

# TENNESSEE PUBLIC UTILITY COMMISSION



Andrew Jackson Building  
502 Deaderick Street, 4<sup>th</sup> Floor  
Nashville, Tennessee 37243

## APPLICATION FOR AUTHORITY TO PROVIDE CUSTOMER-OWNED COIN (OR COINLESS) OPERATED TELEPHONE SERVICE IN TENNESSEE

(Tenn. Comp. R. & Regs. Rule 1220-4-2-.43 to 1220-4-2-.54)

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Company ID Number \_\_\_\_\_ Docket Number \_\_\_\_\_  
(To Be filled out by the TPUC)

### Part I: General Information

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Name and telephone number of contact person authorized to respond to Commission inquiries Monday through Friday:

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Name	Telephone
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Address	City	State	Zip
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Mail the completed application and check for \$25.00 to:

Tennessee Public Utility Commission  
Utilities Division  
502 Deaderick Street, 4<sup>th</sup> Floor  
Nashville, TN 37243.

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



B. Maintenance of Public Payphone (“COCOT”)

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

- \_\_\_\_\_ Personally
- \_\_\_\_\_ Full time Technician
- \_\_\_\_\_ Part Time Technician
- \_\_\_\_\_ Service/repair contract with 3<sup>rd</sup> party

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

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Part V Display Card

Attach a copy of the display card posted on the pay telephone. This card must contain all required information listed in the attached Tenn. Comp. R. & Regs. 1220-4-2-.49 (1)(f):

- A. The charge and operating instructions.
- B. Long Distance Carrier, Address, and 800 Number must be on the card.
- C. Company Name, Address, Phone Number with a place for your TPUC 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, and 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 indicate how you handle refunds)
- I. Free Calls – Toll Free 800 or 888 numbers, Repair Service. (This Instrument is serviced by: Name & Address and telephone number of Service Technician).
- J. Method of service provided—One-way (outbound calls only) or Two-way service

Attach a copy of the Display Card in this space:

**Part VI Registration Fee**

- A. The initial fee for COCOT registration will consist of the following:  
 \*A onetime processing fee of \$25.00 per company (TCA 65-2-103)
- B. After the initial COCOT registration, the Tennessee Public Utility Commission must be notified by the 10<sup>th</sup> of the month, of all new COCOT additions. The fee for each new addition is \$10.00 (TCA 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 disconnection of your COCOT service. (Rule 1220-4-2-.47)
- D. All correspondence must be mailed to:  
  
 Tennessee Public Utility Commission  
 Consumer Services Division  
 502 Deaderick Street, 4<sup>th</sup> Floor  
 Nashville, TN 37243.

**Inter-Exchange Carriers' Preferred Manner of Access**

This is to inform all authorized COCOT providers that access to inter-exchange carriers must be provided by the manner listed below (Rule 1220-4-42-.45, section 10)

<u>Inter-Exchange Carrier (IXC)</u>	<u>Required Manner of Access</u>
AT&T	1010-288-0
US Spring	1-800-877-8000
MCI	1-800-950-1022

Failure to provide IXC access, as listed above, will result in immediate disconnection of COCOT service. (Rule 1220-4-2-.49, section K)

**Part VII Rule Compliance Agreement**

- A. The customer Owned Coin or Coinless Operated Telephone (COCOT) authorization applicant, hereby, affirms the following:
  - Has received, read and understands the Tennessee Public Utility Commission's (TPUC COCOT Rules and regulations...
  - Understands the penalties for non-compliance, and all associated fees to provide COCOT service...
  - Will comply with the TPUC COCOT rules and all applicable state laws, including Public Chapter 675 (Appendix E)...
  - Will submit to the TPUC 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...

\_\_\_\_\_ Applicant Signature Date

Subscribed and sworn before me this \_\_\_\_\_ Month, \_\_\_\_\_ day, of \_\_\_\_\_ Year

Notary Public \_\_\_\_\_

My Commission expires the \_\_\_\_\_ Month, \_\_\_\_\_ Day, of \_\_\_\_\_ Year **SEAL**

# MONTHLY REPORT OF NEW COCOT ADDITIONS

**If you have any questions call (615)741-2904**

COMPANY NAME \_\_\_\_\_

AUTHORIZATION NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**COCOT NUMBER _____	LEC _____	EXG _____
LOCATION _____	If no physical address, use building name, cross streets, etc.	
ADDRESS _____	COUNTY _____	
CITY _____	STATE _____	ZIP _____ FCC NUMBER _____
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTANCE SERVICE _____		
INSTALLATION DATE _____ Circle if one (1) way or two (2) way service is provided		
MANUFACTURER'S NAME & MODEL NUMBER _____		
**COCOT NUMBER _____	LEC _____	EXG _____
LOCATION _____	If no physical address, use building name, cross streets, etc.	
ADDRESS _____	COUNTY _____	
CITY _____	STATE _____	ZIP _____ FCC NUMBER _____
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTANCE SERVICE _____		
INSTALLATION DATE _____ Circle if one (1) way or two (2) way service is provided		
MANUFACTURER'S NAME & MODEL NUMBER _____		

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LOCATION _____	If no physical address, use building name, cross streets, etc.	
ADDRESS _____	COUNTY _____	
CITY _____	STATE _____	ZIP _____ FCC NUMBER _____
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTANCE SERVICE _____		
INSTALLATION DATE _____ Circle if one (1) way or two (2) way service is provided		
MANUFACTURER'S NAME & MODEL NUMBER _____		
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CITY _____	STATE _____	ZIP _____ FCC NUMBER _____
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTANCE SERVICE _____		
INSTALLATION DATE _____ Circle if one (1) way or two (2) way service is provided		
MANUFACTURER'S NAME & MODEL NUMBER _____		

The report, along with the check for \$10.00 per new Payphone, is due by the 10<sup>th</sup> of each month. Mail to: Tennessee Public Utility Commission, Consumer Services Division, 502 Deaderick Street, 4th Floor, Nashville, TN 37243. If you have any questions call **Jaelyn Hammons at (615)741-2904**.