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Intermediate Provider Registry

Welcome to the Intermediate Provider Registry.

Your list of FCC Registration Numbers (FRNs) that have been registered appears below. Select one to update the Provider information. If you need to add information for an FRN that is not already listed below, click the "New" button. You must save the Provider information at least once before you can add contacts. If the name or address for the selected FRN are incorrect, make corrections in the Commission Registration System (CORES). Intermediate providers are required under 47 CFR § 64.2115 to update submissions to the registry within 10 business days of any changes."

Intermediate Providers New					Keyword Search <input type="text"/>	<input type="submit" value="Q"/>
FRN	Entity Rep Organization	Entity Type Str	Entity Rep Dom Addr City	Entity Rep Dom Addr State Str		
0000000018	ULSTech	Federal	Washington			

< > Rows 1 - 1 of 1

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000000018 📄

Intermediate Provider

Provider Details

Entity Rep Organization

*FCC Registration Number (FRN)

*States Served

Country of Business

Entity Rep Dom Addr Street1

Entity Rep Dom Addr Street2

Entity Rep Dom Addr City

Entity Rep Dom Addr State Str

Entity Rep Dom Addr Zip

Entity Rep Dom Addr Zip4

Country

Other FRNs Used by the Intermediate Provider

***Other DBA Names (enter 'None' if you have none)**

***All Business Names Previously Used (enter 'None' if you have none)**

Internal Use Only

Created by

Created

Updated by

Updated

Suppress

Internal Comments


Internal Use Only

Intermediate Provider Contact 📄

Intermediate Provider Contact New



First Name	Last Name	Email Address	Phone Number	Phone Extension	Contact Type
2	2	2	2		Chief Executive Officer (or equivalent)
t	t	t	t		Regulatory Contact (or designated agent for service of process)
t	t	t	t		Rural Call Completion Point of Contact

< > Rows 1 - 3 of 3


☰ 000000018 

Intermediate Provider Contact



Entity



* Contact Type





Contact Details

Courtesy Title	* Phone Number
<input type="text" value="-- None --"/> 	<input type="text" value="555555555"/>
* First Name	Phone Extension
<input type="text" value="ABC1"/>	<input type="text"/>
Middle Name	Phone Type
<input type="text"/>	<input type="text" value="-- None --"/> 
* Last Name	* Email Address
<input type="text" value="XYZ1"/>	<input type="text" value="abc1.xyz1@test.com"/>
Title	
<input type="text"/>	
Department	
<input type="text"/>	

Internal Use Only

Created by	Created
<input type="text" value="Alireza.Shadman"/>	<input type="text" value="2018-12-05 10:08:06"/> 
Updated	Updated by
<input type="text" value="2018-12-06 12:29:55"/> 	<input type="text" value="Alireza.Shadman"/>

Internal Use Only

Certify Submission



Provide ALL contact information required under 47 CFR § 64.2115:

- Regulatory Contact, or Designated Agent for Service of Process, including name, telephone number, email address, and business address
- Rural Call Completion Point of Contact, including name, title, business address, telephone number, and email address
- Executive Leadership Contact who manages the entity, including name, business address, and business telephone number

OK

Certify Submission



By clicking on the **Certify & Save** button below, the company represents and warrants that the information provided complies with 47 CFR § 1.17, which requires truthful and accurate statements to the Commission. The company also acknowledges that false statements and representations to the Commission are punishable under Title 18 of the U.S. Code and may subject it to enforcement action. I am authorized to complete this form on behalf of the company and in that capacity certify under penalty of perjury that the information provided is true and correct

Cancel

Certify & Save