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| **Cancellation of Registration**     REQUEST FOR CANCELLATION OF REGISTRATION  TO: Washington Utilities & Transportation Commission  Attention: Telecommunications Section  P.O. Box 47250 Olympia, WA 98504-7250 (Fax) 360-586-1150  Docket UT- \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Commission Use Only)  The undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does hereby  (Issuing Agent/Officer of Company)   request cancellation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ registration  (Registered Company Name)  to operate as a telecommunications company doing business in the state of Washington.   Please include the following information:  Unified Business Identification (UBI) Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The undersigned certify that they have no existing customers and no outstanding prepaid calling services.  I understand that this request is not effective until acknowledged upon by the Commission.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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