

**SYNERGY**  
**TELECOM, INC.**  
 PAYPHONES ♦ PRE-PAID CALLING CARDS ♦ INMATE PHONE SYSTEMS

February 7, 2001

Florida Public Service Commission  
 Division of Regulatory Oversight  
 Certification Section  
 2540 Shumard Oak Blvd.  
 Tallahassee, Florida 32399-0850

DEPOSIT  
 D023  
 DATE  
 FEB 14 2001

010234-TC

Re: Certification

Dear Sir/Madame:

Please find enclosed our application for certification. This is primarily for the purpose of bidding on a county jail facility but does require payphones as well. Also enclosed is our check for the \$100.00 application fee.

The bid is coming up on March 5, 2001. We would appreciate your expediting the processing due to this deadline date. Thank you.

Sincerely,

*Clayton H. Lawton*

DOCUMENT NUMBER - DATE  
 02064 - FEB 14 01  
 FPSC-RECORDS/REPORTING



**SYNERGY TELECOM, INC.**  
 12126 EL SENDERO  
 SAN ANTONIO, TX 78233  
 (210) 599-7743

**THE FROST NATIONAL BANK**  
 SAN ANTONIO, TX 78296  
 30-9/1140

289

1/29/01

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION

\$ \*\*100.00

One Hundred and 00/100\*\*\*\*\*

FLORIDA PUBLIC SE  
 DIV. OF RECORDS A  
 2540 SHUMARD OAK  
 TALLAHASSEE, FL 3

119.07(1)(z), Florida Statutes: Bank account numbers or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt owing are confidential and exempt from subsection (1) and s.24(a), Art. 1 of the State Constitution . . .

DOLLARS  
 Security features  
 Included.  
 Details on back.

MEMO

*John C. [Signature]* MP

**S Y N E R G Y**  
**T E L E C O M , I N C .**  
PAYPHONES ♦ PRE-PAID CALLING CARDS ♦ INMATE PHONE SYSTEMS

ORIGINAL

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Sincerely,



John H. Crawford  
Vice President

Original application and two copies

RECEIVED  
01 FEB 12 PM 12:45  
TALLAHASSEE, FL

DOCUMENT NUMBER-DATE

02064 FEB 14 01

ORIGINAL

1. Name of company or name of individual (not fictitious name or d/b/a):  
SYNERGY TELECOM, INC.

2. Name under which applicant will do business (fictitious name, etc.):  
SYNERGY TELECOM, INC.

3. Official mailing address:  
Street: 12126 EL SENDERO  
P.O. Box: \_\_\_\_\_  
City: SAN ANTONIO  
State: TEXAS Zip: 78233

4. Florida address:  
Street: N/A  
P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
Florida Secretary of State  
Corporate Registration Number: N/A

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

**Florida Fictitious Name**

**Registration Number:** N/A

8. F.E.I. Number (if applicable): 74-2966496

9. If individual, provide:

**Name:** N/A

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

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

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

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

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

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

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

1. **Name:** N/A

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

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

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

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

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

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

10. Partnership (continued)

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

11. Who will serve as liaison to the Commission with regard to the following?

1. The application:  
Name: JOHN H. CRAWFORD  
Title: VICE PRESIDENT  
Address: 12126 EL SENDERO  
City/State/Zip: SAN ANTONIO, TX, 78233  
Telephone No.: 210-599-7743 Fax No.: 210-599-7913  
Internet E-Mail Address: MAKEMORE@stic.net  
Internet Website Address: ~~XXXXXXXXXX~~ WWW.CALLONUSTELE.COM

2. Official Point of Contact for ongoing company operations including complaints and inquiries:  
Name: JOHN H. CRAWFORD  
Title: VICE PRESIDENT  
Address: 12126 EL SENDERO  
City/State/Zip: SAN ANTONIO, TX 78233  
Telephone No.: 210-599-7743 Fax No.: 210-599-7913  
Internet E-Mail Address: MAKEMORE@STIC.NET  
Internet Website Address: WWW.CALLONUSTELE.COM

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously 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: N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

TEXAS, New Mexico, Colorado, Michigan  
Illinois

2. Has applications pending to be certified as a pay telephone provider.

NONE

3. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

No

4. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

No - Never

16. Please check (✓) the services that will be provided:

( ) LOCAL

( ) LONG DISTANCE

( ) COIN

( ) CALLING CARD

( ) CREDIT CARD

(X) OTHER (Describe) INMATE PHONE SYSTEM & COIN  
PHONES

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 50-100

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
  - FULL-TIME TECHNICIAN
  - PART-TIME TECHNICIAN
  - SERVICE/REPAIR/MAINTENANCE CONTRACT
  - OTHER (Describe) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes  
 No Explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes  
 No Explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## **\*\*APPLICANT FEE/TAX STATEMENT\*\***

1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of **0.15 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 the 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 **\$100.00** must be submitted with the application.

### **UTILITY OFFICIAL:**

JOHN H. CRAWFORD

**Print Name**

John H. Crawford

**Signature**

VICE PRESIDENT

**Title**

02/07/2001

**Date**

210-599-7943

**Telephone No.**

210-599-7913

**Fax No.**

**Address:**

SYNERGY TELECOM, INC

12126 EL SENDERO

SAN ANTONIO, TX 78233

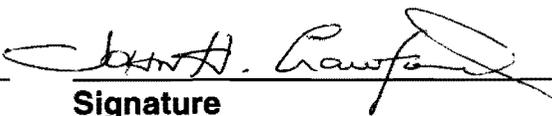
**\*\*ACKNOWLEDGMENT\*\***

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

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."

**UTILITY OFFICIAL:**

<u>JOHN H. CRAWFORD</u>	<u></u>
Print Name	Signature
<u>VICE PRESIDENT</u>	<u>02/07/2001</u>
Title	Date
<u>210-599-7743</u>	<u>210-599-7913</u>
Telephone No.	Fax No.
Address: <u>SYNERGY TELECOM, INC.</u>	
<u>12126 EL SENDERO</u>	
<u>SAN ANTONIO, TX 78233</u>	
<u> </u>	
<u> </u>	

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: SYNERGY TELECOM INC.

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

<u>JOHN H. CRAWFORD</u>	<u></u>
Print Name	Signature
<u>VICE PRESIDENT</u>	<u>2/07/2001</u>
Title	Date
<u>210-599-7743</u>	<u>210-599-7913</u>
Telephone No.	Fax No.
Address: <u>SYNERGY TELECOM</u>	
<u>12126 EL SENDERO</u>	
<u>SAN ANTONIO, TX 78233</u>	
<u> </u>	
<u> </u>	

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**