

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 _____