



Oklahoma Corporation Commission

REQUEST FOR WITHDRAWAL OF OKLAHOMA CERTIFICATE OF CONVENIENCE AND NECESSITY

*This form should not be used if the Company currently serves Oklahoma Customers

Date: _____

Attention: Director of The Public Utility Division

Reference: Cessation of Business in Oklahoma

In accordance with **OAC 165: 55-15-5, 165: 56-14-3, 165: 57-12-3, and/or 165: 58-12-3,**

(Name of Company)
requests withdrawal of its Certificate of Convenience and Necessity for the provisioning
of telecommunications service(s) in the State of Oklahoma, effective _____.
(Effective Date of Cessation)

Please answer the following questions, as applicable:

The Company attests that it will not provide communications services via any platform, e.g. VoIP. *If the Company does not attest to this, PUD will not file an application to withdraw its CCN on the Company's behalf. The Company may file such a request in accordance with OAC 165:55-15-5, OAC 165:56-14-3, OAC 165:57-12-3, and/or OAC 165:58-12-3, as applicable.*

The Company presently has no customers within the state.

The Company presently has _____ customers within the state.
(Number of Customers)

A copy of the Notice of Discontinuance has been sent to customers detailing the procedure for distributing any refunds due. ***If selected, please attach the Notice of Discontinuance.***

The Company presently has no outstanding customer deposits.

The Company presently has _____ outstanding customer deposits.
(Number of Deposits)

Does the Company have any Intrastate Gross Operating Revenues for the current calendar year?

If yes, please provide the Intrastate Gross Operating Revenues for the current calendar year: _____



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Did the Company generate any Intrastate Gross Operating Revenues for the previous calendar year?

If yes, please provide the Intrastate Gross Operating Revenues for the previous calendar year: _____

If the Company generated any Intrastate Gross Operating Revenues for the current or previous calendar year, did the Company complete its reporting obligations to the PUD Fee Assessment, OUSF Fee Assessment, and Annual Report, as applicable?

Please explain the procedure used to refund customer deposits:

Please explain the reason for cessation of business in the State of Oklahoma:

Please list all contact information for the contact person(s) responsible for concluding all outstanding business with the Oklahoma Corporation Commission and customers:

Name:
Telephone:
Email:

Mailing
Address:



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AFFIDAVIT

This Affidavit must be executed by the President, Chief
Executive Officer, or an individual with authority to bind the company.

I, _____
(Print Name and Title of Affiant)

being first duly sworn state that:

(Print Legal Name of Certificated Company)

hereby requests that the Oklahoma Corporation Commission withdraw the Company's
Certificate of Convenience and Necessity to operate in Oklahoma, effective

_____.
(Effective Date of Cessation)

I further attest that the Company does not currently serve any Oklahoma customers.

(Signature of Affiant)

State of _____, County of _____

Subscribed and sworn before me on _____, 20____

Notary Public

My Commission Expires: _____, 20____