



July 24, 2017
Via Overnight Delivery

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COMMISSION
CLERK

Ms. Beth Salak, Director, Regulatory Analysis
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

**RE: Network Communications International Corp. d/b/a NCIC Inmate Communications
Application for Authority to Provide Pay Telephone within the State of Florida**

Dear Ms. Salak:

Enclosed for filing please find the original and one (1) copy of the Application to Provide Pay Telephone within the State of Florida submitted on behalf of Network Communications International Corp d/b/a NCIC Inmate Communications. A check in the amount of \$250.00 is enclosed to cover the filing fee.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Any questions you may have regarding this filing should be directed to my attention at 407-740-3005 or via email to swarren@tminc.com. Thank you for your assistance in this matter.

Sincerely,

Sharon R. Warren
Consultant to Network Communications International Corp d/b/a NCIC Inmate Phone Service

cc: Stephanie Jackson - NCIC
tms: FLx1703

Enclosures
SW/cc

- COM _____
- AFD _____
- APA _____
- ECO _____
- ENG _____
- GCL _____
- IDM _____
- TEL 1
- CLK _____

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OFFICE OF
TELECOMMUNICATIONS

FLORIDA PUBLIC SERVICE COMMISSION

OFFICE OF TELECOMMUNICATIONS

APPLICATION FORM FOR AUTHORITY TO PROVIDE PAY TELEPHONE 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 one copy of this form along with a non-refundable application fee of **\$250.00** to:

**Florida Public Service Commission
Office of Commission Clerk
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 25-24.12 F.A.C.).
- F. If you have questions about completing the form, contact:

**Florida Public Service Commission
Office of Telecommunications
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.

2. Name of company: Network Communications International Corp.

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

NCIC Inmate Communications

4. Official mailing address:

Street/Post Office Box: 607 East Whaley Street
City: Longview
State: TX
Zip: 75601

5. Florida address:

Street/Post Office Box: 1200 South Pine Island Road
City: Plantation
State: FL
Zip: 33324

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, <u>please specify</u> : | | |

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: F98000003780

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: G17000040252

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 (Section 620.1901, FS), if applicable. The Florida registration number is: _____

14. Provide **F.E.I. Number**: 75-2667424

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

(a) The application:

Name: Sharon R. Warren
Title: Consultant
Street Name & Number: 151 Southhall Lane, Suite 450
Post Office Box: _____
City: Maitland
State: FL
Zip: 32751
Telephone No.: 407-740-3005
Fax No.: 407-740-0613
E-Mail Address: swarren@tminc.com
Website Address: _____

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

Name: William L. Pope
Title: President
Street Name & Number: 607 East Whaley Street
Post Office Box: _____
City: Longview
State: TX
Zip: 75601
Telephone No.: 888-686-3699
Fax No.: 903-757-4899
E-Mail Address: bill.pope@ncic.com
Website Address: www.ncic.com

(c) Complaints/Inquiries from customers:

Name: Donna Sumrow
Title: Customer Service Contact
Street/Post Office Box: 607 East Whaley Street
City: Longview
State: TX
Zip: 75601
Telephone No.: 888-230-4523
Fax No.: 903-757-4899
E-Mail Address: donna.sumrow@ncic.com
Website Address:

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: As stated in Rule 25-4.0161, Regulatory Assessment Fees; Telecommunications Companies, 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. 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.**"

I understand that any false statements can result in being denied a certificate of authority in Florida.

COMPANY OWNER OR OFFICER

Print Name: William L. Pope
Title: President
Telephone No.: 888-686-3699
E-Mail Address: bill.pope@ncic.com

Signature:  Date: 7.24.2017

CERTIFICATE SALE OR TRANSFER

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

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: _____