

City

State

Country

Zip Code

Main Phone Number

Website URL

**BUSINESS ORGANIZATION**

6. Applicant is a:

- Corporation
- Partnership
- Limited Liability Company
- Other form of organization (specify) \_\_\_\_\_

7. Date of incorporation or formation: \_\_\_\_\_

8. State of incorporation or jurisdiction of organization: \_\_\_\_\_

9. Applicant agrees and consents that the notice of any proceeding before the Commission in connection with this application may be given by sending such notice by certified mail to the person named below at the address given.

Print Name and Title

Name of Applicant

Number and Street

City

State

Zip Code

**SIGNATURES**

10. The Applicant has duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The Applicant and the undersigned represent hereby that all information contained herein is true, current, and complete. It is understood that all required items and Exhibits are considered integral parts of this Form DCM and that the submission of any amendment represents that all un-amended items and Exhibits remain true, current, and complete as previously filed.

Name of Applicant

Signature of Duly Authorized Person

Print Name and Title of Signatory