Jun 12 '95 13:24 P.O.

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FLORIDA	PAY	TELEPHONE	CERTIFICATE	APPLICATION
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PARTNERSH	IP:			[]
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CORPORATI	ON:			[]
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FORM PSC/CMU 32 (R3-93) PAGE 2 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511 DOCUMENT NUMBER-DATE

02657 MAR-5%

FPSC-RECORDS/REPORTING

NAME:	JAMAC RAHMA
TITLE	: DIDNEC
PHONE	: 305 858 1765 305 687 4418
	PPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICATE BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE DAY THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATE
IF T	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST IFICATE HOLDER AND CERTIFICATE NUMBER.
LISŢ	THE STATES IN WHICH THE APPLICANT: 1S CURRENTLY PROVIDING PAY TELEPHONE SERVICE NONE
	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE
Α.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEP PROVIDER.
А.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVI

9.	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE
10.	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:
11.	HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE
12.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 95C XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.
	YE?
13.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

FORM PSC/CMU 32 (R3-93) PAGE 5 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511

APPLICANT ACKNOWLEDGEMENT CARD

Applicant I acknowledge Service Commiss of Pay Telepho	receipt and usion's Rules and ne Service.	nderstanding Requirements	of the relating	Florida to my pr	Public ovision
Signature					
Title				-	-
Date				L COLLEGE	-

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.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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1.	LEGAL NAME OF THE APPLICANT
	JAMAL RAHMA.
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
	JAMAL RAHMA
3	ADDRESS OF THE APPLICANT(S)
	STREET 15400 NW 7AUE
	CITY migni FC 33169
	STATE & ZIP mim. FL 33169
٠.	
4.	TYPE OF ORGANIZATION (CHECK ONE)
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
	DOCUMENTATION: No other documentation needed.
	B. PARTNERSHIP: , []
	DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.
	C. CORPORATION:
	<u>DOCUMENTATION</u> : Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.
	NAME

0134 JAMAL RAHMA 67-25-91 3601 GRAND AVE MIAMI, FL 33133-4921 63-60 542/660 Public Service Commission) doller w

registered with