



Emergency 911 Surcharge Exemption Certificate

Check applicable states **and** provide each state’s E-911 Tax I.D. or registration number adjacent to applicable states. If a state box is checked, make sure to add the state ID # or the form is invalid. If the state uses the FEIN for filing, use that as the ID.

| |
|---|
| <input type="checkbox"/> Alabama ID: |
| <input type="checkbox"/> Alaska ID: |
| <input type="checkbox"/> Arizona ID: |
| <input type="checkbox"/> Arkansas ID: |
| <input type="checkbox"/> California ID: |
| <input type="checkbox"/> Colorado ID: |
| <input type="checkbox"/> Connecticut ID: |
| <input type="checkbox"/> Delaware ID: |
| <input type="checkbox"/> District of Columbia ID: |
| <input type="checkbox"/> Florida ID: |
| <input type="checkbox"/> Georgia ID: |
| <input type="checkbox"/> Hawaii ID: |
| <input type="checkbox"/> Idaho ID: |
| <input type="checkbox"/> Illinois ID: |
| <input type="checkbox"/> Chicago-Form 7501 Resale Cert Required |
| <input type="checkbox"/> Indiana ID: |
| <input type="checkbox"/> Iowa ID: |
| <input type="checkbox"/> Kansas ID: |
| <input type="checkbox"/> Kentucky ID: |
| <input type="checkbox"/> Louisiana ID: |
| <input type="checkbox"/> Maine ID: |
| <input type="checkbox"/> Maryland ID: |
| <input type="checkbox"/> Massachusetts ID: |
| <input type="checkbox"/> Michigan ID: |
| <input type="checkbox"/> Minnesota ID: |
| <input type="checkbox"/> Mississippi ID: |

| |
|---|
| <input type="checkbox"/> Missouri ID: |
| <input type="checkbox"/> Montana ID: |
| <input type="checkbox"/> Nebraska ID: |
| <input type="checkbox"/> Nevada ID: |
| <input type="checkbox"/> New Hampshire ID: |
| <input type="checkbox"/> New Jersey ID: |
| <input type="checkbox"/> New Mexico ID: |
| <input type="checkbox"/> New York ID: |
| <input type="checkbox"/> North Carolina ID: |
| <input type="checkbox"/> North Dakota ID: |
| <input type="checkbox"/> Ohio ID: |
| <input type="checkbox"/> Oklahoma ID: |
| <input type="checkbox"/> Oregon ID: |
| <input type="checkbox"/> Pennsylvania ID: |
| <input type="checkbox"/> Rhode Island ID: |
| <input type="checkbox"/> South Carolina ID: |
| <input type="checkbox"/> South Dakota ID: |
| <input type="checkbox"/> Tennessee ID: |
| <input type="checkbox"/> Texas ID: |
| <input type="checkbox"/> Utah ID: |
| <input type="checkbox"/> Virginia ID: |
| <input type="checkbox"/> Washington ID: |
| <input type="checkbox"/> West Virginia ID: |
| <input type="checkbox"/> Wisconsin ID: |
| <input type="checkbox"/> Wyoming ID: |
| <input type="checkbox"/> |

Issued to Seller: NuWave Communications, Inc

I certify that:

Name of Business (hereafter “Customer”)

Street address

City

State

Zip

is purchasing telecommunications and/or Voice over Internet Protocol (“VoIP”) services for resale or 911 service is not provided by Seller in each state checked above. Customer certifies that it is a telecommunication service provider, Interconnected VoIP provider, or provides its own 911 service and accepts responsibility for remitting 911 surcharges, where applicable, directly to the proper authority in each jurisdiction. I hold the seller indemnifiable if this certificate is proven to be invalid and will incur all taxes and surcharges if this certificate does not hold up under audit.

I declare under penalty of perjury that this certificate has been examined by me and to the best of my knowledge and belief all statements contained herein are true, correct, and accurate.

Customer’s Authorized Signature:

| | | |
|---|--------------|-------------|
| (Owner, Partner, Corporate Officer or Authorized Representative) | Title | Date |
|---|--------------|-------------|