

MAINE PUBLIC UTILITIES COMMISSION

Application to Register as a Service Provider or Billing Aggregator

Title 35-A M.R.S.A. § 7107 and Chapter 297 of the Commission's rules require service providers and billing aggregators to register with the Commission before placing charges for goods or services on the telephone bill of a Maine customer.

Registration Requirements

- An original signed application must be submitted. (A copy of this form can be down loaded from the Commission's website.)
- The application must be signed by two officers of the company and be notarized.
- Attachments should bear the legal name of the applicant and should be included on the electronic copy submitted.
- Please mail completed applications to: **Consumer Assistance Division, Maine Public Utilities Commission, 242 State Street, 18 State House Station, Augusta, ME 04333-0018.**

1. Applicant's legal name:	
2. Application is for (check one):	Billing Aggregator [] Service Provider []
3. Name(s) under which applicant will do business in Maine:	
4. Description of service(s) to be billed:	
5. Applicant's street address:	
6. Applicant's mailing address, if different:	
7. Contact information for questions about this application:	Name: _____ Address: _____ _____ Telephone Number: _____ Facsimile Number: _____ E-mail: _____

<p>8. Contact information if PUC receives consumer complaints about the applicant:</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone Number: _____</p> <p>Facsimile Number: _____</p> <p>E-mail: _____</p>
<p>9. Name(s) of billing aggregator(s) authorized to bill for applicant in Maine:</p>	
<p>10. Name and title of each officer, director, partner or similar officer:</p>	
<p>11. Does the applicant, or any of the individuals identified in #10 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.</p>	

Officer #1: _____ Date: _____
 (signature)

Typed/Printed Name: _____ Title: _____

Officer #2: _____ Date: _____
 (signature)

Typed/Printed Name: _____ Title: _____

Notary Public: _____
 (signature)

Date: _____

Typed/Printed Name: _____

Commission Expires: _____