

CERTIFICATE REVISION FORM-FOR DIS DATABASE

☐ Revise Certificate No.: _____

To (check all that apply):

☐ Reflect Name change from _ To

☐ Transfer Certificate from To _____

☐ Cancel CTS/TP Certificate No., due to issuance of CLEC certificate.

☐ Reflect Change In Ownership to:

☐ Send Electronic Notice of Certificate Cancellation.

☐ Keep Case File Open for:

Certificate Cancellations

☐ Cancel Certificate No. _____ due to merger with _____,

which has certificate No.: _____

☒ Cancel Certificate No. 90-9411 _____, and remove from list of ☒ CLEC ☐ CTS carriers.

Requested by: Michelle Green _____

Date: 10/9/2019

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician KN Date Processed OCT 09 2019

Revised 7-10-14, AEL