

**BEFORE THE PUBLIC UTILITIES COMMISSION  
OF THE STATE OF HAWAII**

In the Matter of the Application of )  
 )  
\_\_\_\_\_)  
          (Applicant's Name) )  
 )  
 )  
For a Certificate of Registration. )  
\_\_\_\_\_)

<b>For Commission Use Only</b>
Docket #: _____

\_\_\_\_\_  
(Applicant's Name)

Application for a Certificate of Registration;  
Verification;  
and  
Certificate of Service

**BEFORE THE PUBLIC UTILITIES COMMISSION  
OF THE STATE OF HAWAII**

In the Matter of the Application of            )  
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For a Certificate of Registration.            )  
\_\_\_\_\_  
  )

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Docket #: _____

**I. INTRODUCTORY STATEMENT.**

A. Applicant's legal name as registered with the State of Hawaii Department of Commerce and Consumer Affairs.

B. Provide the name of any affiliated business organization(s) that operates in Hawaii.

C. Provide a description of the relationship between Applicant and the affiliated business organization(s) including whether the affiliated business organization(s) is a public utility regulated in Hawaii.

II. APPLICANT'S NAME, TRADE NAME, PRINCIPAL PLACE OF BUSINESS, AND CONTACT INFORMATION.

Legal name of entity \_\_\_\_\_

Trade Name/(DBA) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Facsimile Number ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

III. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS WHERE CORRESPONDENCE OR COMMUNICATIONS PERTAINING TO THE APPLICATION SHOULD BE DIRECTED.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Facsimile Number ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

If Applicant is represented by an attorney, please complete:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Facsimile Number ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

If Applicant is represented by a consultant, please complete:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Facsimile Number (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

IV. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS WHERE QUESTIONS CONCERNING THE ONGOING OPERATIONS OF APPLICANT FOLLOWING ISSUANCE OF CERTIFICATE OF REGISTRATION SHOULD BE DIRECTED.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Facsimile Number (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

V. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS WHERE QUESTIONS REGARDING CUSTOMER SERVICE OR PROBLEMS SHOULD BE DIRECTED.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Facsimile Number (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

VI. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS OF THE CONTACT PERSON FOR THE HAWAII TELECOMMUNICATIONS RELAY SERVICE FUND.

Name\_\_\_\_\_

Address\_\_\_\_\_

City \_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Business Phone ( \_\_\_\_ ) \_\_\_\_\_ Facsimile Number ( \_\_\_\_ ) \_\_\_\_\_

E-mail\_\_\_\_\_

VII. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS OF THE CONTACT PERSON FOR THE HAWAII WIRELESS ENHANCED 911 FUND.

Name\_\_\_\_\_

Address\_\_\_\_\_

City \_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Business Phone ( \_\_\_\_ ) \_\_\_\_\_ Facsimile Number ( \_\_\_\_ ) \_\_\_\_\_

E-mail\_\_\_\_\_

VIII. DESCRIPTION OF APPLICANT

A. ( ) Attach a copy of the Federal Communications Commission license as Exhibit 1, OR

( ) Applicant does not require an FCC license as the Carrier is a reseller of cellular services.

B. If the corporation, partnership, limited liability company or limited liability partnership was formed under laws other than the laws of the State of Hawaii, the applicant must also attach a copy of its current certificate of authority to transact business in the State of Hawaii, issued by the State's Department of Commerce and Consumer Affairs, as Exhibit 2.

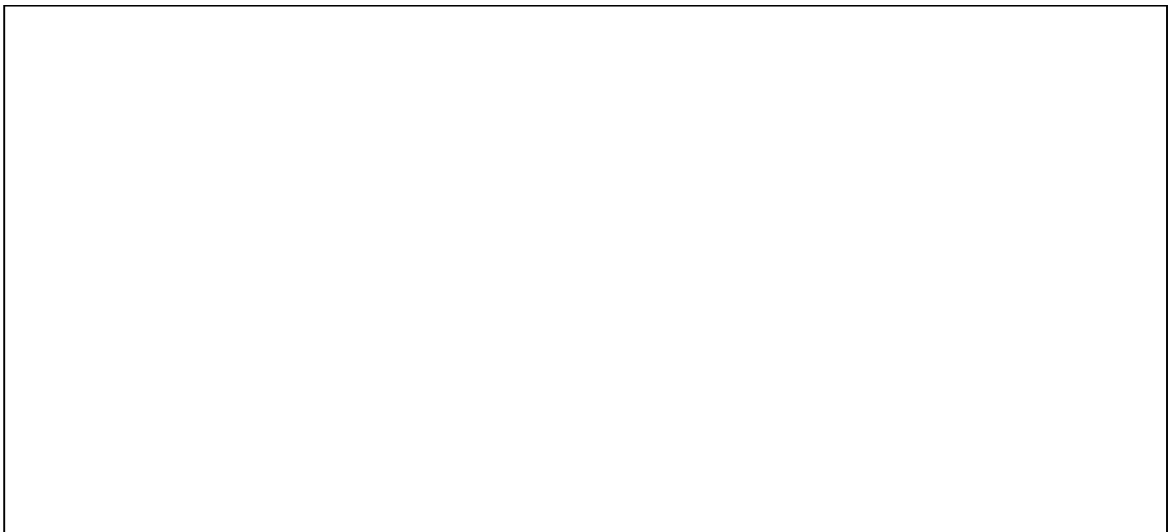
IX. TYPE OF TELECOMMUNICATIONS SERVICE TO BE OFFERED (HAR § 6-80-17(c)(1)(A)).

Include a detailed description of the type of telecommunications services proposed to be offered.



X. GEOGRAPHICAL SCOPE OF CARRIER'S PROPOSED OPERATION (HAR § 6-80-17(c)(1)(B)).

Provide a detailed description of Applicant's proposed geographical scope of the carrier's proposed operations, as stated in its FCC license, if applicable.



XI. WHEREFORE, Applicant prays that the PUBLIC UTILITIES COMMISSION enter an order granting it a certificate of registration in accordance with HAR §§ 6-80-17(d) and 6-80-18(b).

APPLICANT certifies that in such capacity, he/she is qualified and authorized to file and verify this application; and that he/she has carefully examined all the statements and matters contained in the application; that all such statements made and matters set forth therein are true and correct to the best of his/her knowledge, information, and belief. Applicant further states that the application is made in good faith and with the intention of presenting evidence in support of each statement in the application.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Company)

Written notices of changes in the foregoing information must be filed with the Commission within thirty (30) days from the date the change becomes effective.

CERTIFICATE OF SERVICE

I hereby certify that two (2) copies of the foregoing application, together with this Certificate of Service, have been served by United States mail, postage prepaid, to:

DIVISION OF CONSUMER ADVOCACY  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
P.O. Box 541  
Honolulu, HI 96809

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Applicant)