

State of New Hampshire
Division of Emergency Services & Communications
 NH Prepaid Commercial Mobile Radio Service Seller Registration Form



SELLER INFORMATION	
Seller name	
Mailing Address	
Telephone number	
Fax number	
EIN (Employer ID Number)	
Contact Person	
Email Address	
Business Location (If within NH)	
Online/Phone Sales	<input type="checkbox"/> Yes
Location of Books/Records	
Contact Person/Phone Number for Books/Records	
Legal Structure	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other <hr/>
If a business, date and location of creation.	
If a business, date of onset of doing business in NH.	

IF AN AGENT WILL BE PREPARING SURCHARGE FORMS FOR THIS BUSINESS	
Agent Name	
Agent Address	
Agent Telephone number	
Agent EIN (Employer ID Number)	

*NOTE: Please attach a copy of the agent's power of attorney to this form.
 Seller is required to notify the Division within five (5) business days if this power of attorney lapses or is revoked.*

State of New Hampshire
Division of Emergency Services and Communications, 33 Hazen Drive, Concord, NH 03305
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