

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

IN RE: Amendment of Rules 25-24.471,)
25-24.511, F.A.C., and Adoption of)
Rule 25-24.567, F.A.C., pertaining)
to applications for certificates.)
_____)

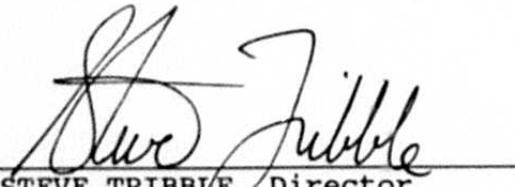
DOCKET NO. 900770-TP
ORDER NO. 24267-A
ISSUED: 3/27/91

NOTICE OF AMENDMENT OF
NOTICE OF ADOPTION OF RULE AMENDMENT

NOTICE is hereby given that Order No. 24267, issued March 20, 1991, inadvertently ordered this docket closed upon issuance of the Notice, when in fact the docket should remain open.

This docket is reopened upon issuance of this Notice.

By Direction of the Florida Public Service Commission, this
27th day of MARCH, 1991.



STEVE TRIBBLE, Director
Division of Records & Reporting

(S E A L)

WEW

adpt4511.cjp

DOCUMENT NUMBER-DATE

02997 MAR 27 1991

PSC-RECORDS/REPORTING

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CERTIFICATION OF
 PUBLIC SERVICE COMMISSION ADMINISTRATIVE RULES
 FILED WITH THE
 DEPARTMENT OF STATE

I do hereby certify:

(1) The time limitations prescribed by paragraph 120.54(11)(a), F.S., have been complied with; and

(2) There is no administrative determination under section 120.54(4), F.S., pending on any rule covered by this certification; and

(3) All rules covered by this certification are filed within the prescribed time limitations of paragraph 120.54(11)(b), F.S. They are filed not less than 28 days after the notice required by subsection 120.54(1), F.S., and;

(a) And are filed not more than 90 days after the notice; or

(b) Are filed not more than 90 days after the notice not including days an administrative determination was pending; or

(c) Are filed within 21 days after the adjournment of the final public hearing on the rule; or

(d) Are filed within 21 days after the date of receipt of all material authorized to be submitted at the hearing; or

(e) Are filed within 21 days after the date the transcript was received by this agency.

Attached are the original and two copies of each rule covered by this certification. The rules are hereby adopted by the

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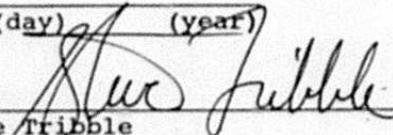
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undersigned agency by and upon their filing with the Department of State.

<u>Rule No.</u>	<u>Specific Rulemaking Authority</u>	<u>Law Being Implemented, Interpreted or Made Specific</u>
25-24.511	350.127(2)	364.32, 364.33, 364.335, 364.337, 364.3375, 364.345

Under the provision of paragraph 120.54(12)(a), F.S., the rules take effect 20 days from the date filed with the Department of State or a later date as set out below:

Effective: _____
(month) (day) (year)



Steve Tribble

Director, Division of Records & Reporting
Title

Number of Pages Certified

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Rule 25-24.511
 Docket No. 900770-TP

SUMMARY OF RULE

Rule 25-24.511, F.A.C., presently describes the application procedures necessary for obtaining a certificate to provide pay telephone service within the State of Florida. The rule further describes the condition upon which the certificate will be granted, the geographical boundaries of the authority, and specifies permitted and prohibited services.

The proposed revision to Rule 25-24.511 adds a provision for an application fee which must accompany the initial filing of all applications for certificates granted under authority of these rules. The maximum application fee allowed is \$250, pursuant to Chapter 264.335, Florida Statutes.

The nonrefundable application fee which must accompany all applications entitled "Application Form for Certificate to Provide Pay Telephone Service Within the State of Florida" is \$100. These application fees are to assist in recovering the costs of processing the applications.

SUMMARY OF HEARINGS ON THE RULE

No comments or requests for hearings were submitted and no hearing was held.

FACTS AND CIRCUMSTANCES JUSTIFYING THE RULE

These rule amendments are necessary to implement a new Commission policy which requires companies to include application fees with all applications for certificates. The 1990 revision of

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Chapter 364.335(1)(c), Florida Statutes, authorizes this application fee in an amount not to exceed \$250. The fee will help the Commission cover some of the costs of processing, the application, and is charged whether the certificate is approved or denied.

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1 25-24.511 Application for Certificate.

2 (1) An applicant shall submit an application on Form PSC/CMU
 3 32 (1/87, amended 8/89), which is incorporated into this rule by
 4 reference. Form PSC/CMU 32 (1/87, amended 8/89), entitled
 5 "Application Form for Certificate to Provide Pay Telephone Service
 6 Within the State of Florida," was effective on January 5, 1987,
 7 amended on September 28, 1989, and may be obtained from the
 8 Commission's Division of Communication. An application fee of
 9 \$100.00 must accompany the filing of all applications. This is a
 10 non-refundable fee to cover the costs of processing the application
 11 and it has no relevance on the approval or denial of a certificate.

12 (2) An original and twelve (12) copies of the application
 13 shall be filed with the Division of Records and Reporting.

14 (3) Any pay telephone service authority previously granted or
 15 granted hereafter is subject to the following:

16 (a) Authority granted is statewide.

17 (b) Authority is to provide both local and intrastate toll
 18 pay telephone service. A certificate to provide pay telephone
 19 service does not carry with it the authority to provide local
 20 exchange or interexchange service. A separate application must be
 21 made for such authority.

22 (4) A certificate will be granted if the Commission
 23 determines that grant of the application is in the public interest.

24 Specific Authority: 350.127(2), F.S.

25 Law Implemented: 364.32, 364.33, 364.335, 364.337, 364.3375.

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~~struck-through~~ type are deletions from existing law.

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1 364.345, F.S.

2 History: New 1/5/87. Amended 9/28/89, _____

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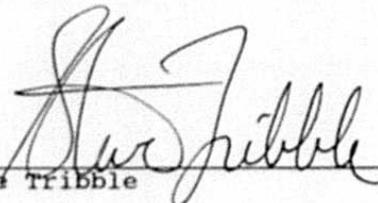
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CERTIFICATION OF
INCORPORATION BY REFERENCE

I do hereby certify:

(1) That paragraph 1 incorporates Form PSC/CMU 32 (1/87, amended 8/89), into Rule 25-24.511 by reference and consists of information for an application for Certificate to Provide Pay Telephone Service Within the State of Florida.



Steve Tribble

Director, Division of Records and Reporting
Title

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FLORIDA PUBLIC SERVICE COMMISSION

Application Form

for

Certificate to Provide Pay Telephone Service
Within the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. The enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- C. Please understand that the annual Regulatory Assessment Fee is payable by the certificate holder regardless of whether or not pay telephones are purchased or placed on location.
- D. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- E. Use a separate sheet for each answer which will not fit the allotted space.
- F. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
101 East Gaines Street
Tallahassee, Florida 32399-0866
(904) 488-1280

- F. Once completed, the original and twelve (12) copies of this form are to be submitted to:

Florida Public Service Commission
Division of Records and Reporting
Bureau of Service Evaluation
101 East Gaines Street
Tallahassee, Florida 32399-0866

(You need not return this cover letter)

Form PSC/CMU 32 (1/87, amended 8/1/89) Page 1 of 3
Required by Commission Rule No. 25-24.511

0257C(50)

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ORIGINAL PAY TELEPHONE APPLICATION

1. (A) THE LEGAL NAME OF THE APPLICANT AND, (B) THE NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS.

(LEGAL NAME OF APPLICANT)

(NAME TO BE SHOWN ON CERTIFICATE)

2. ADDRESS OF THE APPLICANT(S). (STREET NAME AND NUMBER, POST OFFICE BOX, CITY, STATE, AND ZIP CODE). IF MAILING ADDRESS DIFFERS FROM ABOVE, PROVIDE THAT ALSO.

APPLICANT(S) ADDRESS

MAILING ADDRESS

_____	_____
_____	_____
_____	_____

3. APPLICANT IS (CHECK ONE)
 (A) PARTNERSHIP (B) CORPORATION OR (C) INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
 (D) DOING BUSINESS UNDER A FICTITIOUS NAME

4. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 865.09 (1083), IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE).

5. IF APPLICANT IS A CORPORATION (1) PROOF OF INCORPORATION: (2) IF INCORPORATED OUTSIDE OF FLORIDA, PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA, AND (3) NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

6. IF APPLICANT IS A PARTNERSHIP, LIST ALL PARTNERS. IF APPLICANT IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS. PLEASE SUPPLY TITLE, NAME, AND ADDRESS.

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7. HAS APPLICANT OR ANY BUSINESS AFFILIATE OF THE APPLICANT (i.e. PARTNER, OFFICER, DIRECTOR, ETC.) EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

8. IF THE ANSWER TO 7 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

9. TELEPHONE NUMBER, NAME, AND TITLE OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: _____ TITLE: _____ PHONE: () _____

10. FCC PART 68 REGISTRATION NUMBER(S) FOR ALL INSTRUMENTS:

_____ MANUFACTURED BY: _____

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: _____

12. AN EXPLANATION OF HOW THE INSTRUMENTS INSURE AVAILABILITY TO ALL LONG DISTANCE COMPANIES IN THE AREA:

13. (COMPLETE, SIGN.)

I, _____, _____, ATTEST TO THE
 (NAME) (TITLE)

ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$25.00 PER CALENDAR YEAR) AND GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN ITEMS 1 - 2 ABOVE.

 (SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: _____

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APPLICANT ACKNOWLEDGEMENT CARD

Applicant _____

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature _____

Title _____

Date _____

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.