecommunications and Cable
Consumer Division
1000 Washington Street, Suite 820
Boston, MA 02118-6500
(617) 305-3531 or Toll-free within Massachusetts: (800) 392-6066
- D. **A sample/draft of the above-described OSP consumer information material must be submitted to the Department for approval.**
- E. OSPs must provide the Department-approved consumer information material to all traffic aggregators, who in turn, must prominently display at traffic aggregator locations.

- F. OSPs must include language in their **intrastate** tariff indicating that the traffic aggregator is required to post the OSPs consumer information label at all its locations, and that pursuant to the OSPs tariff, any violation of this provision could result in disconnection of the traffic aggregator's service(s)

Inmate Calling Services

If providing inmate calling services (e.g., automated, collect-only, 0+, debit-card, outbound-only calling services to inmates of confinement facilities in Massachusetts) the Registrant's proposed tariffed rates are at or below the rate caps established in Docket No. D.T.C. 11-16 and the proposed oral rate disclosure requirements are consistent with the Department's April 17, 1998, decision in Docket No. DPU/DTE 97-88/97-18 (Phase II).

Registrant attests that it will comply with the above requirements:

Authorized Signature/Title

Date

Part III

MASSACHUSETTS STATE TAX ATTESTATION

In accordance with Massachusetts General Laws, Chapter 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 Massachusetts state tax returns and paid all Massachusetts state taxes required by law. I also certify, under the pains and penalties of perjury that the Registrant, to the best of my knowledge and belief, has filed and paid all federal taxes required by law.

Federal Taxpayer Identification No.

Signature of Corporate Officer
if Registrant is a corporation

Social Security Number

Signature of Individual, if applicable

Date

AFFIDAVIT

The undersigned declares under penalty of perjury that they are authorized to make this verification for, and on behalf of, the Registrant. The undersigned also declares under penalty of perjury that they have read the information provided by the Registrant in the foregoing document, and are informed and believes the same are true, and on that ground the undersigned affirms that the matters therein stated are true.

In addition, the undersigned, on behalf of the Registrant, attests that the Registrant will comply with all applicable Massachusetts laws and rules, Department Orders, regulations, letter rulings, directives, and other requirements, whether formal or informal.

Registrant understands that failure to comply will be grounds for the Department to cancel the Registrant's registration/SBO and tariff(s), thus preventing the Registrant from operating or providing telecommunications services within Massachusetts.

Dated this _____ day of _____, _____

Legal Name of Registrant _____

By _____
(Print Name)

(Signature/Title)

NOTARIZE BY:

SUBSCRIBED AND SWORN to before me

this _____ day of _____, _____

Notary Public