

16

**HABEN, CULPEPPER, DUNBAR & FRENCH**

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

306 NORTH MONROE STREET  
TALLAHASSEE, FLORIDA 32301

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BRAM D. E. CANTER  
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STEVEN T. MINDLIN  
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NANCY BLACK STEWART  
  
SPECIAL CONSULTANT  
KARL R. ADAMS\*

\*NOT A MEMBER OF THE FLORIDA BAR

DEPOSIT TREAS. REC.      DATE

C382

MAR 06 '92

REPLY TO:  
P.O. BOX 10095  
TALLAHASSEE, FLORIDA 32302  
TELEPHONE (904) 222-0533  
TELECOPIER (904) 222-2126

March 6, 1992

Mr. Steve Tribble, Director  
Division of Records and Reporting  
Florida Public Service Commission  
101 East Gaines Street  
Tallahassee, Florida 32399-0850

via Hand Delivery

920218-TA


**Re: Application for Alternative Access Vendor  
Certification for Continental Fiber Technologies,  
Inc.**

Dear Mr. Tribble:

Enclosed please find the original and twelve copies of the above-referenced application. Also enclosed please find our check in the amount of \$250.00 for the fee required for this filing. You will also find a copy of this letter enclosed. Please date-stamp this copy to indicate that the original was filed and return a copy to me.

Respectfully,

HABEN, CULPEPPER, DUNBAR  
& FRENCH, P.A.

  
Peter M. Dunbar

PMD/tmz  
Enclosure

cc: Jeffrey T. DeLorme

DOCUMENT NUMBER-DATE

02267 MAR -6 1992

Fpsc-RECORDS/REPORTING

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

**DIVISION OF COMMUNICATIONS**  
**BUREAU OF SERVICE EVALUATION**  
101 E. Gaines Street  
Fletcher Building  
Tallahassee, Florida 32399-0866

920218-TA

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE INTEREXCHANGE TELECOMMUNICATIONS SERVICE**  
**WITHIN THE STATE OF FLORIDA**

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**Instructions**

- A. This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Appendix A).
- B. Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. 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

- E. Once completed, submit the original and twelve (12) copies of this form along with a non-refundable application fee of \$250.00 to:

Florida Public Service Commission  
Division of Administration, Room G-50  
101 East Gaines Street  
Tallahassee, Florida 32399-0850  
(904) 488-4733

---

FORM PSC/CMU 01 (4/91)  
Required by Commission Rule Nos. 25-24.471,  
25-24.473 & 25-24.480(2)

DOCUMENT NUMBER-DATE

02267 MAR -6 1992

FPSC-RECORDS/REPORTING

1. This is an application for (check one):

- Original Authority (New Company).
- Approval of Transfer (To another certificated company).
- Approval of Assignment of existing certificate (To a noncertificated company).

\* To operate as an alternative access vendor

2. Name of corporation, partnership, cooperative, joint venture or sole proprietorship:

CONTINENTAL FIBER TECHNOLOGIES, INC.

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

CONTINENTAL FIBER TECHNOLOGIES, INC.

4. National address (including street name & number, post office box, city, state and zip code):

Post Office Box 17613-F  
5934 Richmond Street  
Jacksonville, Florida 32245-7613

5. Florida address (including street name & number, post office box, city, state and zip code):

Post Office Box 17613-F  
5934 Richmond Street  
Jacksonville, Florida 32245-7613

6. Structure of organization:

- |  |   |
|--|---|
| <input type="checkbox"/> Individual          | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership    |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership    |
| <input type="checkbox"/> Other: _____        |   |

7. If applicant is an individual or partnership, please give name, title and address of sole proprietor or partners.

NOT APPLICABLE

*Replaced*

- (a) Provide proof of compliance with the foreign limited partnership statute (Chapter 620.169 FS), if applicable.

NOT APPLICABLE

- (b) Provide proof of compliance with the fictitious name statute (Chapter 865.09 FS), if applicable.

Fictitious name registration number: NOT APPLICABLE

- (c) Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

- (1) 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, please explain.

NONE

- (2) officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

8. If incorporated, please give:

- (a) Proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: V07356

- (b) Name and address of the company's Florida registered agent.

Jeffrey T. Delorme  
Post Office Box 17613-F  
5934 Richard Street  
Jacksonville, Florida 32245-7613

- (c) Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

- (1) 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, please explain.

NONE

- (2) officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NONE

9. Who will serve as liaison with the Commission in regard to (please give name, title, address and telephone number):

- (a) The application:

Peter M. Dunbar  
Haben, Culpepper, Dunbar & French, P.A.  
Post Office Box 10095  
Tallahassee, Florida 32301  
904/222-3533  
Attorney for Applicant

- (b) Official Point of Contact for the ongoing operations of the company:

Jeffrey T. Delorme  
Post Office Box 17613-F  
5934 Richard Street  
Jacksonville, Florida 32245-7613  
904/737-9110

- (c) Tariff:

NOT APPLICABLE

- (d) Complaints/Inquiries from customers:

Jeffrey T. Delorme  
Post Office Box 17613-F  
5934 Richard Street  
Jacksonville, Florida 32245-7613  
904/737-9110

10. List the states in which the applicant:

(a) Has operated as an interexchange carrier.

NONE

(b) Has applications pending to be certificated as an interexchange carrier.

NONE

(c) Is certificated to operate as an interexchange carrier.

NONE

(d) Has been denied authority to operate as an interexchange carrier and the circumstances involved.

NONE

(e) Has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

NONE

(f) Has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

NONE

11. The applicant will provide the following interexchange carrier services (Check all that apply):

NOT APPLICABLE

- MTS with distance sensitive per minute rates
- Method of access is FGA
- Method of access is FGB
- Method of access is FGD
- Method of access is 800



12. What does the end user dial for each of the interexchange carrier services that were checked in services included (above).

NOT APPLICABLE

13. What services will the applicant offer to other certificated telephone companies:

NONE

- Facilities.  Operators.  
 Billing and Collection.  Sales.  
 Maintenance.  
 Other: \_\_\_\_\_

14. Will your marketing program:

NONE

- Pay commissions?  
 Offer sales franchises?  
 Offer multi-level sales incentives?  
 Offer other sales incentives?

15. Explain any of the offers checked in question 14 (To whom, what amount, type of franchise, etc.).

NOT APPLICABLE

16. Who will receive the bills for your service (check all that apply)?

- Residential customers.  Business customers.  
 PATS providers.  PATS station end-users.  
 Hotels & Motels.  Hotel & Motel guests.  
 Universities.  Univ. dormitory residents.  
 Other: (specify) \_\_\_\_\_

The individual or entity for which the alternative access service is provided will pay an agreed upon amount for the service under the terms of an agreement between the applicant and the customer.

17. Please provide the following (if applicable):

- (a) Will the name of your company appear on the bill for your services, and if not who will the billed party contact to

ask questions about the bill (provide name and phone number) and how is this information provided?

No billing will occur. Compensation for alternative access vendor services will be based upon individual contract terms agreed upon by the applicant and its customer.

(b) Name and address of the firm who will bill for your service.

Compensation for alternative access vendor services will be based upon the individual contract terms agreed upon by the applicant and its customer.

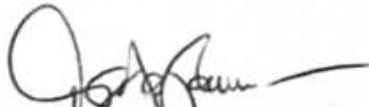
18. Please submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission 25-24.485 (example enclosed.)

NOT APPLICABLE



APPLICANT ACKNOWLEDGEMENT STATEMENT

1. Regulatory Assessment Fee: I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of its 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 one and one-half percent on all intra and interstate business.
3. Sales Tax: I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. Application Fee: A non-refundable application fee of \$250.00 must be submitted with the application.
5. LEC Bypass Restrictions: I acknowledge the Commission's policy that interexchange carriers shall not construct facilities to bypass the LECs without first demonstrating to the Commission that the LEC cannot offer the needed facilities at a competitive price and in a timely manner.
6. Receipt and Understanding of Rules: I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Orders relating to my provision of alternative access vendor services in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding alternative access vendor service.
7. Accuracy of Application: By my signature below, I attest to the accuracy of the information contained in this application and associated attachments.

  
\_\_\_\_\_  
JEFFREY T. DELORME

3/3/92  
\_\_\_\_\_  
Date

ATTACHMENTS:

- A - CERTIFICATE TRANSFER STATEMENT
- B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
- C - INTRASTATE NETWORK
- D - FLORIDA TELEPHONE EXCHANGES AND  
EAS ROUTES
- F - GLOSSARY

APPENDIX A

CERTIFICATE TRANSFER STATEMENT

I, \_\_\_\_\_,  
current holder of certificate number \_\_\_\_\_, have  
reviewed this application and join in the petitioner's request.

\_\_\_\_\_  
Signature of owner or chief officer  
of the certificate holder

\_\_\_\_\_  
Title


\_\_\_\_\_  
Date

APPENDIX B

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be responded to in one of the following ways (applicant please check one):

- (X) The applicant will not collect deposits nor will it collect payments for service more than one month in advance.
- ( ) The applicant will file with the Commission and maintain a surety bond in an amount equal to the current balance of deposits and advance payments in excess of one month. (Bond must accompany application.)

  
\_\_\_\_\_  
JEFFREY T. DELORME

Senior Vice President

\_\_\_\_\_  
Title

3/3/92

\_\_\_\_\_  
Date

APPENDIX C

INTRASTATE NETWORK

1. Pop: Addresses where located, and indicate if owned or leased.

1) 5934 Richard Street                                  2)  
   Jacksonville, FL 32216  
   (Headend - Leased)

3)    4)

2. Switches: Address where located, by type of switch, and indicate if owned or leased.

1) NONE    2)

3)    4)

3. Transmission Facilities: Pop-to-Pop facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased:

1) POP-to-POP                                  TYPE                                  OWNERSHIP

2)

4. Originating Service: Please provide the list of exchanges where you are proposing to provide originating service within thirty (30) days after the effective date of the certificate (Appendix D).

NOT APPLICABLE

5. Traffic Restrictions: Please explain how the applicant will comply with the EAEA requirements contained in Commission Rule 25-24.471 (4)(a) (copy enclosed).

NOT APPLICABLE

6. Current Florida Intrastate Services: Applicant has ( ) or has not ( ) previously provided intrastate telecommunications in Florida. If the answer is has, fully describe the following:

- a) What services have been provided and when did these services begin?
- (b) If the services are not currently offered, when were they discontinued?



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JEFERET T. DELORME

Senior Vice President

---

Title

3/3/92

---

Date

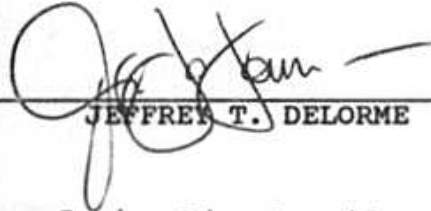
APPENDIX D  
FLORIDA TELEPHONE EXCHANGES  
AND  
EAS ROUTES

Describe the service area in which you hold yourself out to provide service by telephone company exchange. If all services listed in your tariff are not offered at all locations, so indicate.

NOT APPLICABLE

In an effort to assist you, attached is a list of major exchanges in Florida showing the small exchanges with which each has extended area service (EAS).

NOT APPLICABLE



\_\_\_\_\_  
JEFFREY T. DELORME

Senior Vice President

\_\_\_\_\_  
Title

3/3/92

\_\_\_\_\_  
Date

HABEN, CULPEPPER, DUNBAR & FRENCH

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KARL R. ADAMS\*

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DEPOSIT TREAS. REC. DATE

C382

MAR 06 '92

REPLY TO:  
P.O. BOX 10095  
TALLAHASSEE, FLORIDA 32308  
TELEPHONE (904) 222-3533  
TELECOPIER (904) 222-2128

March 6, 1992

Mr. Steve Tribble, Director  
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101 East Gaines Street  
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308 NORTH MONROE STREET  
TALLAHASSEE, FLORIDA 32301  
PHONE: (904) 222-3533

FIRST FLORIDA BANK, N.A.  
Tallahassee, Florida 32314

12469

NUMBER

PAY:

03/08/92  
DATE

12469 \*\*\*\*\*250.00  
AMOUNT

\*\*\* TWO HUNDRED FIFTY & 00/100 DOLLARS

THE Public Service Commission

OPERATING ACCOUNT

ORDER  
OF



DOCUMENT NUMBER-DATE  
02267 MAR -6 1992  
-PSC-RECORDS/REPORTING