

## New Mexico State Rural Universal Service Fund NMUSF Registration and Start of Business Information

**Company Information:**

Company Code: NM-\_\_\_\_\_ Company Name: \_\_\_\_\_

Attn.: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Fax: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Certification Docket Number/Date of Certification: \_\_\_\_\_

Date Business Activity Began in New Mexico: \_\_\_\_\_

\*\*\*Use this form to provide GVNW with the specific date your company started business in the State of New Mexico. This should be the date on which your company actively started operations and as a result, received intrastate retail revenues. The start of business date may be different from your "Certification Date".

**Primary Communications Business (Please circle one):**

LEC    CLEC    IXC    CEL    PAG    VoIP    CAP    OSP    PAY    Other: \_\_\_\_\_

**Authorized Reporting Agent Information:***(Please complete this section if a third party filer reports to the NMUSF on behalf of your company)*

Agent Company Name: \_\_\_\_\_ Primary Contact at Agent: \_\_\_\_\_

Street, Suite, PO Box: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Reporting Frequency Election:**

<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Monthly

Company Officer/Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please submit this form to: GVNW Consulting, A Vantage Point Company*

NMUSF Administration  
EMAIL: NMUSF@gvnw.com  
FAX: 217-698-2715