

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 3/2/98

Docket No. 980315 TC

- 1. Division Name/Staff Name Communications/Hankins
- 2. CFR _____
- 3. CCR _____

4. Suggested Docket Title Request for cancellation of Alternative Access Vendor Certificate No. 4051 by Payphone Consultants, Inc. effective 2/07/98

5. Suggested Docket Filing List (attach separate sheet if necessary)

(TA031)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.

PLEASE COMPLETE THIS PAGE AND RETURN TO:

Ms. Brenda H. Hawkins, Regulatory Analyst
FLORIDA PUBLIC SERVICE COMMISSION
Division of Communications
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RECEIVED

FEB 27 1998

CMT

NAME: PAYPHONE CONSULTANTS, INC. (Mr. John J. Murray, III)

NAME OF COMPANY: PAYPHONE CONSULTANTS, INC.

ADDRESS: 3431 N.W. 55th Street

CITY/STATE/ZIP: Fort Lauderdale, FL 33309-6308

PHONE # W/AREA CODE: (954) 749-4000

CERTIFICATE #: 4051 COMPANY CODE: TA031

(Answer "YES" to one of the following statements below.)


(1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date.

(2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it _____

date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because _____

SIGNATURE:  DATE: 2-23-98

Alternative Access Vendor Regulatory Assessment Fee Return

STATUS:

Actual Return
 Estimated Return

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

TA031	P173 996 389
Payphone Consultants, Inc.	
3431 N.W. 55th Street	
Ft. Lauderdale, FL 33309-6308	
DATE	AAU
D687	JAN 18 1998

FOR PSC USE ONLY	
Check#	1120
\$	50.00 0603005
\$	003001
\$	P 0603005
\$	004011
\$	I
Postmark Date	1/8/98
Initials of Preparer	AR

PERIOD COVERED:
01/01/1997 TO 12/31/1997

CB
Payphone Consultants, Inc. 6436 NW 4534 St Ft Lauderdale, FL 33317
(Name of Vendor) (Address) (City/State) (Zip)

Please Complete Below if Address Has Changed

LINE NO.	WIDE AREA TOLL SERVICE	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Special Access Services	\$	\$
2.	Private Line Services		
3.	Leased Facilities & Circuits Services		
4.	Miscellaneous Services		
5.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
6.	Regulatory Assessment Fee Due (Multiply Line 5 by 0.0015).		
7.	Penalty for Late Payment		
8.	Interest for Late Payment		
9.	TOTAL AMOUNT DUE		\$ 50.00

Inductance

98 JAN 13 4 09 PM '98

Is not clear about your request.

AS PROVIDED IN §

§. THE MINIMUM ANNUAL FEE IS \$50

Complete below if billing agent if other than yourself

(Name)	(Address: City/State/Zip)
(Telephone)	
What is the total amount of customer deposits collected?	What is the total amount of bond held (if applicable)?
Amount: \$ _____ for 19__	Amount \$ _____ Expires: _____

VENDOR 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 vendor 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 official duty shall be guilty of a misdemeanor of the second degree.

(Signature of Vendor Official)	(Title)
<i>John Murrell</i>	
(Please Print Name)	(Date)
JOHN MURRELL	1-8-98
Telephone Number	
854 749-4000	
F.E.I. No.	
65 035 3325	