

ORIGINAL

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

**DIVISION OF REGULATORY OVERSIGHT**  
**CERTIFICATION SECTION**

CK001166  
\$250.00  
MC

020503-TA

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

CK written by  
Beta-1 Management

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 Page 13).
- 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**

**DEPOSIT**

**DATE**

**D 2 2 3**

**JUN 12 2002**

Note: A filing fee is required for the sale, assignment or transfer of an existing certificate to another 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 Regulatory Oversight**  
**Certification Section**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6480**

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CAF \_\_\_\_\_  
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OTH \_\_\_\_\_

FORM PSC/CMU 43 (1/95)  
Required by Commission Rule Nos. 25.24.715,  
15-24.720 and 25-24.730

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:

  SM  

DOCUMENT NUMBER-DATE

06104 JUN 12 02

FPSC-COMMISSION CLERK

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