

## SERVICE SUPPLIER/WIRELESS PREPAID RETAILER CONTACT INFORMATION

Effective through May 1, 2020

**Return To:**

mspetsc@michigan.gov

**PLEASE RETURN BEFORE**  
**APRIL 27, 2019**

### I. General Company Name and Contact Information

Full Company Name		Tax ID Number	
Physical Retail Address	City	State	Zip Code
Contact Person (Title, First Name, Last Name)			
Address	City	State	Zip Code
Phone Number	Fax Number	NOC Number (if applicable)	E-Mail Address

### II. Primary Contact Information for 911 Surcharge Compliance

<input type="checkbox"/> The contact information is the same as above.			
Contact Person (Title, First Name, Last Name)			
Address	City	State	Zip Code
Phone Number	Fax Number	NOC Number (if applicable)	E-Mail Address

### III. Type of Communication Services Provided

A. Select all applicable types of communication services provided:

<input type="checkbox"/> VoIP	<input type="checkbox"/> Cable Provider Digital Phone Service
<input type="checkbox"/> ILEC/CLEC	<input type="checkbox"/> Wireless (CMRS)
<input type="checkbox"/> Prepaid Wireless	<input type="checkbox"/> Retail Store/Outlet selling prepaid service
<input type="checkbox"/> Tax Compliance Company	<input type="checkbox"/> Reseller
<input type="checkbox"/> Internet	<input type="checkbox"/> Other _____

B. Select the profile that applies:

Our company **DOES** provide service within the geographical boundaries of the State of Michigan.

Our company **DOES NOT** provide communication services within the geographical boundaries of the State of Michigan or meet the statutory definition set out in MCL 484.1102(g).

Our company sells prepaid wireless phone service.

### IV. Form Completion Information

Printed Name of Person Completing Form	Phone Number	Date
Signature of Person Completing Form		
<b>AUTHORITY:</b> PA 32 of 1986, as amended. <b>COMPLETION:</b> Required by MCL 484.1201(4)		