

ORIGINAL

CK# 5012  
\$ 100.00  
FAT 10 - VM

DEPOSIT DATE  
DISB MAR 12 2002

**\*\*FLORIDA PUBLIC SERVICE COMMISSION\*\***  
**DIVISION OF REGULATORY OVERSIGHT**  
**CERTIFICATION SECTION**

020198-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

AUS  
CAF  
CMP  
COM  
CTR  
ECR  
GCL  
OPC  
MMS  
SEC  
OTH

- ◆ 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

02 MAR -8 AM 9:50  
DISTRIBUTION CENTER

Form PSC/CMU-32 (02/99)  
Required by Commission Rule Nos. 25-24.510 & 25-24.511  
File Name: cmu-32.doc

DOCUMENT NUMBER-DATE  
02797 MAR 11 8

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.  
Initials of person who forwarded check:  
gm