

CK# 31448
\$ 100.00
9-25-01
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TransCommunications

I n c o r p o r a t e d

Uptain Building • 5751 Uptain Road Suite 200 • Chattanooga, TN 37411 • (800) 546-9873 • (423) 954-9961 • FAX (423) 954-9973

Jed Holstine
Vice President

011326-TC

September 25, 2001

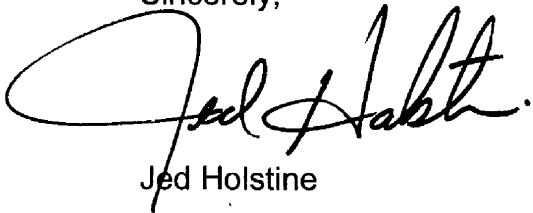
	DEPOSIT	DATE
Florida Public Service Commission Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850	D124	OCT 03 2001

RE: Application Form for Certificate to Provide Pay Telephone Service within the State of Florida

Enclosed are an original and two (2) copies of an Application Form for Certificate to Provide Pay Telephone Service within the State of Florida. We have reviewed and will comply with the Rules Governing Pay Telephone Service in the State of Florida and the Pay Telephone Service Physically Handicapped Rules ANSI Standards.

Questions regarding this Application may be directed to me at (423) 553-5206.

Sincerely,



Jed Holstine

Enclosures

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12495 OCT-25
FPSC-COMMISSION CLERK

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

011326-TC

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

**Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

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-
- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480**

1. Name of company or name of individual (not fictitious name or d/b/a):

Transcommunications Incorporated

2. Name under which applicant will do business (fictitious name, etc.):

Transcommunications Incorporated

3. Official mailing address:

Street: 6125 Preservation Drive

P.O. Box: _____

City: Chattanooga

State: Tennessee Zip: 37416

4. Florida address:

Street: 201 N. University Drive, Suite 402

P.O. Box: _____

City: Coral Springs

State: Florida Zip: 33071

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: F94000006691

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

**Florida Fictitious Name
Registration Number: N/A**

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

1. **Name:** _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

2. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

1. The application:

Name: Jed Holstine

Title: Vice President

Address: 6125 Preservation Drive

City/State/Zip: Chattanooga, TN 37416

Telephone No.: (423) 954-9961 Fax No.: (423) 954-9973

Internet E-Mail Address: jholstine@transcard.com

Internet Website Address: www.transcard.com

2. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: National Registered Agents, Inc.

Title: _____

Address: 526 E. Park Avenue

City/State/Zip: Tallahassee, FL 32301

Telephone No.: (800) 822-5436 Fax No.: (800) 424-7979

Internet E-Mail Address: _____

Internet Website Address: www.nrai.com

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: None of the Applicant's officers has been convicted of a felony in the past 20 years. In 1980 the Applicant's Chief Executive Officer lent money to a friend who used the money to purchase cocaine. He subsequently was convicted in federal court of conspiracy to distribute and distribution of a controlled substance. The officer completed his sentence in 1984. A Presidential pardon application is pending.

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

The applicant, including any subsidiaries, partners, officers, directors or stockholders, has never been granted or denied a pay telephone certificate in the State of Florida.

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

The applicant or any subsidiaries, partners, officers, directors or stockholders are not subsidiaries, partners, or officers in any other Florida certified pay telephone company.

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

The applicant is currently authorized to provide pay telephone services in Texas.

2. Has applications pending to be certified as a pay telephone provider.

The applicant has no other applications pending. The applicant intends to submit applications in Tennessee, Louisiana, New Mexico and Georgia before the end of 2001.

3. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

The applicant has never been denied authority to operate as a pay telephone provider.

4. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

The applicant has never had regulatory penalties imposed for violations of telecommunications statutes, rules or orders.

16. Please check (✓) the services that will be provided:

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 75

18. How does the applicant intend to service and maintain each payphone?
Check (✓) all that apply.

PERSONALLY

FULL-TIME TECHNICIAN

PART-TIME TECHNICIAN

SERVICE/REPAIR/MAINTENANCE CONTRACT

OTHER (Describe) _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

Yes

No Explain: _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

Yes

No Explain: _____

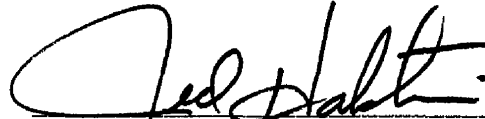
****APPLICANT FEE/TAX STATEMENT****

1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. GROSS RECEIPTS TAX: I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
3. SALES TAX: I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
4. APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

JED HOLSTINE

Print Name



Signature

VICE PRESIDENT

Title

9/25/01

Date

(423) 553-5206

Telephone No.

(423) 954-9973

Fax No.

Address: 6125 PRESERVATION DRIVE

CHATTANOOGA, TN 37416

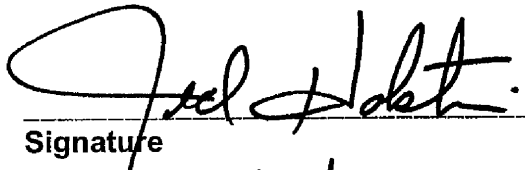
****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

<u>JED HOLSTINE</u>	
Print Name	Signature
<u>VICE PRESIDENT</u>	<u>9/25/01</u>
Title	Date
<u>(423) 553-5206</u>	<u>(423) 954-9973</u>
Telephone No.	Fax No.
Address: <u>6125 PRESERVATION DRIVE</u>	
<u>CHATTANOOGA, TN 37416</u>	

