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

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT  
CERTIFICATION**

**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 the Commission Clerk and Administrative Services  
 2540 Shumard Oak Blvd.  
 Tallahassee, Florida 32399-0850  
 (850) 413-6770

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

Florida Public Service Commission  
 Division of Competitive Markets and Enforcement  
 Certification  
 2540 Shumard Oak Blvd.  
 Tallahassee, Florida 32399-0850  
 (850) 413-6600

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

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

3. Official mailing address:  
Street: 3370 Hidden Bay dr # 605, Aventura, FL 33180  
P.O. Box:  
City:  
State: Zip:

4. Florida address:  
Street: 3370 Hidden Bay dr # 605, Aventura, FL 33180  
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: L99000007339

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: \_\_\_\_\_

8. F.E.I. Number (if applicable):

9. If individual, provide:

Name: \_\_\_\_\_

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:

a. Name: \_\_\_\_\_

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

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

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

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

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

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

10. Partnership (continued)

b. **Name:** \_\_\_\_\_  
**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?

a. The application:

**Name:** Kristina Lipand  
**Title:** 3370 Hidden Bay dr # 605  
Aventura, FL 33180  
**Address:** Tel 305 682 8064, fax 305 675 3120  
email: krลิปand@hotmail.com  
**City/State/Zip:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**Internet E-Mail Address:** \_\_\_\_\_  
**Internet Website Address:** \_\_\_\_\_

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

**Name:** Kristina Lipand  
**Title:** 3370 Hidden Bay dr # 605  
Aventura, FL 33180  
**Address:** Tel 305 682 8064, fax 305 675 3120  
email: krลิปand@hotmail.com  
**City/State/Zip:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**Internet E-Mail Address:** \_\_\_\_\_  
**Internet Website Address:** \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAY TELEPHONE SERVICE  
PHYSICALLY HANDICAPPED RULES  
ANSI STANDARDS**

**PROVIDED BY:**

**DIVISION OF COMPETITIVE SERVICES  
FLORIDA PUBLIC SERVICE COMMISSION  
2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FLORIDA 32399-0850  
(850) 413-6600**

**FEBRUARY 1, 1999**

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

none

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

no

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

no

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

no

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

LOCAL  
 LONG DISTANCE  
 COIN  
 CALLING CARD  
 CREDIT CARD  
 OTHER (Describe) internet kiosk

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 10-20

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 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. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

**UTILITY OFFICIAL:**

Kristina Lipand	
Print Name	Signature
Manager	7-22-2004
Title	Date
305 682 8064	305 675 3120
Telephone No.	Fax No.
Address:	Kristina Lipand 3370 Hidden Bay dr # 605 Aventura, FL 33180 Tel 305 682 8064, fax 305 675 3120 email: krlipand@hotmail.com


**\*\*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:**


Kristina Lipand	
Print Name	Signature
Manager	7-22-2004
Title	Date
305 682 8064	305 675 3120
Telephone No.	Fax No.
Address:	Kristina Lipand 3370 Hidden Bay dr # 605 Aventura, FL 33180 Tel 305 682 8064, fax 305 675 3120 email: krlipand@hotmail.com

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

Applicant: 

Medicom LLC
Kristina Lipand

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

Kristina Lipand	
Print Name	Signature
Manager	7-22-2004
Title	Date
305 682 8064	305 675 3120
Telephone No.	Fax No.

Address: 

Kristina Lipand 3370 Hidden Bay dr # 605 Aventura, FL 33180 Tel 305 682 8064, fax 305 675 3120 email: krlipand@hotmail.com
--

**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.**

## ANSI STANDARDS

### 4.28.8.4 and 4.29

**4.28.8.4 Volume Controlled Telephones.** Where telephones are required to have volume controls, they shall be identified by a sign containing a depiction of a telephone handset with radiating sound waves, such as is shown in Fig. 4.28.8.4.



**Fig. 4.28.8.4**  
**Volume Controlled Telephone**

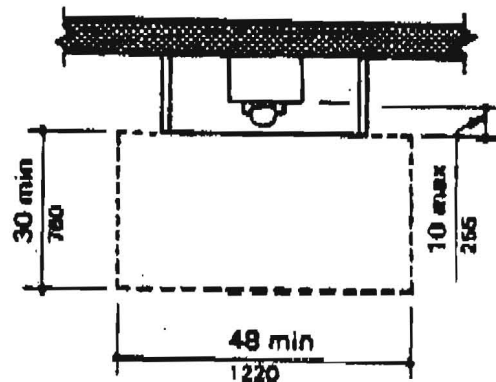
#### 4.29 Telephones

**4.29.1 General.** Accessible public telephones and related equipment shall comply with 4.29.

**4.29.2 Clear Floor Space or Ground Space.** Clear floor or ground space shall be provided at each accessible public telephone in accordance with 4.29.2.1 or 4.29.2.2. The required clear space shall comply with 4.2.4 (provided later in this document) and shall not be restricted by bases, enclosures, and fixed seats.

**4.29.2.1 Parallel Approach.** Where a parallel approach by a person in a wheelchair is provided, the clear floor space or ground space shall be 30 in deep by 48 in wide (760 mm by 1220 mm) minimum. The distance

from the edge of the telephone enclosure to the face of the telephone unit shall be 10 in (255 mm) maximum. See Fig. B4.29.2.1.



**Fig. B4.29.2.1**  
**Parallel Approach to Telephone**

**4.29.2.2 Forward Approach.** Where a forward approach by a person in a wheelchair is provided, the clear floor space or ground space shall be 48 in (1220 mm) deep minimum. Where the distance from the edge of the telephone enclosure to the face of the telephone unit is 24 in (610 mm) maximum, the clear space shall be 30 in (760 mm) wide minimum. Where the distance from the edge of the telephone enclosure to the face of the telephone unit is 24 in (610 mm) minimum, the clear space shall be 36 in (915 mm) wide minimum. The distance from the front edge of a counter within the enclosure to the face of the telephone unit shall be 20 in (510 mm) maximum. See Fig. B4.29.2.2 (next page).

**4.29.3 Mounting Height.** The highest operable parts that are essential to the use of the telephone shall be located within the reach ranges specified in 4.2.5 or 4.2.6 (provided later in this document).

**4.29.4 Protruding Objects.** Telephones, enclosures, and related equipment shall comply with 4.4 (provided later in this document).

**4.29.5 Hearing-aid Compatible and Volume Controlled Telephones.** Telephones shall be hearing-aid compatible. Volume control shall be capable of increasing the volume within the range of 12 db minimum and 18 db maximum above the nonamplified mode, except that the 18 db maximum shall not apply where an automatic reset is provided.

**4.29.6 Controls.** Accessible telephones shall have push button controls where service for such equipment is available.

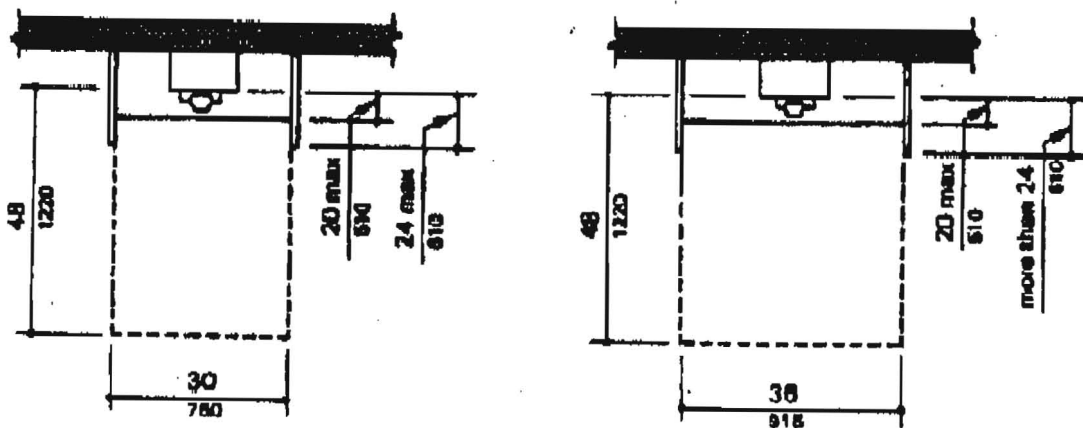
**4.29.7 Telephone Directories.** Telephone directories, if provided, shall be located in accordance with 4.2 (provided later in this document).

**4.29.8 Cord Length.** Accessible telephones shall be equipped with a handset cord length of 29 in (735 mm) minimum.

**4.29.9 Telecommunications Device for the Deaf (TDD)**

**4.29.9.1** Where used with a pay telephone, telecommunications devices for the deaf shall be permanently affixed within, or adjacent to, the telephone enclosure. If an acoustic coupler is used, the telephone cord shall be sufficiently long to allow connection of the TDD and the telephone receiver.

**4.29.9.2** Where pay telephones designed to accommodate a portable TDD are provided, they shall be equipped with a shelf and an electrical outlet within or adjacent to the telephone enclosure. The telephone handset shall be capable of being placed flush on the surface of the shelf. The shelf shall be capable of accommodating a TDD and shall have a 6 in (150 mm) high minimum vertical clearance above the area where the TDD is to be located.

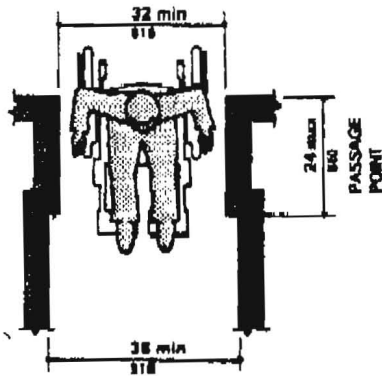


**Fig. B4.29.2.2**  
**Forward Approach to Telephones**

**ANSI STANDARDS REFERENCED  
IN 4.28.8.4 and 4.29**

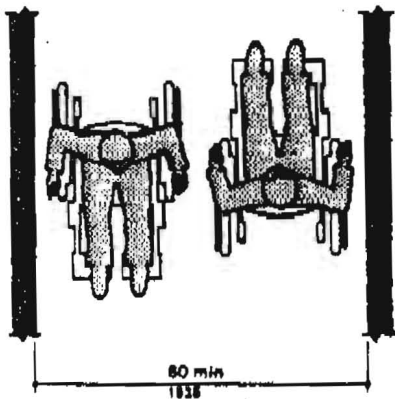
**4.2 Space Allowances and Reach Ranges**

**4.2.1 Wheelchair Passage Width.** The clear width of a passageway for a single wheelchair shall be 32 in (815 mm) minimum for a passageway length of 24 in maximum and 36 in (915 mm) minimum for a passageway longer than 24 in (610 mm). See Fig. B4.2.1.



**Fig. B4.2.1**  
Minimum Clear Width for Single Wheelchair

**4.2.2 Width for Wheelchair Passing.** The width for two wheelchairs to pass shall be 60 in (1525 mm) minimum. See Fig. B4.2.2.

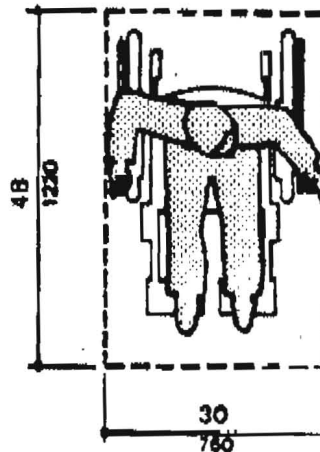


**Fig. B4.2.2**  
Minimum Clear Width for Two Wheelchairs

**4.2.3 Wheelchair Turning Space.** The space required for a wheelchair to make a 180-degree turn shall be a clear space of 60 in (1525 mm) diameter minimum or a T-shaped space within a 60 in (1525 mm) minimum square with arms 36 in (915 mm) wide minimum and 60 in (1525 mm) long minimum. See Fig. B4.2.3 (next page). Wheelchair turning space shall be permitted to include knee and toe clearance in accordance with 4.2.4.3.

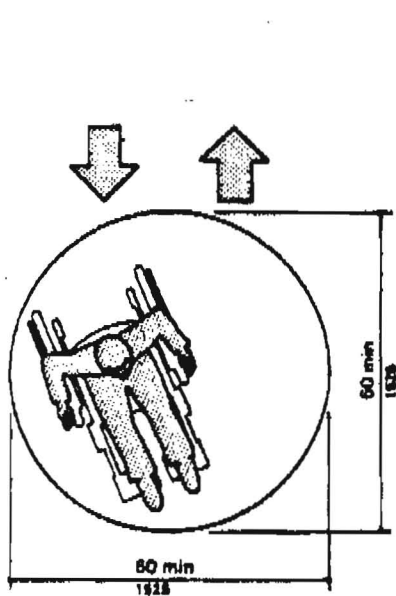
**4.2.4 Clear Floor or Ground Space for Wheelchairs**

**4.2.4.1 Size.** The clear floor or ground space required to accommodate a single, stationary wheelchair and occupant shall be 30 in by 48 in (760 mm by 1220 mm) minimum. See Fig. B4.2.4.1.

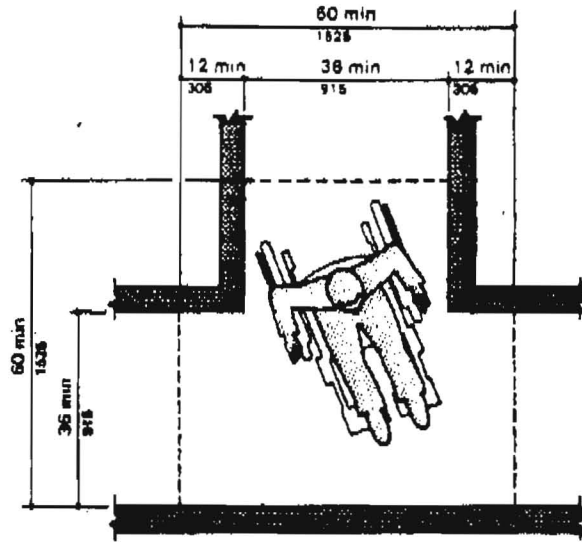


**Fig. B4.2.4.1**  
Clear Floor Space for Wheelchairs

**4.2.4.2 Approach.** The minimum clear floor or ground space for wheelchairs shall be positioned for either forward or parallel approach to an object. See Fig. B4.2.4.2 (next page).



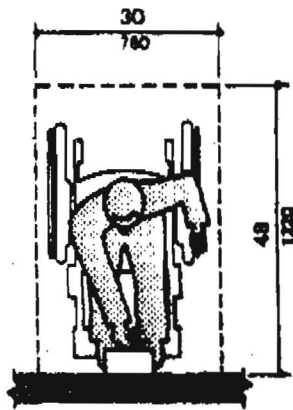
(a) 60-min (1525-mm) Diameter Space



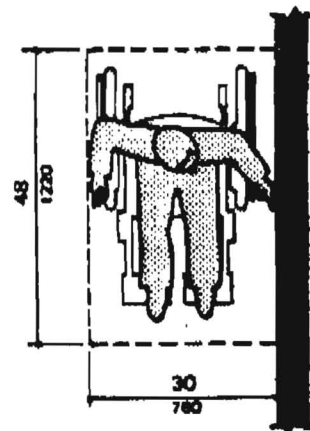
NOTE: Dashed lines indicate minimum length of clear space required on each arm of the T-shaped space in order to complete the turn.

(b) T-shaped Space for 180° Turn

**Fig. B4.2.3**  
Wheelchair Turning Space



(a) Forward Approach



(b) Parallel Approach

**Fig. B4.2.4.2**  
Wheelchair Approaches

**4.2.4.3 Knee and Toe Clearances.** Knee clearance shall be 25 in (635 mm) in depth maximum, 30 in (760 mm) wide minimum, and 27 in (685 mm) high minimum. Toe clearance shall be 6 in (150 mm) deep maximum and 9 in (230 mm) high minimum.

**4.2.4.4 Relationship of Maneuvering Clearance to Wheelchair Spaces.** One full unobstructed side of the clear floor or ground space for a wheelchair shall adjoin or overlap an accessible route or adjoin another wheelchair clear floor space. If a clear floor space is located in an alcove or otherwise confined on all or part of three sides, additional maneuvering clearances shall be provided as follows:

- **forward approach.** The width of an alcove shall be 36 in (915 mm) minimum when the depth exceeds 10 in (255 mm). See Fig. B4.2.4.4.
- **parallel approach.** The length of an alcove shall be 60 in (1525 mm) minimum when the depth exceeds 10 in (255 mm). See Fig. B4.2.4.4.

**4.2.4.5 Surfaces of Wheelchair Spaces.** Clear floor or ground spaces for wheelchairs shall comply with 4.5 (provided later in this document).

**4.2.5 Forward Reach**

**4.2.5.1 Unobstructed.** If the clear floor space allows only forward approach to an object and is unobstructed, the high forward reach permitted shall be 48 in (1220 mm) maximum and the low forward reach shall be 15 in (380 mm) minimum above the floor. See Fig. B4.2.5.1 (next page).

**4.2.5.2 Obstructed.** If the high forward reach is over an obstruction, reach depth and heights shall comply with Table 4.2.5.2. See

Fig. B4.2.5.2 (next page).

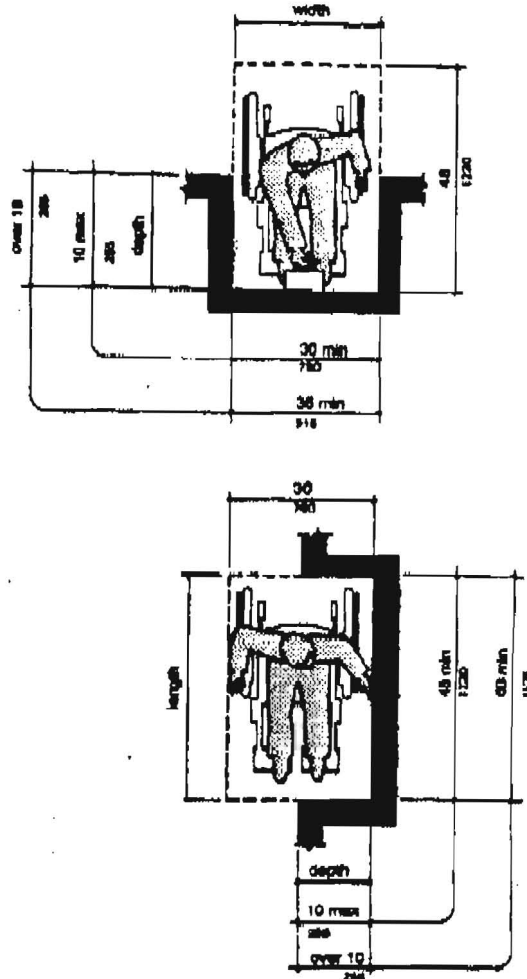


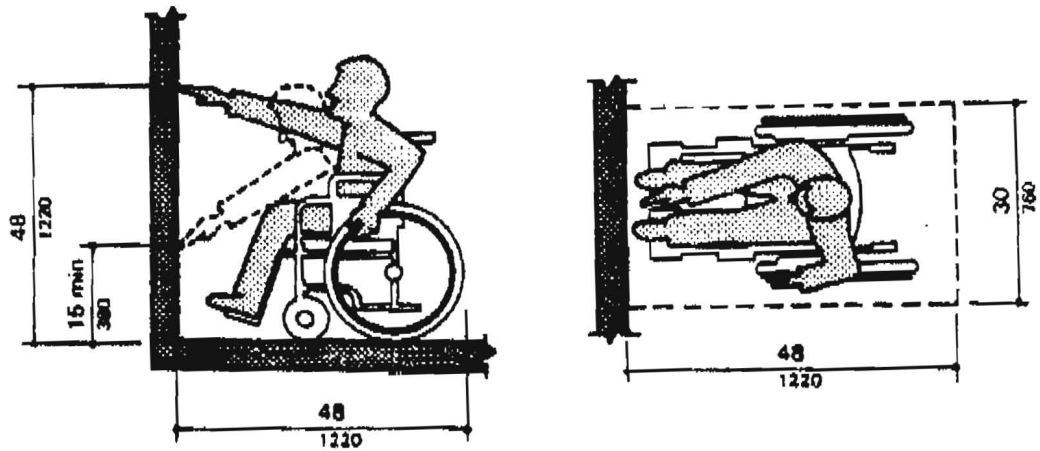
Fig. B4.2.4.4  
Clear Floor Space in Alcoves

Table 4.2.5.2 - Reach Limits for Obstructed Forward Reach <sup>1)</sup>

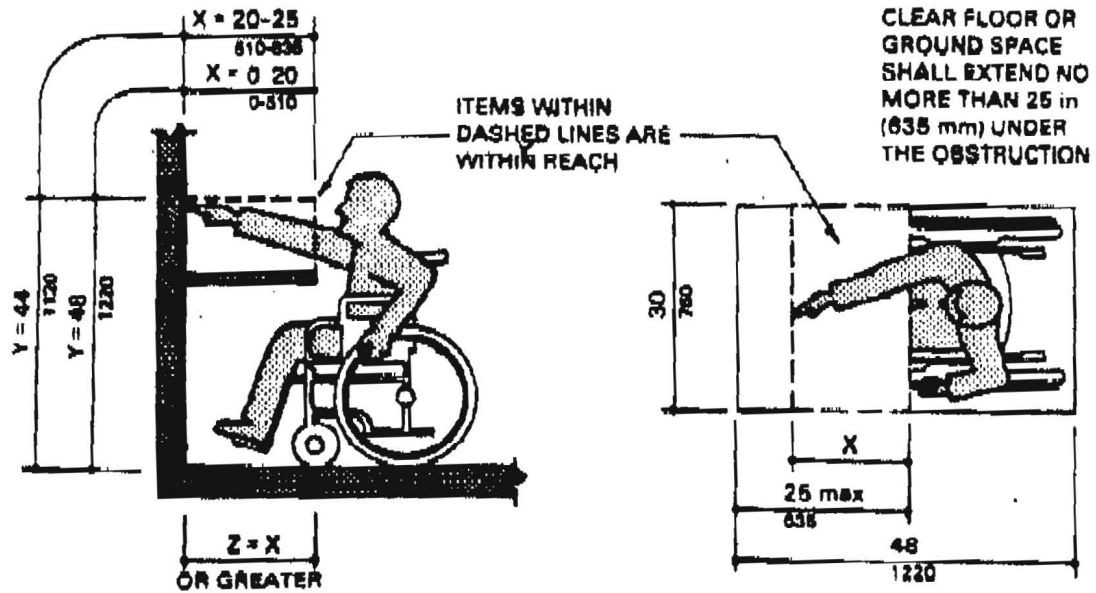
	in	mm	in	mm
Reach Depth	0-<20	0-<510	20-25	510-635
Reach Height	48	1220	44	1120

<sup>1)</sup> The clear floor space extending under an obstruction shall be equal to or greater than the reach depth for a maximum of 25 in (635 mm).





**Fig. B4.2.5.1**  
**Unobstructed Forward Reach Limit**

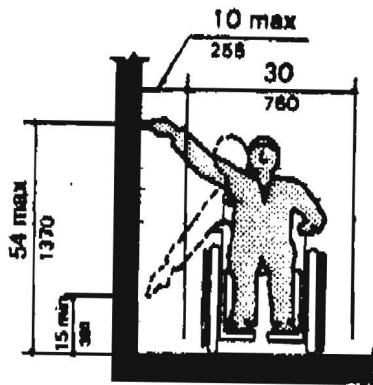


NOTE:  $x$  = Reach depth,  $y$  = Reach height,  $z$  = Clear knee space,  $z$  is the clear space below the obstruction, which shall be at least as deep as the reach distance,  $x$ .

**Fig. B4.2.5.2**  
**Forward Reach Over an Obstruction**

## 4.2.6 Side Reach

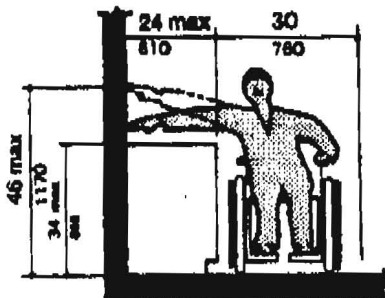
**4.2.6.1 Unobstructed.** If the clear floor space allows a parallel approach by a person in a wheelchair, the high side reach permitted shall be 54 in (1370 mm) maximum and the low side reach shall be 15 in (380 mm) minimum above the floor. See Fig. B4.2.6.1.



**Fig. B4.2.6.1**  
Unobstructed Side Reach Limit

**4.2.6.2 Obstructed.** If the side reach is over an obstruction, the high reach shall be 46 in (1170 mm) maximum providing:

- the height of the obstruction from the floor or ground is 34 in (865 mm) maximum, and
- the depth of the obstruction is 24 in (610 mm) maximum. See Fig. B4.2.6.2).



**Fig. B4.2.6.2**  
Obstructed Side Reach Limit

## 4.4 Protruding Objects

Protruding objects shall comply with 4.4.

**4.4.1** Objects with leading edges located more than 27 in and not more than 80 in (685 mm and 2030 mm) above the floor shall protrude from the wall 4 in (100 mm) maximum. See Fig. B4.4(a).

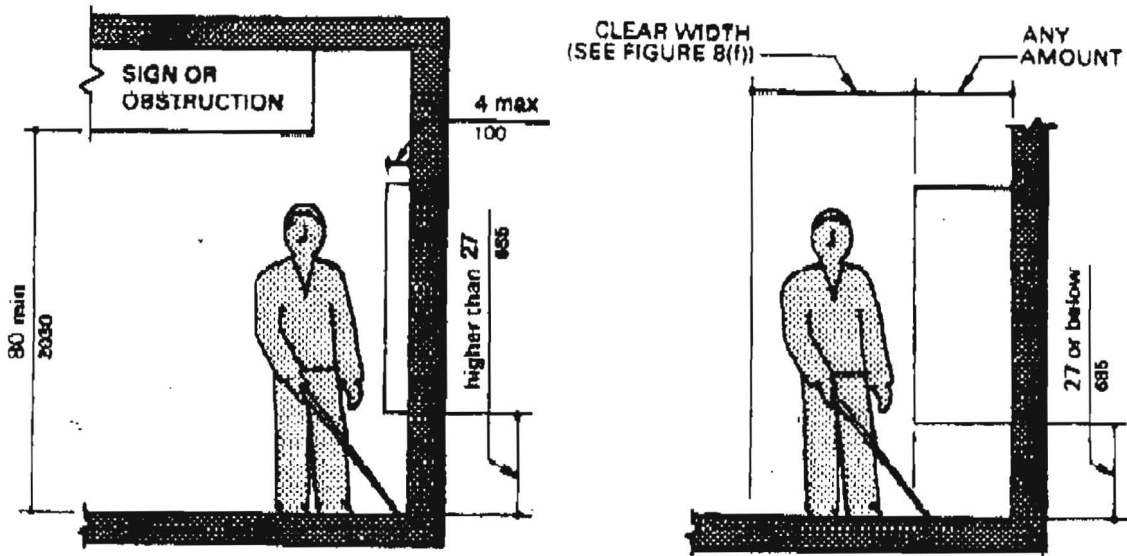
**4.4.2** The protrusion of objects with leading edges located 27 in (685 mm) or less above the floor shall not be limited. See Fig. B4.4(a).

**4.4.3** Free-standing objects mounted on posts or pylons shall be permitted to overhang 12 in (305 mm) maximum when located more than 27 in (685 mm) and not more than 80 in (2030 mm) above the ground or floor. See Fig. B4.4(b). Where a sign or other obstruction is mounted between the posts or pylons and the clear distance between the posts or pylons is greater than 12 in (305 mm), the lowest edge of such sign or obstruction shall be either 27 in (685 mm) maximum or 80 in (2030 mm) minimum above the adjacent ground or floor surface. See Fig. B4.4(c).

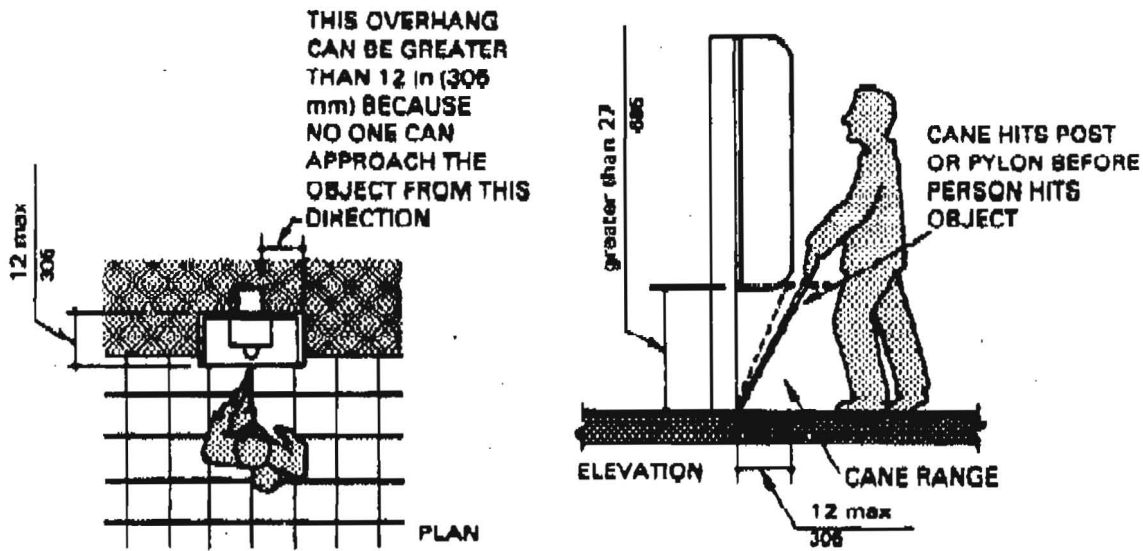
**4.4.4** Guardrails or other barriers shall be provided when vertical clearance of an area adjoining an accessible route is less than 80 in (2030 mm) high. Leading edge of such guardrail or barrier shall be located 27 in (685 mm) maximum above the floor. See Fig. B4.4(c) and (d).

**4.4.5** Protruding objects shall not reduce the clear width required for accessible routes. See Fig. B4.4(e).

**Note:** Figures B4.4(a) through (e) appear on the next two pages.

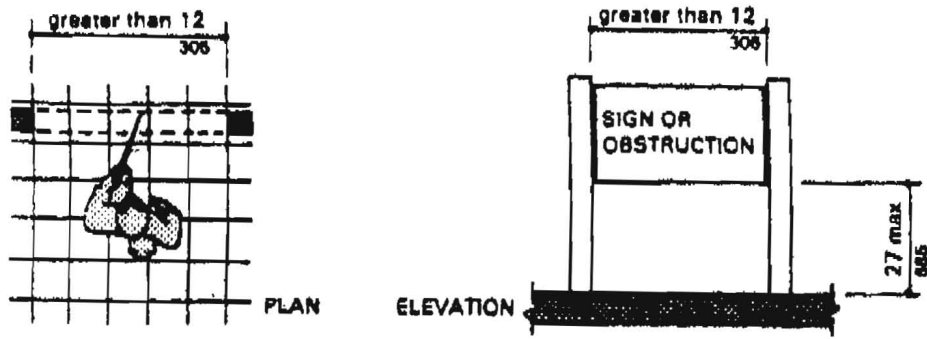


(a) Walking Parallel to a Wall

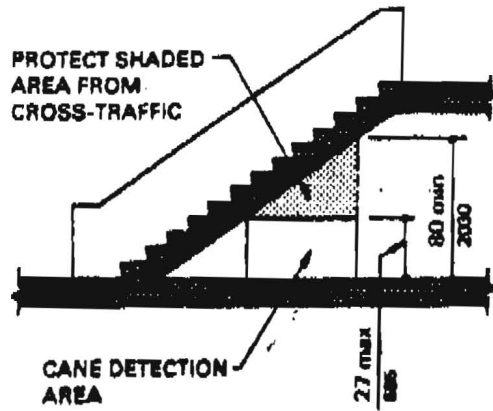


(b) Objects Mounted on Posts or Pylons

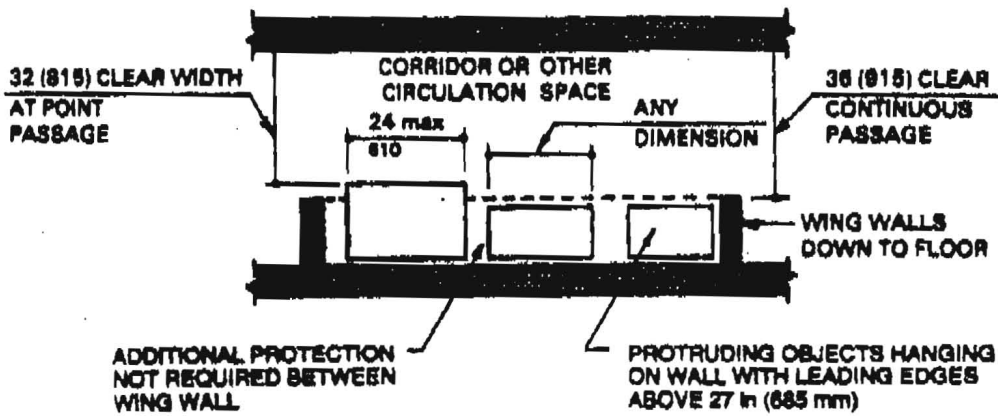
Fig. B4.4  
Protruding Objects



(c) Free-Standing Objects



(d) Overhead Hazards



(e) Example of Protection around Wall-Mounted Objects and Measurements of Clear Widths

Fig. B4.4  
Protruding Objects (continued)