Public Utility Commission of Texas
1701 N. Congress Avenue or P.O. Box 13326
Austin, Texas 78711-3326
512-936-7000 • (Fax) 512-936-7003
Web Site: www.puc.texas.gov

Application for a Texas Permit to Operate an Automatic Dial Announcing Device (ADAD)

Permit Registration 2017 Permit Type: Choose Type

(Pursuant to PUC Substantive Rule §26.125)

Submit the original and 3 copies with $50 fee

TITLE PAGE

Applicant		
Applicant name (only one name):		
Contact Information (for questions about information provided in application)		
Contact Name:	**Title:**	
Street or Mailing address:		
Mailing address (Suite, Floor or Room):		
City:	**State:**	**Zip Code:**
Phone No.:	**Fax No.:**	**Toll Free No.:**
Email:	**Web Address:**	
Authorized Representative Contact Information (Agent of Process for non Texas resident)		
Contact Name:	**Title:**	
Street or Mailing address:		
Mailing address (Suite, Floor or Room):		
City:	**State:**	**Zip Code:**
Phone No.:	**Fax No.:**	**Toll Free No.:**
Email:	**Web Address:**	

Regulatory Representative Contact Information			
Contact Name:		**Title:**	
Street or Mailing address:			
Mailing address (Suite, Floor or Room):			
City:		**State:**	**Zip Code:**
Phone:	**Fax No.:**		**Toll Free No.:**
Email:		**Web Address:**	

Part A – COMPANY ADMINISTRATIVE INFORMATION

A-1. Form of Business

(a). Form of Business:

- ☐ Corporation
- ☐ Limited Partnership
- ☐ Limited Liability Partnership
- ☐ Limited Liability Company
- ☐ Sole Proprietor
- ☐ Other (Explain in "b" below)

(b). State of Incorporation or Primary Registration:

A-2. Principal Company Information

(a) Physical Address

Company Name:		
Primary Contact:	**Title:**	
Physical Address:		
City:	**State:**	**ZIP:**
Email:	**Website:**	
Phone:	**Fax:**	**Toll Free:**

(b) Mailing Address (if different from Physical Address)		
Company Name:		
Contact:	**Title:**	
Mailing Address:		
City:	**State:**	**ZIP:**
Email:	**Website:**	

(c) Texas Address - Agent for Service of Process – A contact that can receive Official Mail or a Summons		
Company Name:		
Contact:	**Title:**	
Address:		
City:	**State:**	**ZIP:**
Email:	**Website:**	
Phone:	**Fax:**	**Toll Free:**

A-3. Certificated Name(s)

(a). Primary Name on Certificate (Registrant is allowed only one name)
Certificate Name:
Legal Name:
Assumed Name(s):
Texas Secretary of State (or County) File Number:
Date Business was established in Texas:
Federal and/or Tax ID. Number:
Other Applicable Certification/File Numbers:

A-4. Directors, Officers, or Principals Information – (Provide a list of the names, titles, phone number and office email)

NAME	TITLE	PHONE NUMBER	EMAIL ADDRESS

Part B – ADAD INFORMATION

B-1. Number of Automatic Dial Announcing Devices (ADADs) – Provide the number of ADAD Units owned or operated by the Permit holder.

Number of ADAD Units:

B-2. ADAD Unit Information. Identify each ADAD Unit in the following manner: ADAD A, ADAD B, ADAD C, etc. For each identified ADAD, provide the information requested below. If more than two ADADs, submit the additional ADADs as Attachment B-2.

ADAD A

Name of Incumbent/Competitive Local Exchange Company providing Network Connections:		
Name of Long Distance Carrier providing Network Connections:		
ADAD Physical Address:		
City:	State:	Zip Code:
Manufacturer:		
Model, Computer Program, or Card Number:		
If another format, provide explanation:		
Is ADAD unit Governed by FCC 47 C.F.R. Part 68?		☐ Yes ☐ No If the "YES" box is selected then provide the registration number below; then proceed to B-3. If the "NO" box is selected then provide the type of dialer, hosted dialer provider, and dialer technology
Federal Registration Number issued by the Federal Communications Commission (FCC) or ACTA:		
Type of Dialer		☐ Hard Dialer (connected to computer) ☐ Hosted Dialer (internet connection)
Hosted Dialer Provider Name		
Type of Technology		☐ Software ☐ VOIP ☐ Other

ADAD B

Name of Incumbent/Competitive Local Exchange Company providing Network Connections:		
Name of Long Distance Carrier providing Network Connections:		
ADAD Physical Address:		
City:	State:	Zip Code:
Manufacturer:		
Model, Computer Program, or Card Number:		
If another format, provide explanation:		
Is ADAD Governed by FCC 47 C.F.R. Part 68?		☐ Yes ☐ No If the "YES" box is selected then provide the registration number below; then proceed to B-3. If the "NO" box is selected then provide the type of dialer, hosted dialer provider, and dialer technology
Federal Registration Number issued by the Federal Communications Commission (FCC) or ACTA:		
Type of Dialer		☐ Hard Dialer (connected to computer) ☐ Hosted Dialer (internet connection)
Hosted Dialer Provider Name		
Type of Technology		☐ Software ☐ VOIP ☐ Other

B-3. ADAD Number(s) and Location (County). Provide a list of all ADAD Numbers and Locations (County) being requested by the Permit holder. A Commission-Approved Permit must be obtained before any ADADs can be operated. If more than 5 ADAD Numbers and Locations are being listed, provide the additional ADAD Numbers and Locations on two CDs.

NOTE: Submit the two CDs in the following format – Tab once between the ADAD Identifier, the 10 Digit Phone Number and the County and save as a Text File (.txt)(Notepad) or (.xls)(Excel) file ONLY.

☐ Yes ☐ No. Are you submitting your ADAD Phone Numbers and Locations (County) confidentially? If Yes, follow the PUC Procedural Rule §22.71(d) for submitting confidential information. If No, provide the maximum of 5 numbers below, if more than 5 submit 2 CDs.

ADAD IDENTIFIER (A, B, C etc.)	10 DIGIT TELEPHONE NUMBER	LOCATION (County)

AFFIDAVIT

State of:	**§**	
	§	
County of:	**§**	

By my signature on this application statement, I swear or affirm that I have personal knowledge of the facts stated on this application to operate one or more Automatic Dial Announcing Devices (ADADs) in the State of Texas or operate ADADs directed to residents of Texas. I further swear or affirm that all the statements and representations made in this application permit are true and correct. I understand and will comply with all requirements of law applicable to an operator of ADADs and telemarketers or telephone solicitors in compliance with Public Utility Regulatory Act, TEX.UTIL.CODE Ann. §§ 55.121-55.138, Texas Telemarketing Disclosure and Privacy Act, TEX. BUS. & COM. CODE §§ 43.001-43.253, and P.U.C. SUBST. R. §26.125 and other applicable state and federal laws.

I understand that failure to comply may result in administrative penalties of up to $1,000 a day and revocation of this permit. I am authorized to make the statements and representations on behalf of the ADAD Permit Applicant.

	_____
	Signature and Title
	_____
	Typed or Printed Name and Title

SWORN TO AND SUBSCRIBED before me on the _____

	_____
	Notary Public in and For the State of _____.
	My commission expires on: _____.

ATTACHMENT Part B-2

ADAD UNIT INFORMATION

Name of Incumbent/Competitive Local Exchange Company providing Network Connections:		
Name of Long Distance Carrier providing Network Connections:		
ADAD Physical Address:		
City:	State:	Zip Code:
Manufacturer:		
Model, Computer Program, or Card Number:		
If another format, provide explanation:		
Is ADAD Governed by FCC 47 C.F.R. Part 68?	☐ Yes ☐ No If the "YES" box is selected then provide the registration number below; then proceed to B-3. If the "NO" box is selected then provide the type of dialer, hosted dialer provider, and dialer technology	
Federal Registration Number issued by the Federal Communications Commission (FCC) or ACTA:		
Type of Dialer	☐ Hard Dialer (connected to computer) ☐ Hosted Dialer (internet connection)	
Hosted Dialer Provider Name		
Type of Technology	☐ Software ☐ VOIP ☐ Other	

Name of Incumbent/Competitive Local Exchange Company providing Network Connections:		
Name of Long Distance Carrier providing Network Connections:		
ADAD Physical Address:		
City:	State:	Zip Code:
Manufacturer:		
Model, Computer Program, or Card Number:		
If another format, provide explanation:		
Is ADAD Governed by FCC 47 C.F.R. Part 68?	☐ Yes ☐ No If the "YES" box is selected then provide the registration number below; then proceed to B-3. If the "NO" box is selected then provide the type of dialer, hosted dialer provider, and dialer technology	
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Type of Technology	☐ Software ☐ VOIP ☐ Other	