

Emergency 911 Surcharge Exemption Certificate

Check applicable states **and** provide each state’s E-911 Tax I.D. or registration number adjacent to applicable states.

<input type="checkbox"/> Alabama
<input type="checkbox"/> Alaska
<input type="checkbox"/> Arizona
<input type="checkbox"/> Arkansas
<input type="checkbox"/> California
<input type="checkbox"/> Colorado
<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware
<input type="checkbox"/> District of Columbia
<input type="checkbox"/> Florida
<input type="checkbox"/> Georgia
<input type="checkbox"/> Hawaii
<input type="checkbox"/> Idaho
<input type="checkbox"/> Illinois
<input type="checkbox"/> Chicago-Form 7501 Resale Cert Required
<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa
<input type="checkbox"/> Kansas
<input type="checkbox"/> Kentucky
<input type="checkbox"/> Louisiana
<input type="checkbox"/> Maine
<input type="checkbox"/> Maryland
<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan
<input type="checkbox"/> Minnesota
<input type="checkbox"/> Mississippi

<input type="checkbox"/> Missouri
<input type="checkbox"/> Montana
<input type="checkbox"/> Nebraska
<input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire
<input type="checkbox"/> New Jersey
<input type="checkbox"/> New Mexico
<input type="checkbox"/> New York
<input type="checkbox"/> North Carolina
<input type="checkbox"/> North Dakota
<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Oregon
<input type="checkbox"/> Pennsylvania
<input type="checkbox"/> Rhode Island
<input type="checkbox"/> South Carolina
<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee
<input type="checkbox"/> Texas
<input type="checkbox"/> Utah
<input type="checkbox"/> Virginia
<input type="checkbox"/> Washington
<input type="checkbox"/> West Virginia
<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Wyoming
<input type="checkbox"/>

Issued to Seller:

TO BE APPLIED TO THE FOLLOWING ACCOUNTS (BLANK OR “ALL” EXEMPTS NONE):

I certify that:

Name of Business (hereafter “Customer”)

Effective Date

Street address**City****State****Zip**

is purchasing telecommunications and/or Voice over Internet Protocol (“VoIP”) services for resale or 911 service is not provided by Seller in each state checked above. Customer certifies that it is a telecommunication service provider, Interconnected VoIP provider, or provides its own 911 service and accepts responsibility for remitting 911 surcharges, where applicable, directly to the proper authority in each jurisdiction.

I declare under penalties of making false statements that this certificate has been examined by me and to the best of my knowledge and belief all statements contained herein are true, correct and accurate.

Customer’s Authorized Signature:

(Owner, Partner, Corporate Officer or Authorized Representative)**Title****Date**