

# MONTANA PUBLIC SERVICE COMMISSION

## SERVICE PROVIDERS\* AND BILLING AGGREGATORS\*\* REGISTRATION

Mont. Code Ann. 69-3-1311 and Mont. Admin. R. 38-5-4202

\* A service provider is any entity, other than the billing agent, that offers a product or service to a customer, the charge for which appears on the bill of a billing agent. (A billing agent is a telecommunications carrier that includes in a bill that it sends to a customer a charge for a product or service offered by a service provider.)

\*\*A billing aggregator is any entity, other than a service provider, that forwards the charge for a product or service offered by a service provider to a billing agent.

Registration is for:

Service Provider

Billing Aggregator

### **Company Information**

Name:

dba:

Street Address:

Mailing Address:

(if different)

Phone No.:

Toll-Free Customer Service No.:

Fax No.:

Website:

### **Regulatory Contact Information**

Name:

Title:

Street Address:

Mailing Address:

(if different)

Phone No.:

Fax No.:

E-mail:

### **Customer Dispute Resolution Contact Person**

Name:

Title:

Street Address:

Mailing Address:

(if different)

Phone No.:

Fax No.:

E-mail:

## **Miscellaneous**

Start of service date:

Please provide the name, address, and title of each officer and director, partner, or similar officer.

Does the registrant, or any of the individuals identified above, have any pending or concluded administrative, civil, or criminal legal actions that relate to or arise from billing transactions, business fraud, and unfair or deceptive sales practices? If yes, please describe.

For billing aggregators only, names of service providers providing services or products in Montana for whom you bill:

**Registration Requirements**

- 1) E-mail the completed form to PSCRegisterTCom@mt.gov.
- 2) An original and two (2) copies of this registration must be provided. The registration must be signed by two (2) officers of the Applicant and notarized.
- 3) Mail to:  
 Administrator of Regulatory Division  
 Montana Public Service Commission  
 PO Box 202601  
 Helena, Montana 59620-2601

Note: The registration will not be effective until the completed form is posted on the Commission’s website.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Typed/Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Typed/Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_ by \_\_\_\_\_.  
Date Print name of signer

*Notary Signature*

*[Montana notaries must complete the following, if not part of stamp.]*

*Printed Name of Notary*

Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission expires: \_\_\_\_\_, 20 \_\_\_\_\_