

*The Public Utilities Commission of Ohio*  
**TELECOMMUNICATIONS RETAIL SERVICE OFFERING FORM**  
**For Non-BLES Carriers**

**Per the Commission's 01/19/2011 "Implementation Order" in Case No. 10-1010-TP-ORD**  
(Effective: 01/20/2011)

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Company Web Address \_\_\_\_\_

Regulatory Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Regulatory Contact Person's Email Address \_\_\_\_\_

Contact Person for Annual Report \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Consumer Contact Information \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

TRF Docket No. \_\_\_\_\_ - \_\_\_\_\_ -TP-TRF

**I. Company Type (Check all applicable):**

Non-BLES CLEC     IXC     Other (explain) \_\_\_\_\_

**II. Services offered (Check all applicable):**

- Toll services (intrastate)
- Local Exchange Service (i.e., residential or business bundles)
- Other (explain) \_\_\_\_\_

**III. Tariffed Provisions/Services (To the extent offered, check all applicable and attach tariff pages):**

- Toll Presubscription
- Intrastate Special and Switched Access Services to Carriers (facilities-based local carriers only)\*
- N-1-1 Service
- Pole Attachment and Conduit Occupancy
- Pay Telephone Access Lines
- Inmate Operator Service
- Telephone Relay Service

\*Access service tariffs shall be maintained separately and are subject to the Commission's carrier-to-carrier rules found in Chapter 4901:1-7, Ohio Administrative Code.

**Part IV. – Attestation**

**Carrier hereby attests to its compliance with pertinent entries and orders issued by the Commission.**

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I am an officer/agent of the carrier/telephone company, \_\_\_\_\_, and am authorized to make statements on it behalf.  
(Name)

I understand that Telephone companies have certain responsibilities to its customers under the Telecommunications Rules (Ohio Adm. Code 4901:1-6). These responsibilities include: warm line service; not committing unfair or deceptive acts and practices; truth in billing requirements; and slamming and preferred carrier freeze requirements. We will comply with the rules of the state of Ohio and understand that non-compliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
(Signature and Title)

\_\_\_\_\_  
(Date)