South Dakota
Prepaid Wireless Service Provider
Identification Record Form

Business Name _____

FEIN Number _____

Mailing Address _____

_____

Office Address _____

_____

Contact's Name/Title _____

Contact's Numbers (o) _____ (c) _____

(fax) _____ (h) _____

Contact's Email _____

Business Website _____

State Registered With _____

Name Registered Under _____

Please return to:
South Dakota Department of Public Safety
Office of Emergency Management
118 West Capitol Avenue
Pierre, SD 57501

Questions can be directed to:
South Dakota Office of Emergency Management
118 West Capitol Avenue
Pierre, SD 57501
605.773.3231