Prepare on Service Provide Client Company Letterhead

**[Date]**

RND Administrator:

By signing below, I certify that I am authorized to act on behalf of **[Insert Service Provider Name here]** (“Service Provider”) and I hereby appoint **[Insert Agent here]** as the authorized agent to submit permanently disconnected telephone numbers reports or updates to the RND on our behalf.

**Agent Name:** [Insert Agent Name]

**Contact:** [Insert First and Last Name]

**Title:**

**Telephone Number:**

**Company Email:**

**Service Provider:** [Insert Service Provider Name]

**Contact:** [Insert First and Last Name]

**Title:**

**Telephone Number:**

**Company Email:**

Service Provider Signature:

Title:

Date: