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| 1. **REGISTRATION TYPE**   (check one only) | | | | | | |  | | | **NOMADIC REGISTRATION** | | | | | | | | | |  | **WIRELESS ID REGISTRATION** | | |
| 1. **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Name: | | | | [single line text field] | | | | | | | | | | | | | | | | | | | |
| Business Address: | | | | [single line text field] | | | | | | | | | | | | | | | | | | | |
| Telephone No.: | | | | [single line text field] | | | | | | | | | | | | | | | | | | | |
| E-mail Address: | | | | [single line text field] | | | | | | | | | | | | | | | | | | | |
| **2.a.** Principal Place of Business:  (if different from address above) | | | | | | | | | | | | [single line text field] | | | | | | | | | | | |
| **2.b.** List all fictitious business names under which Applicant has done business in the last five years: | | | | | | | | | | | | [paragraph style text field] | | | | | | | | | | | |
| **2.c.** Applicant is (check one only) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Incorporation | | | | | | | | | | | | | |  | | General Partnership | | | | | |
|  | | Limited Partnership | | | | | | | | | | | | | |  | | Sole Proprietor | | | | | |
|  | | Limited Liability Company | | | | | | | | | | | | | |  | | Trust | | | | | |
|  | | Other, specify: | | | | [single line text field] | | | | | | | | | | | | | | | | | |
| Attach **Appendix A** with the following: 1) a copy of the entity’s organizing documents; (2) evidence of the Applicant’s qualification to transact business in California; and (3) a copy of its Certificate of Good Standing Status certified by the Secretary of State of California (CSOS). | | | | | | | | | | | | | | | | | | | | | | | |
| **2.d.** FCC Registration No.: | | | | | | | | [single line text field] | | | | | | | **2.e.** CSOS Entity No.: | | | | | | | [single line text field] | |
| **2.f.** Applicant has a foreign ownership interest | | | | | | | | |  | | NO | | |  | | | YES, list foreign entity interest below. | | | | | | |
| Foreign entity interest: | | | | | | | | | | [single line text field] | | | | |
| 1. **APPLICANT REGISTERED AGENT FOR SERVICE OF PROCESS** | | | | | | | | | | | | | | | | | | | | | | | |
| Agent Name: | | | [single line text field] | | | | | | | | | | | | | | | | | | | | |
| Address: | | | [single line text field] | | | | | | | | | | | | | | | | | | | | |
| Telephone No.: | | | [(XXX) XXX-XXXX] | | | | | | | | | | | | | | | | | | | | |
| 1. **APPLICANT LEGAL DOMICILE (check one only)** | | | | | | | | | | | | | | | | | | | | | | | |
|  | California | | | |  | | | Other, specify: | | | | | [single line text field] | | | | | | | | | | |
| 1. **DATE APPLICANT EXPECTS TO BEGIN OR HAS BEGUN OFFERING SERVICE(S) IN CALIFORNIA (Appendix B)** | | | | | | | | | | | | | | | | | | | | | | | [MM/DD/YYYY] |

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| 1. **FOR WIRELESS ID REGISTRATION ONLY.** | | | | | | | | | | | | | | | | | | | | | |
| 6.a. Facilities-Type: | | | |  | Reseller/ Non‑facilities‑based | | | | | | |  | | | Facilities-Based | | | | | | |
| 6.b. Customer Type: | | | |  | Residential | | |  | Business | | |  | | | Other(s), specify in space below | | | | | | |
| 6.c. Types of Services: | | | |  | Prepaid | | |  | Postpaid | | |  | | | Other(s), specify in space below | | | | | | |
| [paragraph text field] | | | | | | | | | | | | | | | | | | | | | |
| 6.d. For Facilities-Based WIR: Universal Licensing System (ULS) wireless license call sign: | | | | | | | | | | [single line text field] | | | | | | | | | | | |
| 6.e. Underlying facilities-based wireless carrier(s) for resold services (if multiple, attach **Appendix C** and include copy of Wireless Resale Agreement. | | | | | | | | | | | | | | | | | | | | | |
| Carrier Name: | | | [single line text field] | | | | | | | | | | Utility ID no. | | | | | | | [XXXX] | |
| First and Last Name: | | | | [single line text field] | | | | | | | | | Title: | | | | | [single line text field] | | | |
| Email address: | | | [single line text field] | | | | | | | | | | Telephone no.: | | | | | | | | [(XXX) XXX-XXXX] |
| 1. **FOR NOMADIC REGISTRATION ONLY.** | | | | | | | | | | | | | | | | | | | | | |
|  | YES. Nomadic Interconnected VoIP Service Attestation included in **Attachment A.** | | | | | | | | | | | | | | | | | | | | |
| 1. **SWORN AFFIDAVIT** | | | | | |  | | TRUE | | | | | |  | | | NOT TRUE **(Appendix D)** | | | | |
| Neither Applicant, any of its affiliates, officers, directors, partners, agents, or owners (directly or indirectly) of more than 10% of Applicant, or anyone acting in a management capacity for Applicant: (a) held one of these positions with a company that filed for bankruptcy; (b) been personally found liable, or held one of these positions with a company that has been found liable, for fraud, dishonesty, failure to disclose, or misrepresentations to consumers or others; (c) been convicted of a felony; (d) been (to his/her knowledge) the subject of a criminal referral by judge or public agency; (e) had a telecommunications license or operating authority denied, suspended, revoked, or limited in any jurisdiction; (f) personally entered into a settlement, or held one of these positions with a company that has entered into settlement of criminal or civil claims involving violations of Sections 17000 et seq., 17200 et seq., or 17500 et seq. of the California Business & Professions Code, or of any other statute, regulation, or decisional law relating to fraud, dishonesty, failure to disclose, or misrepresentations to consumers or others; (g) been found to have violated any statute, law, or rule pertaining to public utilities or other regulated industries; and/or (h) entered into any settlement agreements or made any voluntary payments or agreed to any other type of monetary forfeitures in resolution of any action by any regulatory body, agency, or attorney general.  Attach **Appendix D** if Applicant answer to this question is anything other than an unqualified “True”. Applicant must declare exceptions by attaching documentation and describing any such bankruptcies, findings, judgments, convictions, referrals, denials, suspensions, revocations, limitations, settlements, voluntary payments or any other type of monetary forfeitures. | | | | | | | | | | | | | | | | | | | | | |
| **8.a.** List of all affiliated entities **(Appendix E)** | | | | | | | | | | | | | | | | | | | | | |
| 1. **APPLICANT TECHNICAL AND MANAGERIAL EXPERTIES** | | | | | | | | | | | | | | | | | | | | | |
| **9.a**. Attach **Appendix F** for List of the names, titles, and street addresses of all officers, directors, partners, agents, or owners (directly or indirectly) of more than 10% of Applicant, or any person acting in such capacity whether or not formally appointed. | | | | | | | | | | | | | | | | | | | | | |
| **9.b.** Attach **Appendix G** for all Resumes for each personnel identified in Section 9.a. List of all employment for each officer, director, partner, agent, or owner (directly or indirectly) of more than 10% of Applicant, or any person acting in such capacity whether or not formally appointed. | | | | | | | | | | | | | | | | | | | | | |
| **9.c.** Applicant Managerial and Technical Expertise | | | | | | | | | | |  | | TRUE | | |  | | | NOT TRUE **(Appendix H)** | | |
| To the best of Applicant’s knowledge, neither Applicant, any affiliate, officer, director, partner, nor owner of more than 10% of Applicant, or any person acting in such capacity whether or not formally appointed, is being or has been investigated by the Federal Communications Commission or any law enforcement or regulatory agency for failure to comply with any law, rule or order.  Attach **Appendix H** if Applicant answer to this question is anything other than an unqualified “True,” Applicant must declare exceptions by attaching documentation and describing all such investigations, whether pending, settled voluntarily or resolved in another manner. | | | | | | | | | | | | | | | | | | | | | |
| 1. **OTHER LICENSE(S) HELD WITH THE COMMISSION, EITHER CURRENT AND/OR PRIOR** | | | | | | | | | | | | | | |  | | NONE | | | | |
|  | | CURRENT AND/OR PRIOR, specify: | | | | | [paragraph text field] | | | | | | | | | | | | | | |
| 1. **ADDITIONAL ATTACHMENT TO THE FORM**   11.a. Copy of CD Registration Fee check payment.  11.b. Utility Contact Information Form (Leave Utility ID blank). | | | | | | | | | | | | | | | | | | | | | |

I hereby declare under penalty of perjury under the laws of the State of California that the forgoing information, and all attachments, are true, correct, and complete to the best of my knowledge and belief after due inquiry, and that I am authorized to make this application on behalf of the Applicant named above.

|  |  |
| --- | --- |
| Signed | [signature field] |
| Name | [single line text field] |
| Title | [single line text field] |
| Dated | [MM/DD/YYYY] |
| Address | [single line text field] |
| Telephone | [(XXX) XXX-XXXX] |
| Email Address | [single line text field] |

SAMPLE ATTACHMENT TO NOMADIC REGISTRATION OR WIRELESS ID REGISTRATION FORM

**ATTACHMENT A**

SWORN AFFIDAVIT

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Title] of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant). My personal knowledge of the facts stated herein has been derived from my employment with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant)

I affirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Applicant]:

* Applicant agrees to comply with all federal and state statutes, rules, and regulations, if granted the registration as requested in this application;
* [FOR NOMADIC REGISTRATION ONLY] Applicant provides service that meets the Commission’s definition of nomadic-only interconnected VoIP, which includes all of the following characteristics: (1) service can be accessed from any broadband connection without a requirement to subscribe to internet access at any one location or from any particular internet access provider, (2) service is provided to nomadic (portable) IP compatible communication devices; and (3) telephone number is not tied to user’s physical location for assignment or use, and calls may be received by customer unrestricted by location; and
* In the event Applicant’s request for [Nomadic or Wireless ID] Registration is granted, Applicant agrees to post a continuous bond (i.e., there is no termination date on the bond) performance bond equivalent to in the amount of $25,000 for the first year of operation, issued by a corporate surety company authorized to transact surety business in California, and with the Commission listed as the oblige on the bond. Further, I will provide a copy of the executed performance bond to the Director of the Communications Division with the written notification to the Commission of acceptance of operating authority.

I affirm and declare under penalty of perjury under the laws of the State of California, including Rule 1.1 of the California Public Utilities Commission’s Rules of Practice and Procedure, that, to the best of my knowledge, all of the statements and representations made in this Registration are true and correct.

Signature

Name and Title

**SAMPLE INSTRUCTIONS FOR CD REGISTRATION FORM**

1. Complete the CD Registration Form. Do not leave the fields blank. If no response, mark “Not Applicable” or “N/A”
   1. In Section 1 of the form, the Applicant must select only one type of Registration: Nomadic Registration or Wireless ID Registration. Nomadic Registration is pursuant to D.XXXXXXX. Wireless ID Registration (WIR) is pursuant to D.94-10-031.
   2. In Section 2 of the form, the Applicant must enter its complete legal name exactly as it appears on its articles or certificate of incorporation or similar charter document. The Applicant must also include its business address, telephone number and email address. Complete Section 2.b. by listing all fictitious business names under which Applicant has done business in the last five years. If the company does not have any fictitious business names or “doing business as” (DBA) names, please enter “Not Applicable.” Do not leave it blank.

In Section 2.c. of the form, select only one type of organization and attach as Appendix A to the completed application form: (1) a copy of the entity’s organizing documents; (2) evidence of the Applicant’s qualification to transact business in California; and (3) a copy of its Certificate of Good Standing Status certified by the Secretary of State of California. If current documentation has previously been filed with the Commission, the application need only make specific reference to such filing. A Good Standing certificate is available from the office of the Secretary of State of the State of California and should be dated not more than 60 days prior to the date of filing the application.

In Section 2.d. of the form, please enter the Applicant’s Federal Communication Commission (FCC) Registration Number (FRN). The FRN is required if the Applicant is doing business with the FCC. In Section 2.e. of the form, Applicant must identify the Entity Number as listed in California Secretary of State.

In Section 1.f. of the form, if answer is “Yes”, list foreign entity interest.

* 1. In Section 3 of the form, provide the name, mailing address, and telephone number of Applicant’s registered agent for service of process.
  2. In Section 4 of the form, the Applicant must check one of the options provided to identify Applicant’s Legal Domicile. For individuals, domicile is the place of legal residence; for entities, it is the state of incorporation or organization.
  3. In Section 5 of the form, enter the date that Applicant expects to begin offering service in California. If Applicant has already begun offering service in California, indicate the date the Applicant commenced providing service and provide as Appendix B an explanation of the reason for operating prior to obtaining authority in California.
  4. **FOR WIRELESS ID REGISTRATION ONLY:** In Section 6 of the form, the Applicant must select the appropriate boxes to clearly describe the wireless service operations it is seeking approval for. Identify the facilities type (i.e., Resold/Non-Facilities or Facilities), customer type (i.e., Residential and/or Business, or others) and type of wireless service offerings (i.e., prepaid and/or postpaid or others). If Other(s) is selected, provide a brief description of the service in the provided box.

In Section 6.d., Applicant seeking to provide Facilities Based Wireless Services, the applicant must identify its Universal Licensing System (ULS) wireless License call sign as registered with the Federal Communications Commission (FCC).

In Section 6.e., Applicant must identify the underlying facilities-based carrier that it plans to offer resold services from and include a copy as Appendix C of the wireless resale agreement between the Applicant and the underlying facilities-based carrier. Applicant must provide a contact name and title, email address, and telephone number for the authorized representative of the underlying facilities-based carrier. If Applicant has multiple agreements with different underlying facilities-based carrier, please provide the information and copies of the relevant agreements as part of Appendix C.

* 1. **FOR NOMADIC REGISTRATION ONLY.** In Section 7 of the form, the Applicant must select “YES” to confirm that it has completed the required Attestation as a Nomadic Interconnected VoIP Service (Attachment A of the form).
  2. In Section 8 of the form, the Applicant must provide a sworn affidavit to the statement identified by marking “True.” If the Applicant’s answer is anything other than an unqualified “True,” attach as Appendix D all documentation and describe any such bankruptcies, findings, judgments, convictions, referrals, denials, suspensions, revocations, limitations, settlements, voluntary payments or any other type of monetary forfeitures.

In Section 8.a. of the form, the Applicant must attach as Appendix E the list of all affiliates. If an affiliate is a regulated entity in California, indicate the Utility ID Number assigned by the Commission to the entity. If no affiliates exist, it must clearly be identified in the Appendix E. An affiliated entity is any entity under common control with the Applicant. Common control exists if the same individuals or entities have the direct or indirect power to determine the action of Applicant and such entity through the right to vote shares, by contract or agreement, or otherwise. Note whether any such entity is a reporting company for purposes of the Securities Exchange Act of 1934, as amended.

* 1. In Section 9 of the form, the Applicant must demonstrate that it has the technical and managerial qualifications necessary to provide the proposed services in its service territory. In Section 9.a. and 9.b., the Applicant must attach Appendix F for the list of all the Applicant’s key management and technical personnel(s) and Appendix G include professional resumes and biographies of the key management and technical personnel(s) that reflects that the Applicant possesses significant technical and managerial expertise for operating a telecommunications corporation, consistent with the Commission’s requirements. Website links to online profiles (e.g., LinkedIn and Facebook) are not acceptable. In Section 9.c. of the form, the Applicant must attest to the statement. If the response is anything other than an unqualified “true”, attach as Appendix H the documentation by listing all applicable information including description of all such investigations, whether pending, settled voluntarily, or resolved in another manner.
  2. In Section 10 of the form, Applicant must list other licenses, whether current and/or prior, which the Applicant obtained from the Commission.
  3. In Section 11 of the form, Applicant must provide a copy of the CD Registration Fee check payment and a completed Utility Contact information Form available at: <https://www.cpuc.ca.gov/-/media/cpuc-website/divisions/communications-division/documents/licensing-compliance/contact-information-update-request-form.pdf>. Leave the Utility ID no. field empty as this will be assigned upon approval of the CD Registration request.

1. Complete Attachment A of the form: Sworn Affidavit. The document must be signed by an officer of the Applicant.
2. Pay the Registration Filing Fee

* Refer to the filing fee schedule posted at <https://www.cpuc.ca.gov/-/media/cpuc-website/divisions/administrative-law-judge-division/documents/2024-filing-fees.pdf>
* Payee:  California Public Utilities Commission
* Memo line: CD Registration Fee of [Name of Applicant]
* Send to Payment to:       ATTN: Fiscal Office

California Public Utilities Commission

505 Ness Avenue

San Francisco, CA 94102

* Failure to include the filing fee may result in a delay or rejection of the filing.

1. Submit completed CD Registration Form, Attachment A, all applicable Appendices and Copy of CD Registration Fee Check Payment via email only to [CDCompliance@cpuc.ca.gov](mailto:CDCompliance@cpuc.ca.gov).