

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

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

010356-TC

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

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

DEPOSIT DATE
D 0 4 8 MAR 20 2001

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

**Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480**

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D0440

MAR 23 2001

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Florida Public Service Commission
 Division of Regulatory Oversight



United States Treasury

15-51
000

M 005,703,861



03 14 01 21

AUSTIN, TEXAS

Check No.

2221

Pay to
the order of

FLORIDA PUBLIC SERVICE
 COMMISSION C/O CASHIER
 FCI MIAMI
 15801 SW 137TH AVE

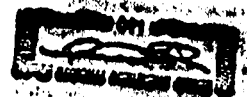
*****100*00

VOID AFTER ONE YEAR

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 . . .

DEPOSIT DATE

MAR 23 01



DN
 03702-C
 3.23.0

1. **Name of company or name of individual (not fictitious name or d/b/a):**

F.B.O.P. FCI Miami / Communications Department

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

Federal Correctional Institution

3. **Official mailing address:**

Street: 15801 SW 137th Ave.

P.O. Box:

City: Miami

State: FL

Zip: 33177-1297

4. **Florida address:**

Street: 15801 SW 137th Ave.

P.O. Box:

City: Miami

State: FL

Zip: 33177-1297

5. **Structure of organization:**

Individual

Corporation

General Partnership

Limited Partnership

Other: FED.-GOV. (Vending to Self Only) see attached #1 & 2.

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): N/A

9. If individual, provide:

Name: N/A

Title: N/A

Address: N/A

City/State/Zip: N/A

Telephone No.: N/A **Fax No.:** N/A

Internet E-Mail Address: N/A

Internet Website Address: N/A

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

1. **Name:** N/A

Title: N/A

Address: N/A

City/State/Zip: N/A

Telephone No.: N/A **Fax No.:** N/A

Internet E-Mail Address: N/A

Internet Website Address: N/A

10. Partnership (continued)

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

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

1. The application:

Name: Darrell Bobrowski
Title: Communication / Electronic Foreman
Address: 15801 SW 137th Ave.
City/State/Zip: Miami, FL 33177-1297
Telephone No.: 305-259-2230 Fax No.: 305-259-2242
Internet E-Mail Address: _____
Internet Website Address: www.bop.gov

2. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Darrell Bobrowski
Title: Communications / Electronic Foreman
Address: 15801 SW 137th Ave.
City/State/Zip: Miami, FL 33177-1297
Telephone No.: 305-259-2230 Fax No.: 305-259-2242
Internet E-Mail Address: _____
Internet Website Address: www.bop.gov

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.

N/A

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.

N/A

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

N/A

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

N/A - 1st. application

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

N/A

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

N/A

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

(X) LOCAL

(X) LONG DISTANCE

(X) COIN

() CALLING CARD

() CREDIT CARD

(X) OTHER (Describe) Smart Phone

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

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) Phone Company Provides: Repair / Parts
Replacement / Program
- See Attachment # 2

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:

Darrell A. Bobrowski

Print Name

Darrell A. Bobrowski

Signature

Communications Department 2/26/01

Title

Date

305-259-2230

Telephone No.

305-259-2242

Fax No.

Address:

15801 SW 137th AVE

MIAMI FLORIDA 33177-1297


****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."

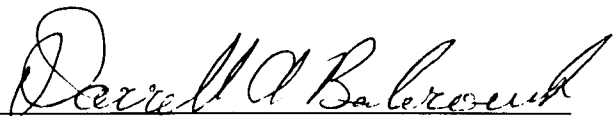
UTILITY OFFICIAL:

<u>Darrell A. Bobrowski</u>	<u></u>
Print Name	Signature
<u>Communications Department</u>	<u>2/26/01</u>
Title	Date
<u>305/259-2230</u>	<u>305/259-2247</u>
Telephone No.	Fax No.
Address:	<u>FEDERAL CORRECTIONAL INSTITUTION</u>
	<u>15801 S.W. 137th AVE.</u>
	<u>MIAMI FLORIDA 33177-1297</u>
	<u> </u>
	<u> </u>

****APPLICANT ACKNOWLEDGMENT****

Applicant: Darrell A. Bobrowski

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

<u>Darrell A. Bobrowski</u>	<u></u>
Print Name	Signature
<u>Communications Department</u>	<u>3/14/01</u>
Title	Date
<u>305/259-2230</u>	<u>305/259-2242</u>
Telephone No.	Fax No.

Address: Federal Correctional Institution

15801 S.W. 137th AVE.

Miami FLORIDA 33177-1297

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.

F.C.I. Miami is required to provide a telephone to visitors for the inmates at an accessible area. ("Taxi Services, Family Pickup, etc.").

Due to the low monies collected at this location, Bell South removed their equipment, but by regulations, F.C.I. Miami must provide a phone to the site, unrelated to the nonprofitability of the phone. Estimation of visitor use may be \$20.00 per month, due mainly to cell phone usage.

F.C.I. Miami is not in competition with any companies concerning this individual phone, or its monies. We are vending to ourselves.

ATTACHMENT

2.

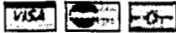
Yahoo Store

PAYPHONESDIRECT.COM

Your Reliable Source for Payphones and Payphone Support Online



We Accept



Home Page

QUICK LINKS

SPERVICES

Smart Phones

Coin Phones

Enclosures Etc

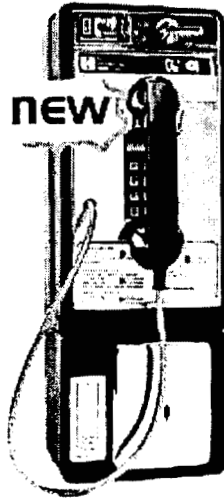
Customer Support

Online Store



Review Order

Contact Us



Smart Western 8000
State-of-the-Art Technology.
The Western Housing Style AT&T made
a common sight over the years.
This is a Brand New Payphone!

Since AT&T stopped making payphones in 1995,
many changes have occurred in the telephone
industry. With the **Western 8000 Smart Phone**
you get a state-of-the-art, line powered
Payphone.

And the Smart Western 8000 incorporates all the
features and versatility Line Powered payphones
are famous for...remote diagnostics,
downloadable software and cost effective
pricing.

The polycarbonate protective cover and the advanced surface
mount components on the "**Smart Board**" make this an extremely
durable and reliable payphone.

FEATURES:

- Payphone software can be downloaded remotely (via modem)
- Remote monitoring of cashbox and alarms.
- Voice telemetry - SMDR capabilities
- Call Diagnostic Event Recorder (analyzes phone operation)
- Customizable call routing
- High quality digitally recorded human voice prompts
- Full spectrum answer supervision

SPECIFICATIONS:

- Phone Weight: 48 Pounds (22 Kg)
- Dimensions: 21 x 7.625 x 6 (54cm x 19.4cm x 15.4cm)
- Handset: Hearing aid compatible

Availability: Usually ships the next business day.

Smart Western 8000

2800 List: \$1,099.00 Special! **\$795.00**

Signs:

Mounting:

Programming:

* What is a "Rate File".

Ph 1-800-881-8702 • Fax 1-800-879-9867

SGi Payphones Direct • P.O. Box 944 • Fairfield, Iowa 52556

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Used AT&T and Gemini Smart Phones have been Discontinued!

*90 Day Warranty



FEDERAL BUREAU OF PRISONS
CREDIT CARD PURCHASE FORM

FCI/FPC MIAMI, 15801 SW 137 AVENUE, MIAMI, FL 33177

305-259-2241 FAX 305-259-2242

No. _____
(Warehouse Use)

Phone Number: _____

Vendor Name: Payphones Direct, COM Fax Number: _____

Department: COMMUNICATIONS

Card Holder Name (Please Print): DARRELL BCB Date: 02-13-07

Stock No.	Quantity	Unit	Description	Unit Price	Amount
2001	1	EA	SMART-2001 CLASSIC pay	649 ⁰⁰	649 ⁰⁰
			MOUNT STU DS	5 ⁰⁰	5 ⁰⁰
			Programming	50 ⁰⁰	50 ⁰⁰
			Ship handling	20 ⁰⁰	20 ⁰⁰

XXXX

Tax Exempt I.D. 23-08-330106-51C

Total Amount 724⁰⁰

SHIP COMPLETE ORDER ONLY-WE WILL NOT ACCEPT PARTIAL ORDER

TAX EXEMPT I.D. 23-08-330106-51C EXPIRATION DATE: 12/10/2002

MSDS ON FILE - CHECKED BY: N/A

SAFETY MANAGER SIGNATURE: N/A APPROVAL

DISAPPROVAL _____

Card Holder Signature: Darrell BCB Date: 02-13-07

Cost Center Manager: Arthur Beaudet Facility Date: 02-13-07

Warehouse: _____ Date: 02-13-07

APPR	BA	COST CENTER	FY	PROJECT	SUBJECT	FUND CONTROL#
02	P	334	01	0000	2699	P11-1V0111