



# Oklahoma Corporation Commission

## REQUEST FOR WITHDRAWAL OF OKLAHOMA CERTIFICATE OF CONVENIENCE AND NECESSITY

\*This form should not be used if the Company currently serves Oklahoma Customers

Date: \_\_\_\_\_

**Attention: Brandy Wreath, Director**

**Reference: Cessation of Business in Oklahoma**

In accordance with **OAC 165: 55-15-5, 165: 56-14-3, 165: 57-12-3, and/or 165: 58-12-3,**

(Name of Company)

requests withdrawal of its Certificate of Convenience and Necessity for the provisioning of telecommunications service(s) in the State of Oklahoma, effective \_\_\_\_\_.

(Effective Date of Cessation)

Please check the appropriate box(es), as applicable:

The Company presently has no customers within the state.

The Company presently has \_\_\_\_\_ customers within the state.

(Number of Customers)

A copy of the Notice of Discontinuance has been sent to customers detailing the procedure for distributing any refunds due. ***If selected, please attach the Notice of Discontinuance.***

The Company presently has no outstanding customer deposits.

The Company presently has \_\_\_\_\_ outstanding customer deposits.

(Number of Deposits)

Please explain the procedure used to refund customer deposits:

Please explain the reason for cessation of business in the State of Oklahoma:

Please list all contact information for the contact person(s) responsible for concluding all outstanding business with the Oklahoma Corporation Commission and customers:

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_



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### AFFIDAVIT

I, \_\_\_\_\_  
(Print Name and Title of Affiant)

being first duly sworn state that:

\_\_\_\_\_  
(Print Legal Name of Certificated Company)

hereby requests that the Oklahoma Corporation Commission withdraw the Company's  
Certificate of Convenience and Necessity to operate in Oklahoma,  
effective \_\_\_\_\_.  
(Effective Date of Cessation)

I further attest that the Company does not currently serve any Oklahoma customers.

\_\_\_\_\_  
(Signature of Affiant)

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn before me on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_