



STATE OF CONNECTICUT
PUBLIC UTILITIES REGULATORY AUTHORITY

Enclosed is the Registration Form for a Voice Over the Internet Provider (VoIP) offering service to customers located in Connecticut. Please note that the Public Utilities Regulatory Authority (Authority) requires all filings to be submitted electronically.

File this Form online (only) as “Undocketed” at [Make An Electronic Filing](#).

Please note that effective March 2020, the Authority is no longer requiring paper copies of documents filed electronically through the Web Filing System.

If you need further information, please email the Authority’s [Office of Education, Outreach and Enforcement](#) at pura.information@ct.gov.



VOICE OVER THE INTERNET PROVIDER (VoIP) REGISTRATION FORM

A. VOIP PROVIDER INFORMATION

(A-1) VoIP Provider's legal name, address and web site:

Name: _____
Address: _____

City, State, Zip: _____
Main Telephone: _____
Web site (if any): _____

(A-2) VoIP Provider's Federal Communications Commission (FCC) Registration Number

(A-3) VoIP Connecticut Registration Number (Secretary of State)

(A-3) If any, VoIP Provider's principal office in Connecticut:

Address: _____

City, State, Zip: _____
Main Telephone: _____ *Main Fax:* _____

(A-4) Contact person:

Name: _____ *Title:* _____
Address: _____

City, State, Zip: _____
Telephone: _____ *Fax:* _____
E-mail Address: _____

(A-5) Provider's address and telephone number for customer service and complaints:

Name: _____ *Title:* _____
Address: _____

City, State, Zip: _____
Toll-free Telephone: _____ *Fax:* _____
E-mail address: _____

(A-6) Exhibit A-1: Description of Services

Provide a brief description of the services provided to end user customers located in Connecticut.

AFFIDAVIT
"Full Cooperation in the Event of an Emergency"

State of _____ :
: _____ ss.
(Town)

County of _____ :

_____, Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/she is the _____ (Office of Affiant) of _____ (Name of VoIP Provider);

That he/she is authorized to and does make this affidavit for said VoIP Provider;

That _____, the VoIP Provider herein, attests that it will cooperate fully with the Public Utilities Regulatory Authority, and other telecommunications companies in the event of an emergency condition that may jeopardize the safety and reliability of telecommunications service in accordance with emergency plans and other procedures as may be determined appropriate by the Authority.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief and that he/she expects said VoIP Provider to be able to prove the same at any hearing hereof.

Signature of Affiant

Sworn and subscribed before me this _____ day of _____, _____.
Month Year

Signature of official administering oath

Print Name and Title

My commission expires _____.
(For Notary Publics only)