

DOCKET NO. 080052-OT

RECEIVED--FPSC

08 MAY 12 PM 3:26

CERTIFICATION OF
PUBLIC SERVICE COMMISSION ADMINISTRATIVE

COMMISSION
CLERK

FILED WITH THE
DEPARTMENT OF STATE

FILED
2008 MAY -9 PM 1:51
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

I do hereby certify:

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

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

(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;

(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 administrative determination was pending; or

(c) Are filed more than 90 days after the notice, but not less than 21 days nor 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 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 date of receipt of all material authorized to be submitted at the hearing; or

DOCUMENT NUMBER-DATE

03926 MAY 12 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.

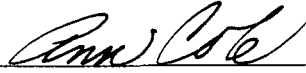
Attached are the original and two copies of each rule covered by this certification. The rules are hereby adopted by the undersigned agency by and upon their filing with the Department of State.

Rule No.

25-6.0436

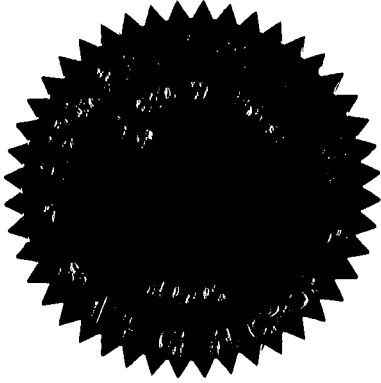
Under the provision of subparagraph 120.54(3)(e)6., F.S., the rules take effect 20 days from the date filed with the Department of State or a later date as set out below:

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



ANN COLE
Commission Clerk

Number of Pages Certified



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25-6.0436 Depreciation.

(1) – (3) No Change.

(4) A utility filing a depreciation study, regardless if a change in rates is being requested or not, shall submit to the Office of Commission Clerk ~~six~~^{fifteen} copies of the information required by paragraphs (6)(a) through (f) and (h) of this rule and at least three copies of the information required by paragraph (6)(g).

(5) – (10) No Change.

Specific Authority 350.127(2), 366.05(1) FS.

Law Implemented 350.115, 366.04(2)(f), 366.06(1) FS.

History—New 11-11-82, Amended 1-6-85, Formerly 25-6.436, Amended 4-27-88, 12-12-91, 12-11-00.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
2008 MAY -9 PM 1:54
FILED

SUMMARY OF RULE

The rule amendments would decrease the required number of copies of filings in various proceedings.

SUMMARY OF HEARINGS ON THE RULE

No hearing was requested and none was held.

FACTS AND CIRCUMSTANCES JUSTIFYING THE RULE

The Commission's Inspector General conducted a review of filing requirements in Commission rules with the goals of reflecting current Commission needs for number of copies, reducing burdens on filing parties, and conserving paper and other resources.

FILED
2009 MAY -9 PM 1:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCKET NO. 080052-OT

CERTIFICATION OF
PUBLIC SERVICE COMMISSION ADMINISTRATIVE RULES
FILED WITH THE
DEPARTMENT OF STATE

FILED
2008 MAY - 9 PM 1:59
TALLAHASSEE, FLORIDA
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 administrative determination was pending; or

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DOCUMENT NUMBER-DATE

03926 MAY 12 08

FPSC-COMMISSION CLERK

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// (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

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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 No.

25-7.045

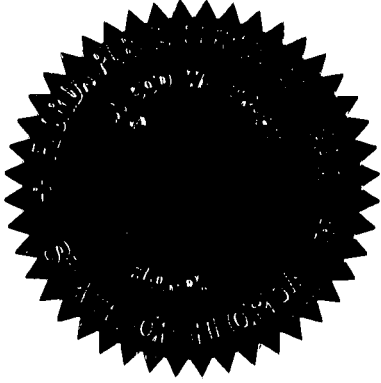
Under the provision of subparagraph 120.54(3)(e)6., F.S., the rules take effect 20 days from the date filed with the Department of State or a later date as set out below:

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Commission Clerk

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25-7.045 Depreciation.

(1) – (3) No Change.

(4) A utility filing a depreciation study, regardless if a change in rates is being requested or not, shall submit to the Office of Commission Clerk office ~~six~~fifteen copies of the information required by paragraphs (6)(a) through (f) and (h) of this rule and at least three copies of the information required by paragraph (6)(g).

(5) – (10) No Change.

Specific Authority 350.127(2), 366.05(1) FS.

Law Implemented 350.115 FS.

History–New 11-11-82, Amended 1-6-85, Formerly 25-7.45, Amended 4-27-88, 12-12-91.

FILED
2009 MAY -9 PM 1:55
DEPT. OF STATE
TALLAHASSEE, FLORIDA

SUMMARY OF RULE

The rule amendments would decrease the required number of copies of filings.

SUMMARY OF HEARINGS ON THE RULE

No hearing was requested and none was held.

FACTS AND CIRCUMSTANCES JUSTIFYING THE RULE

The Commission's Inspector General conducted a review of filing requirements in Commission rules with the goals of reflecting current Commission needs for number of copies, reducing burdens on filing parties, and conserving paper and other resources.

FILED
2009 MAY -9 PM 1:56
DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCKET NO. 080052-OT

FILED
2008-05-12
MAY 12 2008
TALLAHASSEE, FLORIDA

CERTIFICATION OF
PUBLIC SERVICE COMMISSION ADMINISTRATIVE RULES

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;

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Rule Nos.

25-24.470

25-24.511

25-24.512

25-24.567

25-24.569

25-24.720

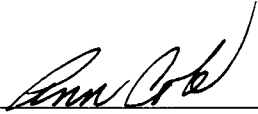
25-24.730

25-24.810

25-24.815

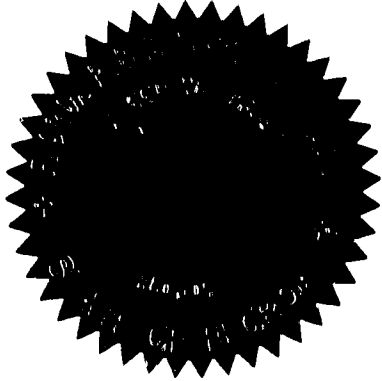
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Effective: _____
(month) (day) (year)



ANN COLE
Commission Clerk

Number of Pages Certified



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FLORIDA

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25-24.470 Registration Required.

(1) No Change.

(2) An original and two(2)~~three(3)~~ copies of the company's initial tariff shall be filed.

The tariff filing shall conform to the requirements of Rule 25-24.485, F.A.C.

(3) The company's contact information shall be provided using Form PSC/CMP 31 (08/05), entitled "IXC Registration Form" which is hereby incorporated into these rules. A copy of the form may be obtained from the Commission's website; at www.floridapsc.com/utilities/telecomm/ or by contacting the Commission's Division of Competitive Markets and Enforcement.

(4) No Change.

Specific Authority 350.127(2) FS.

Law Implemented 364.02, 364.04 FS.

History—New 2-23-87, Amended 8-25-05.

25-24.511 Application for Certificate.

(1) No Change.

(2) An applicant shall submit an application on Form PSC/CMP 32 (~~xx/xx1/06~~), entitled "Application Form for Authority to Provide Pay Telephone Service Within the State of Florida," which is incorporated into this rule by reference and may be obtained from the Commission's website at www.floridapsc.com/utilities/telecom/ or from the Division of Competitive Markets and Enforcement. A non-refundable application fee of \$250.00 must accompany the filing of all applications.

(3) An original and one copy~~two copies~~ of the application shall be filed with the Office of Commission Clerk.

(4) No Change.

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

1 Specific Authority 350.127(2) FS.

2 Law Implemented 364.32, 364.33, 364.335, 364.337, 364.3375, 364.345 FS.

3 History—New 1-5-87, Amended 9-28-89, 4-7-91, 11-20-91, 12-21-92, 2-1-99, 1-5-06.

4 **25-24.512 Application for Approval of Sale, Assignment or Transfer of Certificate.**

5 (1) No Change.

6 (2) A person seeking to obtain a certificate by sale, assignment or transfer from the
7 holder shall submit an application jointly with the certificate holder on Commission Form
8 PSC/CMP 32 (~~xx/xx1/06~~), entitled “Application Form for Authority to Provide Pay Telephone
9 Service Within the State of Florida”. The application form may be obtained from the
10 Commission’s website at www.floridapsc.com/utilities/telecomm/ or from the Division of
11 Competitive Markets and Enforcement. A nonrefundable application fee of \$250.00 must
12 accompany the filing of all applications 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 (3) An original and one copy~~two copies~~ of the application shall be filed with the Office
16 of Commission Clerk.

17 (4) – (5) No Change.

18 Specific Authority 350.127(2) FS.

19 Law Implemented 364.32, 364.33, 364.335, 364.337, 364.3375, 364.345 FS.

20 History—New 1-5-87, Amended 5-15-89, 1-5-06.

21 **25-24.567 Application for Certificate.**

22 (1) An applicant desiring to provide shared tenant service shall submit an application
23 on Commission Form PSC/CMP 37 (~~xx/xx1/06~~), which is incorporated into this rule by
24 reference. Form PSC/CMP 37 (~~xx/xx1/06~~), entitled “Application Form for Authority to
25

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

1 Provide Shared Tenant Service Within the State of Florida,” may be obtained from the
2 Commission’s website at www.floridapsc.com/utilities/telecomm/ or by contacting the
3 Commission’s Division of Competitive Markets and Enforcement. A non-refundable
4 application fee of \$250.00 must accompany the filing of all applications.

5 (2) An original and one copy~~two copies~~ of the application shall be filed with the Office
6 of Commission Clerk.

7 (3) – (4) No Change.

8 Specific Authority 350.127(2) FS.

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

10 History—New 1-28-91, Amended 5-8-91, 11-20-91, 7-29-97, 1-5-06.

11 **25-24.569 Application for Approval of Sale, Assignment or Transfer of Certificate.**

12 (1) A company desiring to obtain a certificate by sale, assignment or transfer from the
13 holder thereof shall submit an application jointly with the certificate holder on Commission
14 Form PSC/CMP 37 (~~xx/xx1/06~~), which is incorporated into this rule by reference. Form
15 PSC/CMP 37 (~~xx/xx1/06~~) is entitled “Application Form for Authority to Provide Shared
16 Tenant Service Within the State of Florida.” The application form may be obtained from the
17 Commission’s website at www.floridapsc.com/utilities/telecomm/ or by contacting the
18 Commission’s Division of Competitive Markets and Enforcement. A nonrefundable
19 application fee of \$250.00 must accompany each application. The Commission’s acceptance
20 of the application fee does not imply that the application for sale, assignment or transfer of a
21 certificate will be granted.

22 (2) An original and one copy~~two copies~~ of the application shall be filed with the Office
23 of Commission Clerk.

24 (3) – (4) No Change.

25

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

1 Specific Authority 350.127(2) FS.

2 Law Implemented 364.32, 364.33, 364.335, 364.337, 364.339, 364.345 FS.

3 History—New 1-28-91, Amended 11-20-91, 7-29-97, 1-5-06.

4 **25-24.720 Application for Certificate.**

5 (1) An applicant seeking to provide Alternative Access Vendor service shall submit an
6 application on Commission Form PSC/CMP 43 (~~xx/xx1/06~~), entitled “Application Form for
7 Authority to Provide Alternative Access Vendor Service within the State of Florida,” which is
8 incorporated into this rule by reference. The form may be obtained from the Commission’s
9 website at www.floridapsc.com/utilities/telecomm/ or by contacting the Division of
10 Competitive Markets and Enforcement. A nonrefundable application fee of \$250.00 must
11 accompany each application to cover processing costs. The Commission’s acceptance of the
12 application fee does not imply that a certificate will be granted.

13 (2) An original and one copy~~two copies~~ of the application shall be filed with the Office
14 of Commission Clerk.

15 (3) No Change.

16 Specific Authority 350.127(2) FS.

17 Law Implemented 364.33, 364.335, 364.337, 364.345 FS.

18 History—New 1-8-95, Amended 1-5-06.

19 **25-24.730 Application for Approval of Sale, Assignment, or Transfer of Certificate.**

20 (1) A person seeking to obtain a certificate by sale, assignment or transfer from the
21 holder shall submit an application jointly with the certificate holder on Commission Form
22 PSC/CMP 43 (~~xx/xx1/06~~) (entitled “Application Form for Authority to Provide Alternative
23 Access Vendor Service within the State of Florida”). The application form may be obtained
24 from the Commission’s website at www.floridapsc.com/utilities/telecomm/ or the Division of
25

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

1 Competitive Markets and Enforcement. A nonrefundable application fee of \$250.00 must
2 accompany each application to cover processing costs. The Commission's acceptance of the
3 application fee does not imply that the application for sale, assignment or transfer of a
4 certificate will be granted.

5 (2) An original and one copy~~two copies~~ of the application shall be filed with the Office
6 of Commission Clerk.

7 (3) – (4) No Change.

8 Specific Authority 350.127(2) FS.

9 Law Implemented 364.32, 364.33, 364.335, 364.337, 364.345 FS.

10 History--New 1-8-95, Amended 1-5-06.

11 **25-24.810 Application for Certificate.**

12 (1) An applicant for a certificate shall submit an application on Form PSC/CMP 8-T
13 (~~xx/xx1/06~~), which is incorporated into this rule by reference. Form PSC/CMP 8-T
14 (~~xx/xx1/06~~), entitled "Application Form for Authority to Provide Competitive Local Exchange
15 Service Within the State of Florida", may be obtained from the Commission's website at
16 www.floridapsc.com/utilities/telecomm/ or by contacting the Commission's Division of
17 Competitive Markets and Enforcement. A non-refundable application fee of \$400.00 must
18 accompany the filing of each application.

19 (2) An original and one copy~~two copies~~ of the application shall be filed with the Office
20 of Commission Clerk.

21 Specific Authority 350.127(2) FS.

22 Law Implemented 364.335 FS.

23 History--New 12-27-95, Amended 1-5-06.

24 **25-24.815 Application for Approval of Sale, Assignment or Transfer of Certificate.**

25

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

1 (1) A person obtaining a certificate by sale, assignment or transfer from the holder
2 thereof shall submit jointly with the certificate holder an application on Form PSC/CMP 8-T
3 (~~xx/xx1/06~~), which is incorporated into this rule by reference. Form PSC/CMP 8-T
4 (~~xx/xx1/06~~), entitled "Application Form for Authority to Provide Competitive Local Exchange
5 Service Within the State of Florida", may be obtained from the Commission's website at
6 www.floridapsc.com/utilities/telecomm/ or by contacting the Commission's Division of
7 Competitive Markets and Enforcement. A non-refundable application fee of \$400.00 must
8 accompany the filing of each application.

9 (2) An original and one copy~~two copies~~ of the application shall be filed with the Office
10 of Commission Clerk.

11 (3) – (5) No Change.

12 Specific Authority 350.127(2) FS.
13 Law Implemented 364.335, 364.345(2) FS.
14 History–New 12-27-95, Amended 1-5-06.

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

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

FILED
JANUARY 27 11:50
TALLAHASSEE, FLORIDA

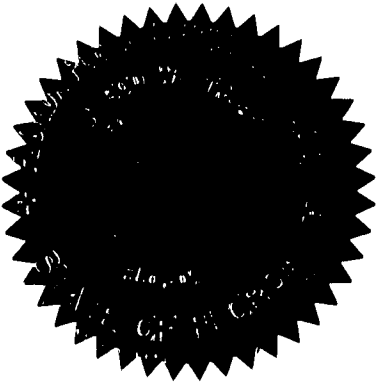
Pursuant to Rule 1S-1.005, Florida Administrative Code, I do hereby certify that the attached are true and correct copies of the following forms incorporated by reference in the rules listed below. Under the provisions of subparagraph 120.54(3)(e)(6), F.S., the attached forms take effect 20 days from the date filed with the Department of State, or a later date as specified in the rule.


Form PSC/CMP-32 (xx/xx 01/06) Application Form for Authority to Provide Pay Telephone Service Within the State of Florida (Rules 25-24.511 and 25-24.512)

Form PSC/CMP-37 (xx/xx 01/06) Application Form for Authority to Provide Shared Tenant Service Within the State of Florida (Rules 25-24.567 and 25-24.569)

Form PSC/CMP-43 (xx/xx 01/06) Application Form for Authority to Provide Alternative Access Vendor Service Within the State of Florida (Rules 25-24.720 and 25-24.730)

Form PSC/CMP 8-T (xx/xx 01/06) Application Form for Authority to Provide Competitive Local Exchange Telecommunications Company Service Within the State of Florida (Rules 25-24.810 and 25-24.815)





ANN COLE
Commission Clerk

Number of Pages Certified

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

FILED
MAY-3 2011
TALLAHASSEE, FLORIDA

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 one copy ~~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:

11/11

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:

11/06

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

FILED
JAN 11 11:52
TALLAHASSEE, FLORIDA

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 one copy ~~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

FILED
JAN 10 2011 11:59
TALLAHASSEE, 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 one copy ~~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: _____

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

FILED
2000 MAY 19 PM 1:59
OFFICE OF STATE
TALLAHASSEE, 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 one copy ~~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**

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: _____

Rule Nos. 25-24.470, 25-24.511, 25-24.512,
25-24.567, 25-24.569, 25-24.720, 25-24.730,
25-24.810, 25-24.815
Docket No. 080052-OT

SUMMARY OF RULE

The rule amendments would decrease the required number of copies of filings in various proceedings and update some filing venues.

SUMMARY OF HEARINGS ON THE RULE

No hearing was requested and none was held.

FACTS AND CIRCUMSTANCES JUSTIFYING THE RULE

The Commission's Inspector General conducted a review of filing requirements in Commission rules with the goals of reflecting current Commission needs for number of copies, reducing burdens on filing parties, and conserving paper and other resources.

DOCUMENT NUMBER-DATE

03926 MAY 12 8

FPSC-COMMISSION CLERK

DOCKET NO. 080052-OT

CERTIFICATION OF
PUBLIC SERVICE COMMISSION ADMINISTRATIVE RULES
FILED WITH THE
DEPARTMENT OF STATE

FILED
2008 MAY -9 PM 2:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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 administrative determination was pending; or

// (c) Are filed more than 90 days after the notice, but not less than 21 days nor 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 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 date of receipt of all material authorized to be submitted at the hearing; or

DOCUMENT NUMBER-DATE

03926 MAY 12 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.

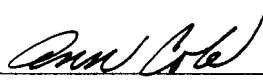
25-30.032

25-30.140

25-30.565

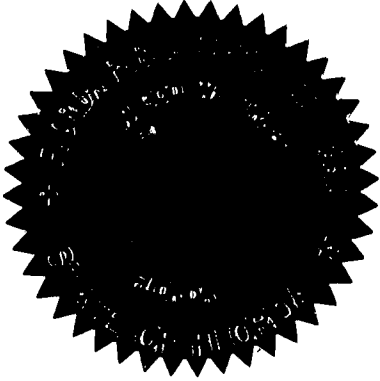
Under the provision of subparagraph 120.54(3)(e)6., F.S., the rules take effect 20 days from the date filed with the Department of State or a later date as set out below:

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



ANN COLE
Commission Clerk

Number of Pages Certified



CM

FILED

2020 MAY 29 10:01 AM
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

1 **25-30.032 Applications.**
2 (1) Each utility subject to regulation by the Commission shall apply for an initial
3 certificate of authorization, amendment to an existing certificate of authorization, transfer, or
4 name change by filing a completed application and six~~12~~ copies, in accordance with either
5 Rule 25-30.033, 25-30.034, 25-30.035, 25-30.036, subsection 25-30.037(1) or (2), or Rule 25-
6 30.039, F.A.C. However, a utility shall apply for a transfer to a governmental authority by
7 filing a completed application and two copies, in accordance with subsections 25-30.037(3)
8 and (4), F.A.C. The application shall be filed with the ~~Director~~, Office of Commission Clerk,
9 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850. Sample application forms
10 may be obtained from the Division of Economic Regulation, 2540 Shumard Oak Boulevard,
11 Tallahassee, Florida 32399-0850.

12 (2) – (3) No Change.
13 Specific Authority 350.127(2), 367.121 FS.
14 Law Implemented 367.031, 367.045, 367.071, 367.083 FS.
15 History–New 1-27-91, Amended 11-30-93.

16 **25-30.140 Depreciation.**
17 (1) – (6)(a) No Change.
18 (b) A utility filing for such a revision of depreciation rates shall submit sixteen~~six~~ copies of
19 the filing to the office of the Office of Commission Clerk.

20 (c) – (9) No Change.
21 Specific Authority 350.127(2), 367.121(1) FS.
22 Law Implemented 350.115, 367.081(2), 367.121(1) FS.
23 History–New 3-22-84, Formerly 25-10.32, 25-10.032, Amended 11-10-86, 5-8-88, 11-21-95,
24 12-4-03.

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

1 **25-30.565 Application for Approval of New or Revised Service Availability Policy or**
2 **Charges.**

3 (1) Each application for a service availability policy or charges shall be filed in
4 original and six~~12~~ copies.

5 (2) – (6) No Change.

6 Specific Authority 367.121(1), 367.101 FS.

7 Law Implemented 367.101 FS.

8 History–New 6-14-83, Amended 11-10-86, 11-30-93.

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

Rule Nos. 25-30.032, 25-30.565, 25-30.140
Docket No. 080052-OT

SUMMARY OF RULE

The rule amendments would decrease the required number of copies of filings in various proceedings and update some filing venues.

SUMMARY OF HEARINGS ON THE RULE

No hearing was requested and none was held.

FACTS AND CIRCUMSTANCES JUSTIFYING THE RULE

The Commission's Inspector General conducted a review of filing requirements in Commission rules with the goals of reflecting current Commission needs for number of copies, reducing burdens on filing parties, and conserving paper and other resources.

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DEPT. OF STATE
TALLAHASSEE, FLORIDA