BLACKFOOT **COMMUNICATIONS**

MONTANA TELEPHONE ASSISTANCE PROGRAM FEE ANNUAL CERTIFICATION

CUSTOMER INFORMATION

Legal Name	

As providers of local telecommunications services (the "Services"), the Blackfoot family of companies ("Blackfoot Communications") are required to collect and remit the state MTAP, also known as a TRS Fee, based on their sales of these Services. In some cases, however, purchasers of Services may be exempt from paying the MTAP charges under section 37.36.202 of the Administrative Rules of Montana. This form is used to determine whether your organization ("Customer") is subject to MTAP charges and, where applicable for Customer to certify to Customer's exempt status. **If you mark exempt for any reason listed below, by signing the form you are additionally certifying to the following statement:** *"I certify under penalty of perjury that my company or organization is purchasing a telecommunications service for which exemption is allowable by law. By selecting exempt for a specific organization type and signing below I am certifying that my company or organization qualifies for the exemption. I agree to notify Blackfoot in writing when the basis for exemption changes or ceases to exist."*

CUSTOMER EXEMPT STATUS

	Exempt	Not Exempt	
1. Tribal			

Customer certifies the Services are for lines provided to the tribe on tribal lands, or for lines provided to a customer that is a tribal member living on tribal lands who does not receive MTAP services provided by the state.

If Customer did not select exempt above then Customer understands it will be billed for the MTAP charge by Blackfoot. Blackfoot will then in turn remit collected fees directly as required under section 37.36.201 of the Administrative Rules of Montana. If Customer did select exempt above please attach a separate sheet listing all telephone numbers and/or accounts that are applicable for exemption.

CERTIFICATION AND IDENTIFICATION

Customer Legal Name:	
Signature of Authorized Representative:	
Printed Name of Signing Representative:	
Title of Signing Representative, if applicable:	
Customer Mailing Address:	
City, State, Zip Code:	
Telephone:	
Date:	
Contact Name for Follow-Up Questions:	
Contact Telephone:	
Contact E-mail:	

EXEMPT ACCOUNT NUMBERS/TELEPHONE NUMBERS

Please print this document for your records and then push submit below.

| Print | Submit |