



FPL Group, Inc., P. O. Box 14000, Juno Beach, Florida 33408-0420 (561) 694-4000

September 21, 1999

VIA HAND DELIVERY

Ms. Blanca S. Bayó
Director
Division of Records and Reporting
Florida Public Service Commission
Betty Easley Conference Center
2540 Shumard Oak Boulevard
Room 110
Tallahassee, FL 32399-0850

991433-TA

RECORDS AND REPORTING

SEP 22 PM 4: 15

RECEIVED FPSC

Re: FPL AAV Corporation's Application Form for Authority to Provide Alternative Access Vendor Service Within the State of Florida

Dear Ms. Bayó:

I enclose and hand you herewith the original and six (6) copies of FPL AAV Corporation's Application Form for Authority to Provide Alternative Access Vendor Service Within the State of Florida, Form PSC/CMU 43 (6/98), together with our check in the amount of Two Hundred Fifty (\$250.00) Dollars representing the appropriate filing fee.

An additional copy of the Application is also enclosed for your clerk to date stamp and return to my office.

I appreciate your assistance in this matter. Should you have any questions or need further information please feel free to call my office at (561) 691-7101.

RECEIVED & FILED

Sincerely,

FPSC-BUREAU OF RECORDS

R. Wade Litchfield

RWL/jsb
Enclosure

Check received with filing and
the original check for deposit.
A copy of check
attached as proof of deposit.

Initials of person who forwarded check:

DOCUMENT NUMBER-DATE

11419 SEP 22 99

FPSC-RECORDS/REPORTING

**** 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

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

FORM PSC/CMU 43 (6/98)

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

DOCUMENT NUMBER-DATE

11419 SEP 22 88

FPSC-RECORDS/REPORTING

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:

FPL AAV Corporation

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

At this time, Applicant does not intend to do business under a fictitious name.

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

9250 W. Flagler Street

P.O. Box 029100

Miami, Florida 33102-9100

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

9250 W. Flagler Street

P.O. Box 029100

Miami, Florida 33102-9100

6. Structure of organization:

- () Individual (x) Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership
() Other, _____

7. If individual, provide: N/A. See response to No. 6 above

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: P99000082344

9. If foreign corporation, provide proof of authority to operate in Florida: N/A. See response to No. 6 above.

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

10. If using fictitious name-d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. N/A. See response to No. 3 above

- (a) The Florida Secretary of State fictitious name registration number: _____

11. If a limited liability partnership, please proof of registration to operate in Florida. N/A. See response to No. 6 above.

- (a) The Florida Secretary of State registration number: _____

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

Name : N/A. See response to No. 6 above.

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. N/A See response to No. 6 above

(a) The Florida registration number: _____

14. Provide FEID Number (if applicable): 65-0948236

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. See response to No. 15(a) above.

Address: _____

City/State/Zip: _____

Telephone Number: _____

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

Name: David Eckmann

Telephone Number: (305)552-4065

(c) How is this information provided?

By telephone or correspondence

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

(a) The application:

Name : R. Wade Litchfield
Title : Senior Attorney
Address: 700 Universe Boulevard
City/State/Zip: Juno Beach, Florida 33408
Telephone No.: (561) 691-7101 Fax No.: (561) 691-7103
Internet E-Mail Address: wlitchf@fpl.com
Internet Website Address: _____

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

Name : David Eckmann
Title : Business Development Manager
Address: P.O. Box 029100
City/State/Zip: Miami, Florida 33102-9100
Telephone No.: (305) 552-4065 Fax No.: (305) 552-5686
Internet E-Mail Address: david_eckmann@fpl.com
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name : David Eckmann
Title : Business Development Manager
Address: P.O. Box 029100
City/State/Zip: Miami, Florida 33102-9100
Telephone No.: (305) 552-4065 Fax No.: (305) 552-5686
Internet E-Mail Address: _____
Internet Website Address: _____

17. List the states in which the applicant:

(a) has operated as an Alternative Access Vendor.

None

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

None

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

None

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

None

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

None

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

None

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.

None

(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.

None

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

I, (Name) N/A. This is an application for an original certificate.

(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>Paul J. Evanson</u>	<u>9/21/99</u>
Signature	Date
<u>Paul J. Evanson</u>	
Chairman	<u>(561)694-4646</u>
Title	Telephone

**** APPENDIX C ****

SERVICE AREA NETWORK

1. **CURRENT FLORIDA INTRASTATE SERVICES:** Applicant has () or has not (X) 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?

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

UTILITY OFFICIAL:

Paul J. Evanson
Signature

9/21/99
Date

Paul J. Evanson

Chairman
Title

(561) 694-4646
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:

Paul J. Evanson
Signature

9/21/99
Date

Paul J. Evanson
Chairman
Title

(561) 694-4646
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:	<u>Paul J. Evans</u> Signature	<u>9/21/99</u> Date
Title:	<u>Chairman</u>	<u>(561) 694-4646</u> Telephone Number
Address:	<u>P.O. Box 029100</u> <u>Miami, Florida 33102-9100</u>	