

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 6/30/97

Docket No. 970796-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCR _____

4. Requested Docket Title Request for cancellation of Pay Telephone Certificate No. 5006 by SELECT ENTERPRISES, INC. Iqtidar H. KHAN (TF904)

5. Suggested Docket Mailing List (attach separate sheet if necessary)
- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
 - B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

SELECT ENTERPRISES, INC.
Iqtidar H. KHAN

2. Interested Persons and their representatives (if any)

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.

PLEASE COMPLETE THIS PAGE AND RETURN TO:

Ms. Brenda H. Hawkins, Regulatory Analyst
FLORIDA PUBLIC SERVICE COMMISSION
Division of Communications
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850



NAME: IQTIDAR H. KHAN

NAME OF COMPANY: _____

ADDRESS: 12928 W. COCONIAL DRIVE

CITY/STATE/ZIP: WINTER GARDEN, FL 34787

PHONE # W/AREA CODE: 407-656 0622

CERTIFICATE #: 5006 COMPANY CODE: TF904

(Answer "YES" to one of the following statements below.)

YES (1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date. (PAID \$50 6/12/97)

_____ (2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it _____

date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because I AM NO LONGER IN THE PAYPHONE BUSINESS. I DO NOT HAVE ANY PAYPHONES NOW

SIGNATURE: [Signature] DATE: 6/23/97