

# BLACKFOOT

## 2019 MONTANA 911 FEE ANNUAL CERTIFICATION

CUSTOMER INFORMATION			
Legal Name			
<p>As providers of local telecommunications services (the "Services"), the Blackfoot family of companies ("Blackfoot") are required to collect and remit the state 911 Fee, based on their sales of these Services. In some cases, however, purchasers of Services may be exempt from paying the 911 charges under section 42.31.405 of the Administrative Rules of Montana. This form is used to determine whether your organization ("Customer") is subject to 911 charges and where applicable for Customer to certify to Customer's exempt status.</p> <p><b>If you mark exempt for any reason listed below, by signing the form you are additionally certifying to the following statement:</b> <i>"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."</i></p>			
CUSTOMER EXEMPT STATUS			
	Exempt	Not Exempt	
<b>1. Tribal</b>			
<p>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 911 services provided by the state.</p>			
<p>If Customer did not select the exempt status above then Customer understands it will be billed for the 911 charge by Blackfoot. Blackfoot will then in turn remit collected fees directly as required under section Mont. Code Ann. §§ 10-4-203 and 10-4-204. If Customer did select the exempt status above, please attach a separate sheet listing all telephone numbers and/or accounts that are applicable for exemption.</p>			
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**


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