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**Delafile Company Registration**

\*Completed forms should be e-mailed to Delafileadmin@delaware.gov\*

**Company Name:**

**DBA Name:**

**Federal Tax ID:** **-** **Utility Type:** Select Type

**Address:**

**City:** **State:** **Zip:**

**Primary Contact:**

**Primary Contact Email:**

**Annual Assessment Contact:**

**Address:**

**City:       State:    Zip:**

**Email:       Phone Number: (****)** **-**

**Docket Billing Contact:**

**Address:**

**City:       State:    Zip:**

**Email:       Phone Number: (   )    -**

**Regulatory Contact:**

**Address:**

**City:       State:    Zip:**

**Email:       Phone Number: (   )    -**

**Delaware Registered Agent:**

**Address:**

**City:       State:    Zip:**

**Email:       Phone Number: (   )    -**