

State Telecommunications Relay Service(TRS) Surcharge Exemption

Check applicable states **and** provide each state's PUC Tax I.D. or registration number adjacent to applicable states. If a state box is checked, make sure to add the state ID # or the form is invalid. If the state uses the FEIN for filing, use that as the ID.

	Alabama ID:
	Alaska ID:
	Arizona ID:
	Arkansas ID:
	California ID:
	Colorado ID:
	Connecticut ID:
	Delaware ID:
	District of Columbia ID:
	Florida ID:
	Georgia ID:
	Hawaii ID:
	Idaho ID:
	Illinois ID:
	Chicago-Form 7501 Resale Cert Required
	Indiana ID:
	lowa ID:
	Kansas ID:
	Kentucky ID:
	Louisiana ID:
	Maine ID:
	Maryland ID:
	Massachusetts ID:
	Michigan ID:
	Minnesota ID:
	Mississippi ID:
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🛛 Montana	a ID:
Nebraska	a ID:
🛛 Nevada I	D:
🛛 New Har	npshire ID:
□ New Jers	sey ID:
🛛 New Me	xico ID:
New Yor	k ID:
🛛 North Ca	arolina ID:
🛛 North Da	akota ID:
D Ohio ID:	
□ Oklahom	na ID:
🛛 Oregon I	D:
🛛 Pennsylv	vania ID:
🛛 Rhode Is	land ID:
□ South Ca	irolina ID:
🛛 South Da	akota ID:
□ Tenness	ee ID:
Texas ID	:
Utah ID:	
Virginia I	D:
Washing	ton ID:
🛛 West Vir	ginia ID:
□ Wiscons	in ID:
U Wyomin	g ID:

Issued to Seller:

NuWave Communications, Inc

I certify that:

Name of Business (hereafter "Customer")

Street address	City	State	Zip
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is purchasing telecommunications and/or Voice over Internet Protocol ("VoIP") services for resale or TRS 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 TRS service and accepts responsibility for remitting TRS surcharges, where applicable, directly to the proper authority in each jurisdiction. I hold the seller indemnifiable if this certificate is proven to be invalid and will incur all taxes and surcharges if this certificate does not hold up under audit.

I declare under penalty of perjury 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
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