

ORIGINAL

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CERTIFICATION OF
PUBLIC SERVICE COMMISSION ADMINISTRATIVE RULES

COMMISSION
CLERK

FILED WITH THE
DEPARTMENT OF STATE

I do hereby certify:

/X/ (1) That all statutory rulemaking requirements of Chapter 120, F.S., have been complied with; and

/X/ (2) There is no administrative determination under subsection 120.56(2), F.S., pending on any rule covered by this certification; and

/X/ (3) All rules covered by this certification are filed within the prescribed time limitations of paragraph 120.54(3)(e), F.S. They are filed not less than 28 days after the notice required by paragraph 120.54(3)(a), F.S., and;

/X/ (a) Are filed not more than 90 days after the notice; or

// (b) Are filed not more than 90 days after the notice not including days an
CMP _____
COM _____ administrative determination was pending; or

// (c) Are filed more than 90 days after the notice, but not less than 21 days nor
CTR _____
ECR _____
GCL _____ more than 45 days from the date of publication of the notice of change; or

// (d) Are filed more than 90 days after the notice, but not less than 14 nor more
OPC _____
RCA _____ than 45 days after the adjournment of the final public hearing on the rule; or

// (e) Are filed more than 90 days after the notice, but within 21 days after the
SGA _____
SEC 1 date of receipt of all material authorized to be submitted at the hearing; or

OTH _____

DOCUMENT NUMBER-DATE
E708 DEC 19 08
FPSC-COMMISSION CLERK

// (f) Are filed more than 90 days after the notice, but within 21 days after the date the transcript was received by this agency; or

// (g) Are filed not more than 90 days after the notice, not including days the adoption of the rule was postponed following notification from the Joint Administrative Procedures Committee that an objection to the rule was being considered; or

// (h) Are filed more than 90 days after the notice, but within 21 days after a good faith written proposal for a lower cost regulatory alternative to a proposed rule is submitted which substantially accomplishes the objectives of the law being implemented; or

// (i) Are filed more than 90 days after the notice, but within 21 days after a regulatory alternative is offered by the small business ombudsman.


Attached are the original and two copies of each rule covered by this certification. The rules are hereby adopted by the undersigned agency by and upon their filing with the Department of State.

Rule Nos.

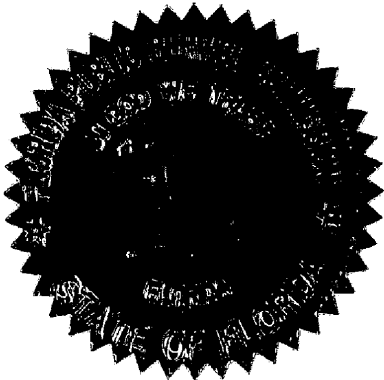
25-24.511
25-24.512
25-24.567
25-24.569
25-24.720
25-24.730
25-24.810
25-24.815

Under the provision of subparagraph 120.54(3)(e)6., F.S., the rules take effect 20 days from the date filed with the Department of State or a later date as set out below:

Effective: _____
(month) (day) (year)



BLANCA S. BAYO, Director
Division of the Commission Clerk
and Administrative Services



CTM

Number of Pages Certified

1 **25-24.511 Application for Certificate.**

2 (1) Any person desiring to provide pay telephone services must have a pay telephone
3 service certificate.

4 (2) An applicant shall submit an application on Form PSC/CMP 32 (xx/xx 02/99),
5 entitled "Application Form for Authority Certificate to Provide Pay Telephone Service Within
6 the State of Florida," which is incorporated into this rule by reference and may be obtained
7 from the Commission's Division of Competitive Markets and Enforcement. A non-refundable
8 application fee of \$250.00 ~~\$100.00~~ must accompany the filing of all applications.

9 (3) An original and two copies of the application shall be filed with the Division of the
10 Commission Clerk and Administrative Services.

11 (4) Any pay telephone service authority previously granted or granted hereafter is
12 subject to the following:

13 (a) Authority granted is statewide.

14 (b) Authority is to provide both local and intrastate toll pay telephone service. A
15 certificate to provide pay telephone service does not carry with it the authority to provide local
16 exchange or interexchange service. A separate application must be made for such authority.

17 ~~(5) Only one certificate per applicant will be granted. A new certificate will not be~~
18 ~~granted to any applicant who has previously had a certificate involuntarily cancelled.~~

19 Specific Authority 350.127(2) FS. Law Implemented 364.32, 364.33, 364.335, 364.337,
20 364.3375, 364.345 FS. History—New 1-5-87, Amended 9-28-89, 4-7-91, 11-20-91, 12-21-92,
21 2-1-99,_____.

22
23 **25-24.512 Application for Approval of Sale, Assignment or Transfer of Certificate**

24 **Improper Use of a Certificate.**

25 (1) Certificates ~~No certificate~~ of public convenience and necessity authorizing pay

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions
from existing law.

1 telephone service shall not be sold, assigned or transferred by the holder without prior
2 Commission approval.

3 (2) A person seeking to obtain a certificate by sale, assignment or transfer from the
4 holder shall submit an application jointly with the certificate holder on Commission Form
5 PSC/CMP 32 (xx/xx), entitled "Application Form for Authority to Provide Pay Telephone
6 Service Within the State of Florida". The application form may be obtained from the Division
7 of Competitive Markets and Enforcement. A nonrefundable application fee of \$250.00 must
8 accompany the filing of all applications to cover processing costs. The Commission's
9 acceptance of the application fee does not imply that the application for sale, assignment or
10 transfer of a certificate will be granted.

11 (3) An original and two copies of the application shall be filed with the Division of the
12 Commission Clerk and Administrative Services.

13 (4) An application for sale, assignment or transfer of a certificate will be granted if the
14 Commission determines that such approval is in the public interest.

15 (5) A certificate may be sold, assigned or transferred only as a whole.

16 Specific Authority 350.127(2) FS. Law Implemented 364.32, 364.33, 364.335, 364.337,
17 364.3375, 364.345 FS. History—New 1-5-87, Amended 5-15-89, _____.

18

19 **25-24.567 Application for Certificate.**

20 (1) An applicant desiring to provide shared tenant service shall submit an application
21 on Commission Form PSC/CMP 37 (~~xx/xx7/97~~), which is incorporated into this rule by
22 reference. Form PSC/CMP 37 (~~xx/xx7/97~~), entitled "Application Form For Authority To
23 Provide Shared Tenant Service Within the State of Florida," may be obtained by contacting
24 the Commission's Division of Competitive Markets and Enforcement. A non-refundable
25 application fee of \$250.00 \$100.00 must accompany the filing of all applications.

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions
from existing law.

1 (2) An original and two ~~six~~ copies of the application shall be filed with the Division of
2 the Commission Clerk and Administrative Services.

3 (3) A certificate will be granted if the Commission determines that such approval is in
4 the public interest.

5 (4) Any shared tenant service authority granted hereafter is subject to the following:

6 (a) Shared tenant authority granted to all companies is on a statewide basis and is
7 restricted to tenants as defined in subsection 25-24.560(10), F.A.C.

8 (b) Each shared tenant service applicant shall:

9 1. Advise all customers of its current rates and conditions for resold local exchange
10 service and its quality of service standards.

11 2. Inform each customer in advance of agreement to provide service, that the Florida
12 Public Service Commission will not set rates or regulate the service quality standards.

13 (c) A certificate to provide shared tenant service does not carry with it the authority to
14 provide competitive local exchange telecommunication, alternative access vendor,
15 interexchange or pay telephone service. A separate application must be made for such
16 authority.

17 Specific Authority 350.127(2) FS.

18 Law Implemented 364.33, 364.335, 364.339, 364.345 FS.

19 History—New 1-28-91, Amended 5-8-91, 11-20-91, 7-29-97, _____.

20
21 **25-24.569 Application for Approval of Sale, Assignment or Transfer of**
22 **Certificate.**

23 (1) A company desiring to obtain a certificate by sale, assignment or transfer from the
24 holder thereof shall submit an application jointly with the certificate holder on Commission
25 Form PSC/CMP 37 (xx/xx7/97), which is incorporated into this rule by reference. Form

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from existing law.

1 PSC/CMP 37 (~~xx/xx7/97~~) is entitled "Application Form for Authority to Provide Shared
2 Tenant Service Within the State of Florida." The application form may be obtained by
3 contacting the Commission's Division of Competitive Markets and Enforcement. A
4 nonrefundable application fee of \$250.00 must accompany each application. The
5 Commission's acceptance of the application fee does not imply that the application for sale,
6 assignment or transfer of a certificate will be granted.

7 (2) An original and two ~~six~~ copies of the application shall be filed with the Division of
8 the Commission Clerk and Administrative Services.

9 (3) An application for sale, assignment or transfer of a certificate will be granted if the
10 Commission determines that such approval is in the public interest.

11 (4) A certificate may be sold, assigned or transferred only as a whole.
12 Specific Authority 350.127(2) FS. Law Implemented 364.32, 364.33, 364.335, 364.337,
13 364.339, 364.345 FS. History—New 1-28-91, Amended 11-20-91, 7-29-97, _____.

14
15 **25-24.720 Application for Certificate.**

16 (1) An applicant seeking to provide Alternative Access Vendor service shall submit an
17 application on Commission Form PSC/CMP 43 (~~xx/xx1/95~~), entitled "Application Form for
18 Authority to Provide Alternative Access Vendor Service within the State of Florida," which is
19 incorporated into this rule by reference. The form may be obtained from the Division of
20 Competitive Markets and Enforcement. A nonrefundable application fee of \$250.00 must
21 accompany each application to cover processing costs. The Commission's acceptance of the
22 application fee does not imply that a certificate will be granted.

23 (2) An original and two ~~12~~ copies of the application shall be filed with the Division of
24 the Commission Clerk and Administrative Services.

25 (3) A certificate will be granted if the Commission determines that such approval is in

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from existing law.

1 the public interest.

2 Specific Authority 350.127(2) FS. Law Implemented 364.33, 364.335, 364.337, 364.345 FS.

3 History–New 1-8-95, Amended.

4
5 **25-24.730 Application for Approval of Sale, Assignment, or Transfer of**
6 **Certificate.**

7 (1) A person seeking to obtain a certificate by sale, assignment or transfer from the
8 holder shall submit an application jointly with the certificate holder on Commission Form
9 PSC/CMP 43 (~~xx/xx1/95~~) (entitled “Application Form for Authority To Provide Alternative
10 Access Vendor Service within the State of Florida”). The application form may be obtained
11 from the Division of Competitive Markets and Enforcement. A nonrefundable application fee
12 of \$250.00 must accompany each application to cover processing costs. The Commission’s
13 acceptance of the application fee does not imply that the application for sale, assignment or
14 transfer of a certificate will be granted.

15 (2) An original and two ~~12~~ copies of the application shall be filed with the Division of
16 the Commission Clerk and Administrative Services.

17 (3) An application for sale, assignment or transfer of a certificate will be granted if the
18 Commission determines that such approval is in the public interest.

19 (4) A certificate may be sold, assigned or transferred only as a whole.

20 Specific Authority 350.127(2) FS. Law Implemented 364.32, 364.33, 364.335, 364.337,

21 364.345 FS. History–New 1-8-95, Amended.

22
23 **25-24.810 Application for Certificate.**

24 (1) An applicant for a certificate shall submit an application on Form PSC/CMP 8
25 (~~xx/xx11/95~~), which is incorporated into this rule by reference. Form PSC/CMP 8

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from existing law.

1 (~~xx/xx11/95~~), entitled "Application Form for Authority to Provide Competitive Local
2 Exchange Service Within the State of Florida", may be obtained by contacting the
3 Commission's Division of Competitive Markets and Enforcement. A non-refundable
4 application fee of \$400.00 ~~\$250.00~~ must accompany the filing of each application.

5 (2) An original and two ~~six~~ copies of the application shall be filed with the Division of
6 the Commission Clerk and Administrative Services.

7 Specific Authority 350.127(2) FS. Law Implemented 364.335 FS. History—New 12-27-95,
8 Amended.

9
10 **25-24.815 Application for Approval of Sale, Assignment or Transfer of**
11 **Certificate.**

12 (1) A person obtaining a certificate by sale, assignment or transfer from the holder
13 thereof shall submit jointly with the certificate holder an application on Form PSC/CMP 8
14 (~~xx/xx11/95~~), which is incorporated into this rule by reference. Form PSC/CMP 8
15 (~~xx/xx11/95~~), entitled "Application Form for Authority to Provide Competitive Local
16 Exchange Service Within the State of Florida", may be obtained by contacting the
17 Commission's Division of Competitive Markets and Enforcement. A non-refundable
18 application fee of \$400.00~~\$250.00~~ must accompany the filing of each application.

19 (2) An original and two ~~six~~ copies of the application shall be filed with the Division of
20 the Commission Clerk and Administrative Services.

21 (3) An application for sale, ~~an~~ assignment or transfer of a certificate will be granted if
22 the Commission determines that such approval is in the public interest.

23 (4) A certificate may be sold, assigned or transferred only as a whole.

24 (5) In the case of sale, ~~an~~ assignment or transfer where the assignor and assignee or
25 transferor or transferee are all currently certificated by the Commission and there are no

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from existing law.

1 pending actions against them, a sale, ~~an~~ assignment or transfer shall be considered effective
2 upon filing. Any party protesting the sale, assignment or transfer shall be required to prove
3 why the sale, assignment or transfer is not in the public interest.

4 Specific Authority 350.127(2) FS. Law Implemented 364.335, 364.345(2) FS. History–New
5 12-27-95, Amended _____.

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Certificate Rules 25-24.ctm.doc

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CERTIFICATION OF
FORMS INCORPORATED BY REFERENCE
IN RULES FILED WITH THE DEPARTMENT OF STATE

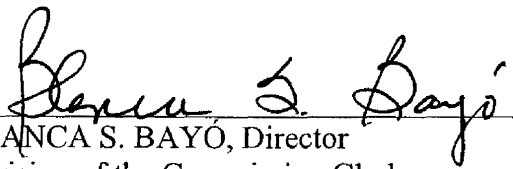
Pursuant to Rule 1S-1.005, Florida Administrative Code, I do hereby certify that the attached are true and correct copies of the following materials incorporated by reference in Rules 25-24.511, 25-24.512, 25-24.567, 25-24.569, 25-24.720, 25-24.730, 25-24.810, and 25-24.815, F.A.C. Under the provisions of subparagraph 120.54(3)(e)(6), F.S., the attached materials take effect 20 days from the date filed with the Department of State, or a later date as specified in the rule.

Form PSC/CMP 32 (01/06 ~~02/99~~) – Application Form for Authority Certificate to Provide Pay Telephone Service Within the State of Florida

Form PSC/CMP 37 (01/06 ~~7/97~~) – Application Form for Authority to Provide Shared Tenant Service Within the State of Florida

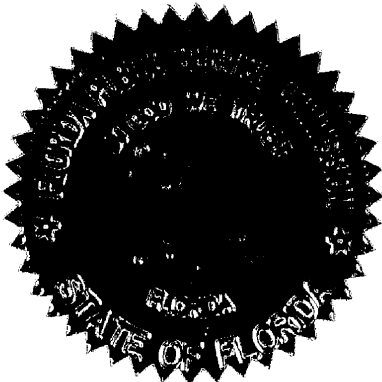
Form PSC/CMP 43 (01/06 ~~4/95~~) – Application Form for authority to Provide Alternative Access Vendor Service Within the State of Florida

Form PSC/CMP 8 (01/06 ~~11/95~~) – Application Form for Authority to Provide Competitive Local Exchange Service Within the State of Florida



BLANCA S. BAYO, Director
Division of the Commission Clerk
and Administrative Services

Number of Pages Certified



CTM

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FEB 15 2011
DEPARTMENT OF STATE
ADMINISTRATIVE SERVICES

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
APPLICATION FORM
for
AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE
TELECOMMUNICATIONS COMPANY SERVICE
WITHIN THE STATE OF FLORIDA

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 8).
- B. Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a non-refundable application fee of **\$400.00** to:

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

- E. A filing fee of **\$400.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.815, F.A.C.).
- F. If you have questions about completing the form, contact:

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

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1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority rather than apply for a new certificate.

Approval of assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

2. Name of company:

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

4. Official mailing address:

Street/Post Office Box:

City:

State:

Zip:

5. Florida address:

Street/Post Office Box:

City:

State:

Zip:

6. Structure of organization:

Individual
Foreign Corporation
General Partnership
Other,

Corporation
Foreign Partnership
Limited Partnership

7. **If individual**, provide:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is:

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:

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

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

14. Provide **F.E.I. Number**(if applicable):

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name:
Title:
Street name & number:
Post office box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(b) Official point of contact for the ongoing operations of the company:

Name:
Title:
Street name & number:
Post office box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(c) Complaints/Inquiries from customers:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

16. List the states in which the applicant:

(a) has operated as a Competitive Local Exchange Telecommunications Company.

(b) has applications pending to be certificated as a Competitive Local Exchange Telecommunications Company.

(c) is certificated to operate as a Competitive Local Exchange Telecommunications Company.

(d) has been denied authority to operate as a Competitive Local Exchange Telecommunications Company and the circumstances involved.

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

17. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

(b) granted or denied a competitive local exchange certificate in the State of Florida (this includes active and canceled competitive local exchange certificates). If yes, provide explanation and list the certificate holder and certificate number.

(c) an officer, director, partner or stockholder in any other Florida certificated or registered telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

18. Submit the following:

(a) Managerial capability: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

(b) Technical capability: resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

(c) Financial Capability: applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. Unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet,
2. income statement, and
3. statement of retained earnings.

Note: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of competitive local exchange telecommunications company (CLEC) service in Florida.

APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide competitive local exchange telecommunications company service in the State of Florida. I 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.

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."**

Company Owner or Officer

Print Name:
Title:
Telephone No.:
E-Mail Address:

Signature: _____ Date: _____

CERTIFICATE SALE, TRANSFER,
OR
ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a

- sale
- transfer
- assignment

of the certificate.

Company Owner or Officer

Print Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:

Signature: _____

Date: _____

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

APPLICATION FORM
for
AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

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 8).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a non-refundable application fee of **\$250.00** to:

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

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.512, F.A.C.).
- F. If you have questions about completing the form, contact:

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

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.

Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

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

4. Official mailing address:

Street/Post Office Box:

City:

State:

Zip:

5. Florida address:

Street/Post Office Box:

City:

State:

Zip:

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other,

- Corporation
- Foreign Partnership
- Limited Partnership

7. **If individual**, provide:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is:

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:

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

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

14. Provide **F.E.I. Number**(if applicable):

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name:
Title:
Street name & number:
Post office box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(b) Official point of contact for the ongoing operations of the company:

Name:
Title:
Street name & number:
Post office box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(c) Complaints/Inquiries from customers:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

16. List the states in which the applicant:

(a) has operated as a Pay Telephone Service provider.

(b) has applications pending to be certificated as a Pay Telephone Service provider.

(c) is certificated to operate as a Pay Telephone Service provider.

(d) has been denied authority to operate as a Pay Telephone Service provider and the circumstances involved.

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved. Explain circumstances.

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

17. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

(b) 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.

(c) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of pay telephone service (PATS) in Florida.

APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access vendor service in the State of Florida. I 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.

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."**

Company Owner or Officer

Print Name:

Title:

Telephone No.:

E-Mail Address:

Signature: _____

Date: _____

CERTIFICATE SALE, TRANSFER,
OR
ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a

- sale
- transfer
- assignment

of the certificate.

Company Owner or Officer

Print Name:

Title:

Street/Post Office Box:

City:

State:

Zip:

Telephone No.:

Fax No.:

E-Mail Address:

Signature: _____

Date: _____

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
APPLICATION FORM
for
AUTHORITY TO PROVIDE SHARED TENANT SERVICE
WITHIN THE STATE OF FLORIDA

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 9).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a non-refundable application fee of **\$250.00** to:

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

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.569, F.A.C.).
- F. If you have questions about completing the form, contact:

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

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.

Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

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

4. Official mailing address:

Street/Post Office Box:

City:

State:

Zip:

5. Florida address:

Street/Post Office Box:

City:

State:

Zip:

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other,

- Corporation
- Foreign Partnership
- Limited Partnership

7. **If individual**, provide:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is:

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:

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

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

14. Provide **F.E.I. Number**(if applicable):

15. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?

Yes

No

(b) If not, who will bill for your services?

Name:

Title:

Street/Post Office Box:

City:

State:

Zip:

Telephone No.:

Fax No.:

E-Mail Address:

Website Address:

(c) Who will the billed party contact to ask questions about the bill?

Name:

Title:

Telephone No.:

E-Mail Address:

(d) How is this information provided?

16. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name:
Title:
Street name & number:
Post office box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(b) Official point of contact for the ongoing operations of the company:

Name:
Title:
Street name & number:
Post office box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(c) Complaints/Inquiries from customers:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

17. List the states in which the applicant:

(a) has operated as an Shared Tenant Service provider.

(b) has applications pending to be certificated as an Shared Tenant Service provider.

(c) is certificated to operate as an Shared Tenant Service provider.

(d) has been denied authority to operate as an Shared Tenant Service provider and the circumstances involved.

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

18. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

(b) granted or denied a shared tenant services certificate in the State of Florida (this includes active and canceled shared tenant services certificates). If yes, provide explanation and list the certificate holder and certificate number.

(c) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

19. Submit the following:

(a) Managerial capability: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

(b) Technical capability: resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

(c) Financial Capability: applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. Unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet,
2. income statement, and
3. statement of retained earnings.

Note: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of shared tenant service (STS) in Florida.

APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access vendor service in the State of Florida. I 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.

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."**

Company Owner or Officer

Print Name:

Title:

Telephone No.:

E-Mail Address:

Signature: _____

Date: _____

CERTIFICATE SALE, TRANSFER,
OR
ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a

- sale
- transfer
- assignment

of the certificate.

Company Owner or Officer

Print Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:

Signature: _____

Date: _____

FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

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

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 9).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a non-refundable application fee of **\$250.00** to:

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

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.730, F.A.C.).
- F. If you have questions about completing the form, contact:

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

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.

Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

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

4. Official mailing address:

Street/Post Office Box:

City:

State:

Zip:

5. Florida address:

Street/Post Office Box:

City:

State:

Zip:

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other,

- Corporation
- Foreign Partnership
- Limited Partnership

7. **If individual**, provide:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is:

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:

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

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

14. Provide **F.E.I. Number**(if applicable):

15. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?

Yes No

(b) If not, who will bill for your services?

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(c) Who will the billed party contact to ask questions about the bill?

Name:
Title:
Telephone No.:
E-Mail Address:

(d) How is this information provided?

16. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name:
Title:
Street name & number:
Post office box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(b) Official point of contact for the ongoing operations of the company:

Name:
Title:
Street name & number:
Post office box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(c) Complaints/Inquiries from customers:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

17. List the states in which the applicant:

(a) has operated as an Alternative Access Vendor.

(b) has applications pending to be certificated as an Alternative Access Vendor.

(c) is certificated to operate as an Alternative Access Vendor.

(d) has been denied authority to operate as an Alternative Access Vendor and the circumstances involved.

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

18. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

(b) granted or denied an alternative access vendor certificate in the State of Florida (this includes active and canceled alternative access vendor certificates). If yes, provide explanation and list the certificate holder and certificate number.

(c) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of alternative access vendor (AAV) service in Florida.

APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access vendor service in the State of Florida. I 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.

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.**"

Company Owner or Officer

Print Name:

Title:

Telephone No.:

E-Mail Address:

Signature: _____

Date: _____

CERTIFICATE SALE, TRANSFER,
OR
ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number _____, I have reviewed this application and join in the petitioner's request for a

- sale
- transfer
- assignment

of the certificate.

Company Owner or Officer

Print Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:

Signature: _____

Date: _____

Rules 25-24.511, 25-24.512, 25-24.567, 25-24.569, 25-24.720, 25-24.730, 25-24.810, and 25-24.815
Docket No. 050681-TP

SUMMARY OF RULE

Raises the application fee from \$100 to \$250 for an applicant for a pay telephone certificate or a shared tenant services certificate, and from \$250 to \$400 for an applicant for a competitive local exchange service certificate.

SUMMARY OF HEARINGS ON THE RULE

No hearing was requested and none was held.

FACTS AND CIRCUMSTANCES JUSTIFYING THE RULE

Section 364.335, Florida Statutes, requires an applicant for a certificate to provide telecommunications services to pay an application fee to the Commission in an amount not to exceed \$500. This amount was increased by the Legislature in 2005 from a maximum of \$250 to allow the Commission to collect an amount that more closely reflects its cost of processing applications. The Commission's current rules impose a fee of \$100 on an applicant for a pay telephone certificate or a shared tenant services certificate, and a fee of \$250 for an applicant for an alternative access vendor certificate or a competitive local exchange service certificate. The result is intended to more fairly allocate the cost burden among applicants and current certificate holders.

FILED
2005 DEC 15 AM 11:30
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA