



**FLORIDA  
PROGRESS  
CORPORATION**

**J. WESLEY BAILEY**  
CORPORATE COUNSEL

October 27, 1998

981430-TA


**Division of Records and Reporting  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850**

**Re: Alternative Access Vendor Services Application**

On behalf of Progress Telecommunications Corporation, I have enclosed for filing one original and six copies of Progress Telecommunications Corporation's application for authority to provide Alternative Access Vendor Service within the state of Florida. I would like to request that this application be considered at the next possible agenda conference. I have also enclosed the required application fee of \$250.00.

Thank you for your consideration in this matter.

Sincerely,

  
J. Wesley Bailey

Enclosure

RECEIVED

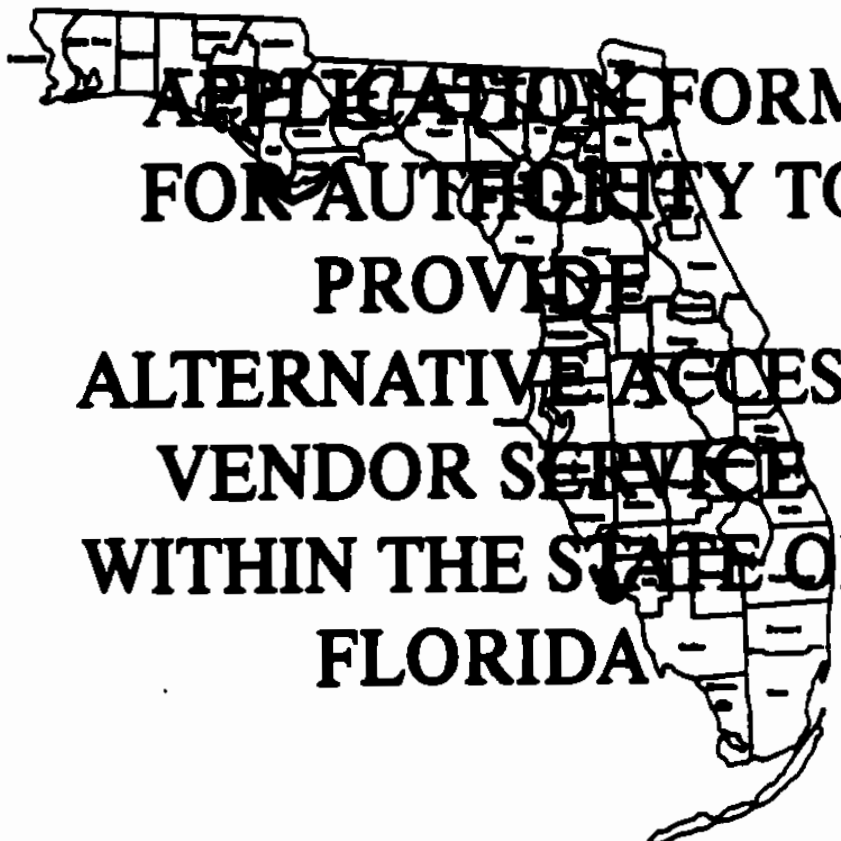
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DOCUMENT ID: 142030-861208

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DATE  
OCT 28 1998



APPLICATION FORM  
FOR AUTHORITY TO  
PROVIDE  
ALTERNATIVE ACCESS  
VENDOR SERVICE  
WITHIN THE STATE OF  
FLORIDA

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DOCUMENT NUMBER DATE

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

**DIVISION OF COMMUNICATIONS**  
**BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE ALTERNATIVE ACCESS VENDOR SERVICE**  
**WITHIN THE STATE OF FLORIDA**

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**Instructions**

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Appendix A).
- B. Print or type all responses 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. Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770

Note: A filing fee is required for the sale, assignment or transfer of an existing certificate to another certificated company (see Chapter 25-24.730, F.A.C.).

- E. If you have questions about completing the form, contact:

Florida Public Service Commission  
Division of Communications  
Bureau of Certification and Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600

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FORM PSC/CMU 43 (6/98)

Required by Commission Rule Nos. 25-24.715, 25-24.720 and 25-24.730

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

Original certificate (new company).

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

Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff without changing the existing name or tariff.

Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Progress Telecommunications Corporation

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

Same

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

100 Central Avenue, CX2A

St. Petersburg, FL 33701

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

Same

6. Structure of organization:

- Individual  Corporation
- Foreign Corporation  Foreign Partnership
- General Partnership  Limited Partnership
- Other, \_\_\_\_\_

7. If individual, provide: N/A

Name : \_\_\_\_\_  
Title : \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

8. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number: P98000088348

9. If foreign corporation, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number: N/A

10. If using fictitious name-d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida.

(a) The Florida Secretary of State fictitious name registration number: N/A

11. If a limited liability partnership, please proof of registration to operate in Florida.

(a) The Florida Secretary of State registration number: N/A

12. If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

Name : N/A

Title : \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

13. If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: N/A

14. Provide FEID Number (if applicable): \_\_\_\_\_

15. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services? () Yes ( ) No

(b) If not, who will bill for your services?

Name : N/A

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(c) Who will the billed party contact to ask questions about the bill?

Name: Maida Brooks

Telephone Number: (727) 820-5090

(c) How is this information provided?

Telephone or correspondence

16. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name : J. Wesley Bailey  
Title : Corporate Counsel  
Address: 3201 34th Street South, MAC A5B  
City/State/Zip: St. Petersburg, FL 33711  
Telephone No.: 727-866-4760 Fax No.: 727-866-4931  
Internet E-Mail Address: j-wesley.bailey@fpc.com  
Internet Website Address: www.fpc.com

(b) Official point of contact for the ongoing operations of the company:

Name : Ronald J. Mudry  
Title : Vice President and General Manager  
Address: 100 Central Avenue, CX2A  
City/State/Zip: St. Petersburg, FL 33701  
Telephone No.: 727-820-5851 Fax No.: 727-820-5898  
Internet E-Mail Address: ronald.mudry@fpc.com  
Internet Website Address: www.fpc.com

(c) Complaints/Inquiries from customers:

Name : same  
Title : \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

17. List the states in which the applicant:

(a) has operated as an Alternative Access Vendor.

None

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(b) has applications pending to be certificated as an Alternative Access Vendor.

None

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(c) is certificated to operate as an Alternative Access Vendor.

None

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(d) has been denied authority to operate as an Alternative Access Vendor and the circumstances involved.

None

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

None

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

None

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18. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) 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, provide explanation.

No. \_\_\_\_\_

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(b) an 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. \_\_\_\_\_

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19. The applicant will provide the following AAV services (check all that apply):

- a.  Intraexchange private line service to an affiliate.
- b.  Interexchange private line service to an affiliate.
- c.  Special access as part of a private line dedicated service.
- d.  Special access to an IXC switched network.
- e.  Private line services (Channel Services)

- DS-0, 64 kb/s
- DS-1, 1.54 Mb/s
- DS-2, 6.31 Mb/s
- DS-3, 44.76 Mb/s

**\*\* APPENDIX A \*\***

**CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT**

N/A.

I, (Name) \_\_\_\_\_,  
(Title) \_\_\_\_\_ of  
(Name of Company) \_\_\_\_\_  
\_\_\_\_\_

and current holder of certificate number \_\_\_\_\_, have reviewed this application and join in the petitioner's request for a ( ) sale, ( ) transfer ( ) or assignment of the above-mentioned certificate.

**UTILITY OFFICIAL:**

_____ Signature	_____ Date
_____ Title	_____ Telephone

**\*\* APPENDIX B \*\***

**CUSTOMER DEPOSITS AND ADVANCE PAYMENTS**

A statement of how the Commission can be assured of the security of customer deposits and advance payments may be provided 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.)

**UTILITY OFFICIAL:**

<u>Ronald J. Mudry</u>	<u>10/27/98</u>
Signature	Date
<u>RONALD J. mudry</u>	
Vice President	<u>727-920-5851</u>
Title	Telephone

**\*\* APPENDIX C \*\***

**SERVICE AREA NETWORK**

1. **CURRENT FLORIDA INTRASTATE SERVICES:** Applicant has (X) 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?

Services for FPC's private network and dark fiber to certified

carriers. FPC is Florida Power Corporation, an affiliate of Progress Telecommunications Corporation.

b) If the services are not currently offered, when were they discontinued?

\_\_\_\_\_

\_\_\_\_\_

**UTILITY OFFICIAL:**

Ronald J. Mudry  
Signature

10/27/98  
Date

Ronald J. Mudry  
Vice President  
Title

727 820 9851  
Telephone

**\*\* 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 the 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 two 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:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.
5. **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 service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.

**UTILITY OFFICIAL:**

<u>Ronald J. Mudry</u>	<u>10/27/98</u>
Signature	Date
<u>RONALD J. MUDRY</u>	
Vice President	<u>727-820-5851</u>
Title	Telephone

**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 access vendor 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 Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

Official: Ronald J. Mundy 10/27/98  
Signature Date

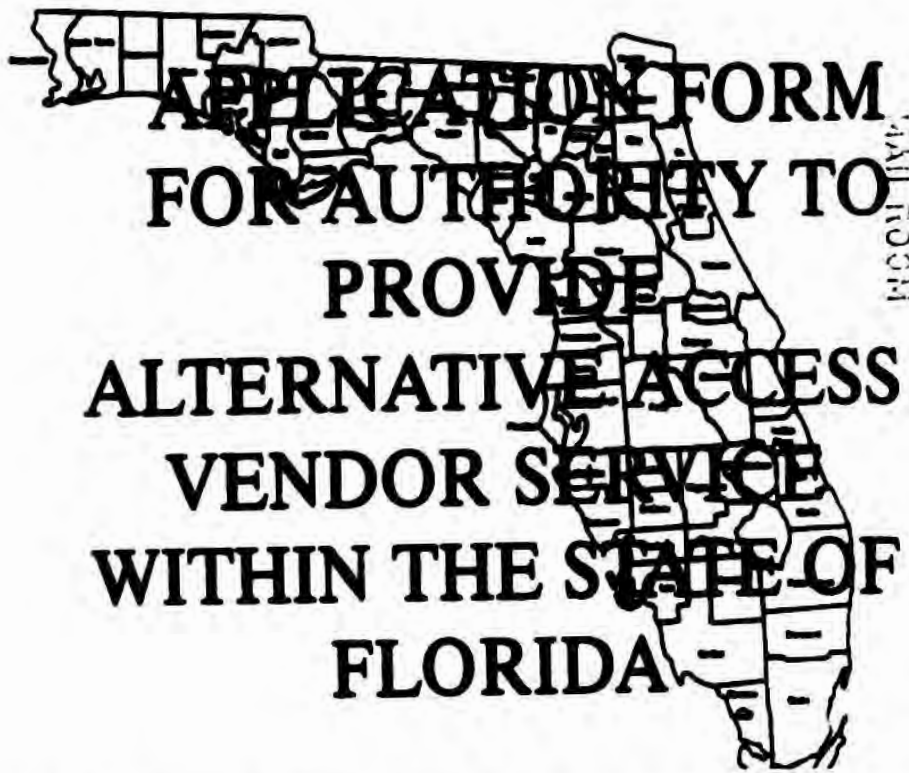
Title: VICE PRESIDENT 7-27-92 5851  
Telephone Number

Address: 100 Central Avenue, CX2A  
St. Petersburg, FL 33701

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DATE  
OCT 28 1998

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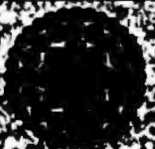
**APPLICATION FORM  
FOR AUTHORITY TO  
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WITHIN THE STATE OF  
FLORIDA**

MAIL ROOM

98 OCT 29 AM 11:37

MAILED

Accounts Payable Department  
P.O. Box 14042  
St. Petersburg, FL 33722-4042



**Florida**  
PUBLIC SERVICE COMMISSION

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DATE 10-27-98 CHECK NO. 1949175

PAY TO THE ORDER OF \*\*\*\*\*250.00

SunTrust / Mid-Florida  
TO THE ORDER OF

FLORIDA PUBLIC SERVICE COMMISSION  
DIVISION OF RECORDS & REPORTING  
2540 GANNON CAFE BLVD  
TALLAHASSEE, FL 32309-0500

Valid after 90 days

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