|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Parent Company* has **NO** *Operating Companies* | **OR** | *Parent Company* has | # | *Operating Companies* |

|  |  |  |
| --- | --- | --- |
|  | Check if completing profile as *Parent Company* |  |
| Company Name: |  | NENA ID: |  |  |
| Services being provided (Check all that apply): |  |  |  |  |
|  |  |  |  |  |
| ILEC: |  |  | CLEC: |  |  |  |  |  |  | Wireless |  |  |
|  |  |  |  | Reseller: |  | Facilities Based: |  | VoIP: |  |  |  |  |  |
|  |  | Indicate here if *the Company* is a VPC provider |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Company Address: |  | 24x7 Trouble Reporting#: |  |  |
|  |  | Menu Options: |  |  |
|  |  | 24x7 Call Trace #: |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Primary Contact: |  |  |
| Company Website: |  |  |
| Previous Company Name (Formerly known as): |  |  |
|  |  |  |
|  | Name | Telephone | Email | Fax |  |
| 911 Billing Contact: |  |  |  |  |  |
| 911 Network Contact: |  |  |  |  |  |
| 911 Plans: |  |  |  |  |  |
| 911 Data Coordinator: |  |  |  |  |  |
| 911 Contracts: |  |  |  |  |  |
| 911 Fee Submissions: |  |  |  |  |  |
| Agency submitting Fees on Behalf of Carrier: |  |  |  |  |  |
|  |  |  |  |  |  |
| **If any Operating Company exists under the authority of this Parent Company, proceed to page 2.** |
| I certify that I am an officer or someone with designated authority to provide the information on behalf of *the Parent Company* and any Operating Companies whose information isincluded as Page 2 of this document: |
|  |
|  | X | By signing this document, *The Company* authorizes any pertinent VPC provider to share 911 records with the State of Minnesota solely for purposes of verifying accurate location and routing for the 911 emergency network. |
|  |
|  |  |  |  |  |  |  |
| Signature: |  | Printed Name: |  | Date: |  |  |
|  |  |  |  |  |  |  |
| **ECN internal use only:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Carrier code: |  | Processed by: |  | Date processed: |  |  |
| ECN Comments: |  |  |
|  |  |  |
|  |  |  |

**Operating Carrier Information**

The contacts of the *Parent Company* listed on Page 1 are also reflective of the contacts for the below *Operating Companies*. If the address of any of the *Operating Companies* below is different than the *Parent Company* address on Page 1 enter it below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of *Operating Company*Any dba, fka & aka of *Operating company*Address of *Operating Company* | NENA ID | ILEC | CLEC | Reseller | VoIP |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **If any of the contact components on Page 1 is NOT the same for one or more of the *Operating Companies* under the authority of the *Parent Company* then a separate profile is required to accommodate any differences.** |

Special Notice: The information provided within all pages of this document shall be retained by the state of Minnesota, Department of Public Safety, Emergency Communication Networks division (ECN) and shall not be disseminated outside of the division. The information may be applied within the division’s designated programs as required for the management of department and division purposes. The ECN shall require annual updates of this information and shall facilitate the collecting of same.