

1200 19TH STREET, N.W.  
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WASHINGTON, D. C. 20036

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TEL: (202) 462-1000  
FAX: (202) 462-1001

WWW.KELLEYDRYE.COM

DEPOSIT

DATE

April 25, 1997

D512

APR 28 1997

*TC*

**By United Parcel Service**

Florida Public Service Commission  
Gunter Building, 2540 Shumard Oak Boulevard  
capital Circle Office Center  
Tallahassee, FL 32399-0850

**Re: Intellicall Operator Services, Inc. Application for Authority to Provide Pay Telephone Services**

Docket Control:

Enclosed for filing with the Florida Public Service Commission please find an original and two (2) copies of the Application of Intellicall Operator Services, Inc. ("IOS") to provide pay telephone services. Also enclosed please find a check in the amount of \$100.00 to cover the requisite filing fee.

Enclosed please also find a duplicate of this filing and a self-addressed stamped envelope. Please date-stamp the duplicate upon receipt and return it in the envelope provided.

Please note that IOS's request for authority to provide pay telephone services is limited to prison facilities only. Accordingly, IOS respectfully requests waiver of any general pay telephone regulations inapplicable to the provisioning of inmate pay telephone services in the State of Florida.

Please do not hesitate to contact me at (202) 955-9767 if you have any questions regarding this filing.

Respectfully submitted,

*Andrea D. Pruitt*

Andrea D. Pruitt

DOCKET CONTROL  
04252 APR 28 1997  
FPSC-RECORDS/REPORTING

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

Intellicall Operator Services, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

same

3. ADDRESS OF THE APPLICANT(S)

STREET 14651 Dauas Parkway, Suite 905

CITY Dallas

STATE & ZIP Texas 75240

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:   
OWN NAME.

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:

DOCUMENTATION: 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 CT Corporation System

ADDRESS 1200 S. Pine Island Road

Plantatum, Florida 33324

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

None

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

No.

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[ ]
LONG DISTANCE	[ ]
COIN	[ ]
CALLING CARD	[ ]
CREDIT CARD	[ ]
OTHER, DESCRIBE	[X] Service will be inmate collect only.

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: Applicant is acquiring 50 inmate phones located in Pahokee and Polk City inmate facilities.

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY	[ ]
FULL-TIME TECHNICIAN	[ ]
PART-TIME TECHNICIAN	[ ]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[X]
OTHER, DESCRIBE	[ ]

Service and ongoing maintenance will be provided by a third party, Security Telecom who is the incumbent under contract to LDDS WorldCom.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

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NAME CT Corporation System

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Plantatum, Florida 33324

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DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

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

NAME: B. Reid Presson, Jr.

TITLE: Vice President

PHONE: 972/416-0022 ext. 352

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

No.

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

Not applicable.

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

None

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

Colorado, Georgia, Kansas, Kentucky, Louisiana, Ohio

Massachusetts, Minnesota, Mississippi, New Mexico, South Carolina & Tennessee

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

None

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

None

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

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LOCAL	[ ]
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FULL-TIME TECHNICIAN	[ ]
PART-TIME TECHNICIAN	[ ]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[x]
OTHER, DESCRIBE	[ ]

Service and ongoing maintenance will be provided by a third party, Security Telecom who is the incumbent under contract to LDDS WorldCom.

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

No. The payphones being acquired provide inmate services  
only to which this requirement does not apply.

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14. 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.)

As noted, the phones are already installed and comply with  
these regulations to the extent required for inmate  
facilities.

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APPLICANT ACKNOWLEDGEMENT CARD

Applicant INTELLICALL OPERATOR SERVICES, INC.

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

Signature [Handwritten Signature]

Title [Handwritten Title]

Date 4/2/97

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.



I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

  
\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 4/9/97

# State of Florida



## Department of State

I certify from the records of this office that INTELICALL OPERATOR SERVICES, INC., is a corporation organized under the laws of Delaware, authorized to transact business in the State of Florida, qualified on June 9, 1988.

The document number of this corporation is P19595.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1996, that its most recent annual report was filed on May 1, 1996, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capitol, this the  
Twenty-third day of April, 1997



CR2EO22 (2-95)

Handwritten signature of Sandra B. Northam in cursive.

Sandra B. Northam  
Secretary of State

**KELLEY DRYE & WARREN LLP**

A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

1200 19TH STREET, N.W.

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WASHINGTON, D. C. 20036

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FACSIMILE

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HONG KONG

AFFILIATED OFFICES  
NEW DELHI, INDIA  
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FIRST UNION NATIONAL BANK  
OF WASHINGTON, D.C.  
WASHINGTON, DC

**KELLEY DRYE & WARREN LLP**  
1200 19TH STREET, N.W.  
WASHINGTON, DC 20036

04323

15 127/540  
00480

April 22, 1997

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00

One Hundred And No/100-----DOLLARS

MEMO

Chg. 32679.011 Filing Fee

*Lawrence K. Spillett*