

DOCKET NO. 950918-TX

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.

DOCUMENT NUMBER-DATE

12345 DEC 11 88

FPSC-RECORDS/REPORTING

Attached are the original and two copies of each rule covered by this certification. The rules are hereby adopted by the undersigned agency by and upon their filing with the Department of State.

<u>Rule No.</u>	<u>Rulemaking Authority</u>	<u>Specific Law Being Implemented, Interpreted or Made Specific</u>
25-4.0161	350.127(2), F.S.	350.113, 364.336, 364.337(4), F.S.

Under the provision of paragraph 120.54(13)(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)

Blanca S. Bayo
BLANCA S. BAYO, Director
Division of Records & Reporting

Number of Pages Certified

(S E A L)

DWC

RECEIVED
DIVISION OF RECORDS & REPORTING
JUN 20 2005

1 25-4.0161 Regulatory Assessment Fees; Telecommunications
2 Companies.

3 (1) As applicable and as provided in s. 350.113, F.S. s.
4 364.336, F.S., and s. 364.337(4), F.S., each company shall remit a
5 fee based upon its gross operating revenue as provided below. This
6 fee shall be referred to as a regulatory assessment fee, and each
7 company shall pay a regulatory assessment fee in the amount of .15
8 of one percent of its gross operating revenues derived from
9 intrastate business. For the purpose of determining this fee, each
10 interexchange telecommunications company and each pay telephone
11 company shall deduct from gross operating revenues amounts paid for
12 use of the local network to a telecommunications company providing
13 local service. Regardless of the gross operating revenue of a
14 company, a minimum annual regulatory assessment fee of \$50 shall be
15 imposed.

16 (2) Regulatory assessment fees and the applicable regulatory
17 assessment fee return form are due each January 30 for the
18 preceding period or any part of the period from July 1 until
19 December 31, and on July 30 for the preceding period or any part of
20 the period from January 1 until June 30. Commission Form PSC/CMU
21 25 (1/91), entitled "Communication Company Regulatory Assessment
22 Fee Return," applicable to local exchange telecommunications
23 companies; Form PSC/CMU 26 (12/91), entitled "Pay Telephone Service
24 Provider Regulatory Assessment Fee Return"; Form PSC/CMU 34
25 (12/91), entitled "Shared Tenant Service Provider Regulatory

CODING: Words underlined are additions; words in
~~struck-through~~ type are deletions from existing law.

1 Assessment Fee Return"; Form PSC/CMU 153 (12/91), entitled
2 "Interexchange Company Regulatory Assessment Fee Return"; and Form
3 PSC/CMU 1 (1/95), entitled "Alternative Access Vendor Regulatory
4 Assessment Fee Return"; and Form PSC/CMU 7 (XX/95), entitled
5 "Alternative Local Exchange Company Regulatory Assessment Fee
6 Return" are incorporated into this rule by reference and may be
7 obtained from the Commission's Division of Administration. Each
8 company shall have up to and including the due date in which to
9 submit the applicable form and:

10 (a) Remit the total amount of its fee, or

11 (b) Remit an amount which the company estimates is its full
12 fee, or

13 (c) Seek and receive from the Commission a 30-day extension
14 of its due date.

15 (3) Where the company remits less than its full fee pursuant
16 to subsection (2)(b) of this rule, the remainder of the full fee
17 shall be due on or before the 30th day from the due date and shall,
18 where the amount remitted was less than 90 percent of the total
19 regulatory assessment fee, include interest as provided by
20 subsection (5)(b) of this rule.

21 (4) Where a company receives a 30-day extension of its due
22 date pursuant to subsection (2)(c) of this rule, then the company
23 shall remit a charge in addition to the regulatory assessment fees,
24 as set out in s. 350.113(5), F.S.

25 (5) The delinquency of any amount due to the Commission from

CODING: Words underlined are additions; words in
~~struck-through~~ type are deletions from existing law.

1 the company pursuant to the provisions of s. 350.113, F.S., and
2 this rule, begins with the first day after any date established as
3 the due date either by operation of this rule or by an extension
4 pursuant to this rule.

5 (a) A penalty, as set out in s. 350.113, F.S., shall apply to
6 any such delinquent amounts.

7 (b) Interest at the rate of 12 percent per annum shall apply
8 to any such delinquent amounts.

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

10 Law Implemented: 350.113, 364.336, 364.337(4), F.S.

11 History: New 5/18/83, formerly 25-4.161, Amended 10/16/86, 1/1/91,
12 12/29/91, 1/8/95, _____.

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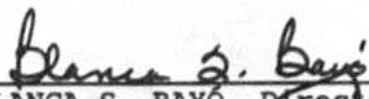
CODING: Words underlined are additions; words in
~~struck through~~ type are deletions from existing law.

CERTIFICATION OF
PUBLIC SERVICE COMMISSION
FORM INCORPORATED BY REFERENCE IN RULE 25-4.0161
FILED WITH THE DEPARTMENT OF STATE

Pursuant to Rule 1S-1.005, Florida Administrative Code, I hereby certify that the attached is a true and complete copy of Form PSC/CMU 7 (11/95) "Alternative Local Exchange Company Regulatory Assessment Fee Return", which is incorporated by reference in Rule 25-4.0161, Florida Administrative Code.

Under the provisions of paragraph 120.54(13)(a), F.S., the incorporated material takes effect 20 days from the date filed with the Department of State or a later date as set out below:

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



BLANCA S. BAYÓ, Director
Division of Records & Reporting

Number of Pages Certified

(S E A L)

RECEIVED
DIVISION OF RECORDS & REPORTING
MAY 10 1995

Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
Estimated Return

PERIOD COVERED:

FOR PSC USE ONLY

Check# _____

\$ _____ 0603001
003001

\$ _____ P
0603001
004010

\$ _____ I

Postmark Date _____

Initials of Preparer: _____

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Services	\$ _____	\$ _____
2.	Long Distance Services	_____	_____
3.	Access Services	_____	_____
4.	Miscellaneous Services	_____	_____
5.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	\$ _____	\$ _____
6.	Regulatory Assessment Fee Due (Multiply Line 5 by 0.0015)		(_____)
7.	LESS: APPROVED Prior-Period Overpayment		_____
8.	NET REGULATORY ASSESSMENT FEE DUE		_____
9.	Penalty for Late Payment		_____
10.	Interest for Late Payment		_____
11.	TOTAL AMOUNT DUE		\$ _____

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

() Facilities-Based Provider () Reseller () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications facilities? () YES () NO
If YES, who do you lease these facilities from? Name: _____
Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to Section 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/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) (Title) (Date)

(Please Print Name) Telephone Number ()

F.E.I. No. _____

Rule 25-4.0161
Docket No. 950918-TX

SUMMARY OF RULE

Proposed amended Rule 25-4.0161, F.A.C., Regulatory Assessment Fees, establishes the requirement for ALECs to file a report and pay regulatory assessment fees.

SUMMARY OF HEARINGS ON THE RULE

No hearing was held.

FACTS AND CIRCUMSTANCES JUSTIFYING THE RULE

Sections 364.335 and 364.337, Florida Statutes, were amended by Chapter 95-403, Laws of Florida, to allow for the provision of local exchange telecommunications services by alternative local exchange companies (ALECs) and to require the Commission to certificate the ALECs. Rules are the appropriate means of codifying the requirements necessary to this process.

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 02-06-2008 BY 60322/UC/STP

FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0866

APPLICATION FORM
for
AUTHORITY TO PROVIDE ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

1. This form is used for an original application for a certificate and for approval of assignment or transfer of an existing alternative local exchange certificate. In case of an assignment or transfer, the information provided shall be for the assignee or transferee.
2. Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
3. Use a separate sheet for each answer which will not fit the allotted space.
4. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications, Certification & Compliance Section
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0866
(904) 413-6600

5. Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250 made payable to the Florida Public Service Commission at the above address.

FORM PSC/CMU 8 (XX/95)
Required by Chapter 364.337 F.S.

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

- Original authority (new company)
- Approval of transfer (to another certificated company)

Example, a certificated company purchases an existing company and desires to retain the original certificate authority.

- Approval of assignment of existing certificate (to a noncertificated company)

Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

- Approval for transfer of control (to another certificated company)

Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant:

3. Name under which the applicant will do business:

4. If applicable, please provide proof of fictitious name registration.
Fictitious name registration number: _____

5. A. National and Florida mailing addresses including street name, number, post office box, city, state, and zip code.

B. Florida physical address including street name, number, post office box, city, and zip code.

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Joint Venture
- Corporation
- Foreign Partnership
- Limited Partnership
- Other, Please explain _____

7. If applicant is an individual, partnership, or joint venture, please give name, title, and address of each legal entity.

8. State whether any of the officers, directors, or any of the ten largest stockholders have previously been 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.
9. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: _____

10. Please provide the name, title, address, telephone number, internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.
11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.
12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.
13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty.
14. Please indicate how a customer can file a service complaint with your company.
15. Please complete and file a price list in accordance with Commission Rule 25-24.825.
16. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida.
 - A. Financial capability.
 - B. Managerial capability.
 - C. Technical capability.
(If you will be providing local intra-exchange switched telecommunications service, then state how you will provide access to 911 emergency services. If the nature of the emergency 911 service access and funding mechanism is not equivalent to that provided by the local exchange companies in the areas to be served, describe in detail the differences.)

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange service in the State of Florida. I 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. Further, I am aware that pursuant to Section 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.

Official: _____
Signature

Date

Title: _____

Telephone Number

Address: _____

1 25-4.0161 Regulatory Assessment Fees; Telecommunications
2 Companies.

3 (1) As applicable and as provided in s. 350.113, F.S. s.
4 364.336, F.S., and s. 364.337(4), F.S., each company shall remit a
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7 company shall pay a regulatory assessment fee in the amount of .15
8 of one percent of its gross operating revenues derived from
9 intrastate business. For the purpose of determining this fee, each
10 interexchange telecommunications company and each pay telephone
11 company shall deduct from gross operating revenues amounts paid for
12 use of the local network to a telecommunications company providing
13 local service. Regardless of the gross operating revenue of a
14 company, a minimum annual regulatory assessment fee of \$50 shall be
15 imposed.

16 (2) Regulatory assessment fees and the applicable regulatory
17 assessment fee return form are due each January 30 for the
18 preceding period or any part of the period from July 1 until
19 December 31, and on July 30 for the preceding period or any part of
20 the period from January 1 until June 30. Commission Form PSC/CMU
21 25 (1/91), entitled "Communication Company Regulatory Assessment
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5 "Alternative Local Exchange Company Regulatory Assessment Fee
6 Return" are incorporated into this rule by reference and may be
7 obtained from the Commission's Division of Administration. Each
8 company shall have up to and including the due date in which to
9 submit the applicable form and:

10 (a) Remit the total amount of its fee, or

11 (b) Remit an amount which the company estimates is its full
12 fee, or

13 (c) Seek and receive from the Commission a 30-day extension
14 of its due date.

15 (3) Where the company remits less than its full fee pursuant
16 to subsection (2)(b) of this rule, the remainder of the full fee
17 shall be due on or before the 30th day from the due date and shall,
18 where the amount remitted was less than 90 percent of the total
19 regulatory assessment fee, include interest as provided by
20 subsection (5)(b) of this rule.

21 (4) Where a company receives a 30-day extension of its due
22 date pursuant to subsection (2)(c) of this rule, then the company
23 shall remit a charge in addition to the regulatory assessment fees,
24 as set out in s. 350.113(5), F.S.

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1 the company pursuant to the provisions of s. 350.113, F.S., and
2 this rule, begins with the first day after any date established as
3 the due date either by operation of this rule or by an extension
4 pursuant to this rule.

5 (a) A penalty, as set out in s. 350.113, F.S., shall apply to
6 any such delinquent amounts.

7 (b) Interest at the rate of 12 percent per annum shall apply
8 to any such delinquent amounts.

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

10 Law Implemented: 350.113, 364.336, 364.337(4), F.S

11 History: New 5/18/83, formerly 25-4.161, Amended 10/16/86, 1/1/91,
12 12/29/91, 1/8/95, _____.

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AVOID PENALTY AND INTEREST CHARGES. THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE
Alternative Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission
 (See Filing Instructions on Back of Form)

STATUS:

_____ Actual Return
 _____ Estimated Return

PERIOD COVERED:

FOR PSC USE ONLY

Check# _____

\$ _____ 0603001
 _____ 003001

\$ _____ P
 _____ 0603001
 _____ 004010

\$ _____ I

Postmark Date _____

Initials of Preparer _____

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Services	\$ _____	\$ _____
2.	Long Distance Services	_____	_____
3.	Access Services	_____	_____
4.	Miscellaneous Services	_____	_____
5.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	\$ _____	\$ _____
6.	Regulatory Assessment Fee Due (Multiply Line 5 by 0.0015)	_____	(_____)
7.	LESS: APPROVED Prior-Period Overpayment	_____	_____
8.	NET REGULATORY ASSESSMENT FEE DUE	_____	_____
9.	Penalty for Late Payment	_____	_____
10.	Interest for Late Payment	_____	\$ _____
11.	TOTAL AMOUNT DUE	_____	_____

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

() Facilities-Based Provider () Reseller () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications facilities? () YES () NO
 If YES, who do you lease these facilities from? Name: _____

Address: _____

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to Section 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/her duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official)

 (Title)

 (Date)

 (Please Print Name)

 Telephone Number ()

 F.E.I. No.

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Alternative Local Exchange Company)

1. **WHO MUST FILE:** Each regulated company under the jurisdiction of the Florida Public Service Commission (Commission) must file for any part of the period in which a certificate was active and which preceded the due date reflected in the following paragraph.
2. **WHEN TO FILE:** To avoid payment of penalties and interest, this Regulatory Assessment Fee Return form must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND
On or before January 30 for the six-month period July 1 through December 31.*

However, when July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee Return may be filed or postmarked on the next business day, without penalty or interest.

3. **FEES:** Each Commission-regulated company shall pay the presently established percentage of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C., and indicated on Line 6 on the reverse side. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not consider any expenses, taxes, or uncollectibles in these amounts.
4. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 9). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 10). An Alternative Local Exchange Company Regulatory Assessment Fee Return must be filed regardless of whether there are no revenues to report or if the minimum is due.

When a company fails to file a Regulatory Assessment Fee Return, the Commission may order the company to show cause why the company should not be assessed a penalty and/or why the company's certificate should not be canceled.

5. **EXTENSION:** A utility, for good cause shown in a written request, may be granted an extension for a period not to exceed 30 days. Such request should be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. If an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

6. **AUTHORITY:** The authority to collect regulatory assessment fees is granted to the Commission by Sections 350.113, 364.336 and 364.337, Florida Statutes.
7. **REGULATORY ASSESSMENT FEE DUE:** Amounts are due and payable to the Commission within 30 days of the end of the period.
8. **FEE ADJUSTMENTS:** Computation errors and/or differences in gross operating revenues reported for regulatory assessment fee purposes and those reported in the annual report may cause adjustments to amounts paid to the Commission. You will be notified as to the amount and reason for any adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment.
9. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. However, if you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

10. **ADDITIONAL ASSISTANCE:** If you need additional information or assistance in preparing your Regulatory Assessment Fee Return, please contact the Division of Auditing and Financial Analysis at (904) 413-6480.

For assistance regarding telecommunications facilities, please contact the Division of Communications at (904) 413-6600.

Both divisions may be contacted at the above-referenced address, by changing the Attention line.

FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0866

APPLICATION FORM
for
AUTHORITY TO PROVIDE ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

1. This form is used for an original application for a certificate and for approval of assignment or transfer of an existing alternative local exchange certificate. In case of an assignment or transfer, the information provided shall be for the assignee or transferee.
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4. If you have questions about completing the form, contact:

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5. Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250 made payable to the Florida Public Service Commission at the above address.

FORM PSC/CMU 8 (XX/95)
Required by Chapter 364.337 F.S.

50 DEC -7 AM 11:05
TALLAHASSEE, FLORIDA

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

- Original authority (new company)
- Approval of transfer (to another certificated company)

Example, a certificated company purchases an existing company and desires to retain the original certificate authority.

- Approval of assignment of existing certificate (to a noncertificated company)

Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

- Approval for transfer of control (to another certificated company)

Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant:

3. Name under which the applicant will do business:

4. If applicable, please provide proof of fictitious name registration.
Fictitious name registration number: _____

5. A. National and Florida mailing addresses including street name, number, post office box, city, state, and zip code.

B. Florida physical address including street name, number, post office box, city, and zip code.

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Joint Venture
- Corporation
- Foreign Partnership
- Limited Partnership
- Other, Please explain _____

7. If applicant is an individual, partnership, or joint venture, please give name, title, and address of each legal entity.

8. State whether any of the officers, directors, or any of the ten largest stockholders have previously been 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.
9. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: _____

10. Please provide the name, title, address, telephone number, internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.
11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.
12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.
13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty.
14. Please indicate how a customer can file a service complaint with your company.
15. Please complete and file a price list in accordance with Commission Rule 25-24.825.
16. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida.
 - A. Financial capability.
 - B. Managerial capability.
 - C. Technical capability.
(If you will be providing local intra-exchange switched telecommunications service, then state how you will provide access to 911 emergency services. If the nature of the emergency 911 service access and funding mechanism is not equivalent to that provided by the local exchange companies in the areas to be served, describe in detail the differences.)

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange service in the State of Florida. I 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. Further, I am aware that pursuant to Section 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.

Official:

Signature

Date

Title:

Telephone Number

Address:

