



PROVIDER OF CUSTOMER PREMISES WIRING REGISTRATION FORM

Please indicate: First Time Registration Renewal

Guidance Notes

- Two (2) originally signed copies of the registration form should be submitted and addressed to the Secretary, National Telecommunications Regulatory Commission, 2nd Floor, Global Tile Building (Bois d'Orange), P. O. Box GM690, Castries, Saint Lucia.
- The registration forms must be accompanied by a fee of Twenty-five Eastern Caribbean Dollars (EC\$ 25.00), payable to the National Telecommunications Regulatory Commission;
- Please indicate which, if any, information provided by the applicant in this registration form is confidential;
- Please note that any word, phrase or expression used herein shall have the same meaning as it has in the Telecommunications Act 2000.

PART I – APPLICANT

1.1 Contact Details

1.1.1 Name of Applicant

1.1.2 Registration number (if renewing): _____

1.1.3 Designated Contact person _____

1.1.4 Telephone _____

1.1.5 Fax _____

1.1.6 E-mail _____

1.1.7 Web address _____

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1.1.8 If applicant is an individual, please complete the following:-

a) Nationality _____

b) Identification Card Number _____

c) Passport Number _____

(Please attach copy of Identification Card and/or Passport)

1.2 Business Details *(if applicant is a business please complete the following)*

1.2.1 State whether a

Sole Trader Limited Liability Company

Partnership Public Liability Company

Other _____

(Please attach copy of Certificate of Incorporation or Certificate of Business Registration)

1.2.2 Name under which applicant proposes to trade

1.2.3 If newly established business, please provide date by which operations are to commence

Day / Month / Year

1.2.4 Type of Customer Premises Wiring service (s) to be supplied: -

- Telephone (Voice)
- Cable Television
- Computer Networks and Data
- Telemetry Systems
- PABXs/PBXs
- Security Services

Other: _____

1.2.5 Please attach (if applicable) Terms and Conditions of service agreement

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1.2.6 Please provide details of any liability insurance held

Insurer	Policy Number	Value (\$)	Coverage Details

1.3 Qualifications/Apprenticeship

1.3.1 Details of Education qualifications

Name of Institution	Programme/Course	Duration	Results

(Please provide certified copies of document(s))

1.3.2 Details of Apprenticeship

Name of Institution	Programme/Course	Duration	Results

(Please provide certified copies of document(s))

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1.3.3 Name and contact information of three (3) references

Name	Profession	Address	Tel/Email

PART II – SERVICE DETAILS

2.1 Total number of technical employees: _____

2.2 Please state the geographical areas in which you intend to do business

2.5 Please state office addresses of these geographical locations

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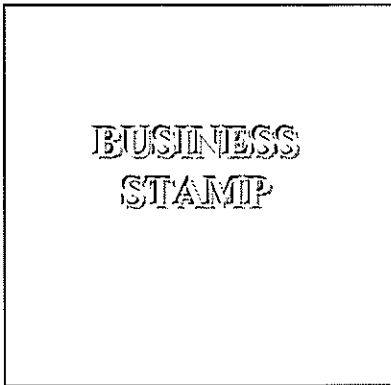
PART III – SUPPLEMENTARY DOCUMENTATION

Documents submitted: -

- Two (2) originally signed Registration forms
- Cash or cheque of an application fee of \$25.00EC payable to the “*National Telecommunications Regulatory Commission*”
- Certified copy of Certificate of Incorporation or Certificate of Business Registration
- Certified copies of any other relevant certificates;
- Copy of identification card and/or passport; and
- Copy of terms and conditions of service agreement.

PART IV – DECLARATION OF APPLICANT

[I / We] hereby declare that the information and documents given by [me / us] in this registration form are to the best of [my / our] knowledge true and correct.



Signature:

Full Name:

Position held:

Date:
