

## **New Mexico State Rural Universal Service Fund 2026 NMSRUSF Registration Form**

**Company Information:**

Company Code: NM-\_\_\_\_\_ Company Name:\_\_\_\_\_

Tax Identification Number:\_\_\_\_\_

Contact Name:\_\_\_\_\_ Contact Title:\_\_\_\_\_

Street Address:\_\_\_\_\_ City/ST/Zip:\_\_\_\_\_

Contact Phone:\_\_\_\_\_ Contact E-Mail:\_\_\_\_\_

Certification Docket Number/Date of Certification:\_\_\_\_\_

Date Business Activity Began in New Mexico:\_\_\_\_\_

\*\*\*Use this form to provide Vantage Point Solutions with the specific date your company started business in the State of New Mexico. This should be the date on which your company actively started operations and as a result, received intrastate retail revenues. The start of business date may be different from your "Certification Date".

**Primary Communications Business (Please circle one):**

LEC      CLEC      IXC      CEL      VoIP      CAP      OSP      PAY      Other: \_\_\_\_\_

**Authorized Reporting Agent Information:**

*(Please complete this section if a third party reports to the NMSRUSF on behalf of your company)*

Agent Company Name:\_\_\_\_\_ Primary Contact at Agent:\_\_\_\_\_

Street, Suite, PO Box:\_\_\_\_\_ City/ State/ Zip:\_\_\_\_\_

Telephone:\_\_\_\_\_ E-Mail:\_\_\_\_\_

**Reporting Frequency Election:**

Quarterly  
Monthly

Company Officer/Agent Name:\_\_\_\_\_ Signature:\_\_\_\_\_

*Please submit this form to: Vantage Point Solutions*

*NMUSF Administration*

*EMAIL: NMUSF@vantagepnt.com*