



TENNESSEE REGULATORY AUTHORITY

502 Deaderick Street, 4th Floor

Nashville, Tennessee 37243

Telephone (615) 770-6886, Toll Free 1-800-342-8359

Facsimile (615)741-2336

APPLICATION FOR AUTHORITY TO PROVIDE CUSTOMER-OWNED COIN (OR COINLESS) OPERATED TELEPHONE SERVICE IN TENNESSEE (TRA Rule 1220-04-02-.43 TO .54)

Company ID Number _____ Docket Number _____
(To Be filled out by the TRA)

Part I - General Information

Name of Applicant

Address

State _____ Zip Code _____ Phone No. () _____ - _____

Fax No. () _____ - _____

Name and telephone number of contact person authorized to respond to Authority inquiries Monday through Friday.

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Mail the completed application and a check for \$25.00 to:

Tennessee Regulatory Authority
502 Deaderick Street, 4th Floor
Nashville, TN 37243-0505.

Should you have any questions please call **Lisa Foust at (615) 770-6886.**

Part II - Organization Structure

A. Type of Organization

- Individual Corporation
 Partnership Other (Explain on separate sheet)

B. If Partnership and/or Non-resident:

- (1) Attach a copy of Articles of Incorporation and current by-laws.
- (2) Attach copy of Certification of Authority issued by the Tennessee Secretary of State Showing corporation's authority to engage in business in Tennessee.
- (3) All others must have current business license.

Part III - Financial Information

Attach a current financial statement showing in detail corporation's financial condition for the previous year. If individual, send copy of latest IRS Income Tax Filing.

Part IV - Repair and Maintenance Information

A. Describe the Pay Phone instrument to be installed.

Manufacturer	Model Number	FCC Number
--------------	--------------	------------

Manufacturer's Address	City	State	Zip
------------------------	------	-------	-----

Manufacturer	Model Number	FCC Number
--------------	--------------	------------

Manufacturer's Address	City	State	Zip
------------------------	------	-------	-----

Manufacturer	Model Number	FCC Number
--------------	--------------	------------

Manufacturer's Address	City	State	Zip
------------------------	------	-------	-----

Manufacturer	Model Number	FCC Number
--------------	--------------	------------

Manufacturer's Address	City	State	Zip
------------------------	------	-------	-----

(Attach additional sheets if additional space is required)

B. Maintenance of COCOT

(1) How do you intend to service and maintain COCOTS

- Personally
- Full time Technician
- Part Time Technician
- Service/repair contract with 3rd party

(2) Identify names and qualifications of the party/parties responsible for service and repair.

Part V - Display Card

- A. Attach a copy of the display card to be posted on the pay telephone. This card must contain all required information listed in the attached TRA Rule 1220-04-02-.49(f).
- B. Long Distance Carrier, Address, and 800 Number must be on the card.
- C. Company Name, Address & Phone Number with a place for your TRA ID Number.
- D. Information for using Long Distance, (0+Area Code + Number – within this Area Code and outside this Area Code).
- E. Information for Collect Calls, Person-To-Person Calls & Station-To-Station Calls.
- F. Directory Assistance (Local Calling Area) Outside Calling Area (411 or 1+411).
- G. Emergency Help (Dial)
- H. Dial _____ for Refund (Or how you handle refunds).
- I. Free Calls – Toll Free numbers, Repair Service. (This Instrument is serviced by: Name & Address and telephone number of Service Technician).

Attach a copy of the Display Card in space below.

Part VI - Registration Fee

- A. The initial fee for COCOT registration will consist of the following:
*A one time processing fee of \$25.00 per company (T.C.A. § 65-2-103)
- B. After the initial COCOT registration, the Tennessee Regulatory Authority must be notified by the 10th of the month, of all new COCOT additions. The fee for each new addition is \$10.00 (T.C.A. § 65-4-301). This fee will pay for processing the order. Attached is a copy of the required monthly report form.
- C. Failure to pay the required fees will result in the revocation of your COCOT Authorization. (TRA Rule 1220-04-02-.47)
- D. All correspondence must be mailed to:

Tennessee Regulatory Authority
502 Deaderick Street, 4th Floor
Nashville, TN 37243

Part VII - Rule Compliance Agreement

The customer Owned Coin or Coinless Operated Telephone (COCOT) authorization applicant, hereby, affirms the following:

- Has received, read and understands TRA Rule 1220-04-02-.43 to .54.
- Understands the penalties for non-compliance, and all associated fees to provide COCOT service.
- Will comply with TRA Rule 1220-04-02-.43 to .54 and all applicable state laws.
- Will submit to the TRA monthly reports indicating any COCOT additions accompanied with the proper fee.
- That all information provided in the attached COCOT registration document is true to the best of applicant's knowledge.

_____ Date
Applicant Signature

Subscribed and sworn before me this _____ Month, _____ day, of _____ Year

Notary Public _____

My Commission expires the _____ Month, _____ Day, of _____ Year

[SEAL]