

State of Florida



# Public Service Commission

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TALLAHASSEE, FLORIDA 32399-0850

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**-M-E-M-O-R-A-N-D-U-M-**

COMMISSION  
CLERK

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**DATE:** December 21, 2010  
**TO:** Ann Cole, Commission Clerk, Office of Commission Clerk  
**FROM:** Paul E. Lowery, Economic Analyst, Division of Regulatory Analysis *PL*  
**RE:** Docket No. 100455-TC; Value-Added Communications, Inc.

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Please add the attached e-mail correspondence, revised PATS application to the docket file.

Please contact me if you have any questions.

Attachments

DOCUMENT NUMBER DATE  
10082 DEC 21 2010  
FPSC-COMMISSION CLERK

**Paul Lowery**

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**From:** Cheryl Cook [Cheryl.Cook@vaci.com]  
**Sent:** Monday, December 20, 2010 3:57 PM  
**To:** Paul Lowery  
**Subject:** RE: Docket No. 100455-TC - Application for Certificate to Provide Pay Telephone Service by Value-Added Communications, Inc.  
**Attachments:** FL PP application amended.pdf

Mr. Lowery,

Please find attached the amended Application for certificate to provide pay telephone service by Value-Added Communications, Inc. Docket No. 100455-TC.

Please contact me if you have any further questions.

Just an FYI, I will be out of the office starting tomorrow, 12-21-10 and will return Monday, 12-27-2010.

Respectfully,

Cheryl Cook  
 Manager Regulatory and Governmental Affairs  
 Value-Added Communications, Inc.  
 VAC Communications, Inc.  
 Electronic Message Solutions, Inc.  
 VAC Holding, Inc.  
 (972) 535-3319  
 cheryl.cook@vaci.com

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**From:** Paul Lowery [mailto:PLowery@PSC.STATE.FL.US]  
**Sent:** Tuesday, December 14, 2010 10:24 AM  
**To:** cheryl.cook@vaci.com  
**Cc:** Paul Lowery  
**Subject:** Docket No. 100455-TC - Application for Certificate to Provide Pay Telephone Service by Value-Added Communications, Inc.

**Via E-mail: cheryl.cook@vaci.com**  
**& US Mail**

December 14, 2010

Ms. Cheryl Cook  
 Value-Added Communications,  
 Inc

3801 E. Plano Parkway, Ste. 100  
 Plano, TX 75074-1808

RE: Docket No. 100455-TC - Application for certificate to provide pay telephone service by

12/21/2010

DOCUMENT NUMBER DATE

10082 DEC 21 09

FPSC-COMMISSION CLERK

Value-Added Communications, Inc.

Dear Ms. Cook:

This letter is to inform you that your application for certification is currently under review by the Florida Public Service Commission staff. Your application for certificate to provide Pay Telephone Service by Value-Added Communications, Inc. still lacks a response for Page 5, question 16, subsection (b).

Also on page 5, question 16, more complete information appears to be needed for subsection (c). The company noted that it is certificated to operate as a Pay Telephone Service provider in the states of Texas, Tennessee, and Mississippi. However, our review has found active certificates in Alabama and Louisiana. A list of all of the states the company is certificated to operate as a Pay Telephone Service provider is required.

Please provide an amended application in writing to me, by December 30, 2010. If you have any questions, please contact me at (850) 413-6672.

Sincerely,

Paul E. Lowery  
Economic Analyst  
Division of Regulatory Analysis

12/21/2010

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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 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: Value-Added Communications, Inc.

3. Name under which applicant will do business (fictitious name, etc.):  
Value-Added Communications, Inc.

4. Official mailing address:

Street/Post Office Box: 3801 E Plano Parkway, Suite 100  
City: Plano  
State: Texas  
Zip: 75074-1808

5. Florida address:

Street/Post Office Box:  
City:  
State:  
Zip:

6. Structure of organization:

- |                                     |                     |                          |                     |
|-------------------------------------|---------------------|--------------------------|---------------------|
| <input type="checkbox"/>            | Individual          | <input type="checkbox"/> | Corporation         |
| <input checked="" type="checkbox"/> | Foreign Corporation | <input type="checkbox"/> | Foreign Partnership |
| <input type="checkbox"/>            | General Partnership | <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/>            | Other,              |                          |                     |

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: P28942
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): 36-3617386

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

(a) The application:

Name: Cheryl Cook  
Title: Manager - Regulatory Affairs  
Street name & number: 3801 E Plano Parkway, Suite 100  
Post office box:  
City: Plano  
State: Texas  
Zip: 75074-1808  
Telephone No.: (972) 535-3319  
Fax No.: (972) 535-3432  
E-Mail Address: Cheryl.Cook@vaci.com  
Website Address: www.vaci.com

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

Name: Kermit D. Heaton  
Title: Executive Vice President  
Street name & number: 3801 E Plano Parkway, Suite 100  
Post office box:  
City: Plano  
State: Texas  
Zip: 75074-1808  
Telephone No.: (972) 535-3300  
Fax No.: (972) 535-3432  
E-Mail Address: VACRegulatory@vaci.com  
Website Address: www.vaci.com

(c) Complaints/Inquiries from customers:

Name: Tanya Malone  
Title: Manager - Customer Service  
Street/Post Office Box: 3801 E Plano Parkway, Suite 100  
City: Plano  
State: Texas  
Zip: 75074-1808  
Telephone No.: (800) 786-8521  
Fax No.: (972) 535-3432  
E-Mail Address: customerservice@vaci.com  
Website Address: www.vaci.com

16. List the states in which the applicant:

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

Alabama, Louisiana, Minnesota, Mississippi, North Carolina,  
Tennessee, Texas

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

Florida

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

Alabama, Louisiana, Minnesota, Mississippi, North Carolina,  
Tennessee, Texas

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

N/A

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

N/A

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

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.

N/A

(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.

N/A

(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.

N/A

**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: Kermit D. Heaton  
Title: Executive Vice President  
Telephone No.: (972) 535-3300  
E-Mail Address: VACRegulatory@vaci.com

Signature: Kermit D. Heaton

Date: 11/24/10

**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: \_\_\_\_\_