TENNESSEE PUBLIC UTILITY COMMISSION



Andrew Jackson Building 502 Deaderick Street, 4th 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)

Company ID Number(To Be fille	Docke ed out by the TPUC)	t Number	
Part I: General Information	n		
Name of Applicant			
Address			
State	Zip Code	Phone No: ()_	
Email Address:			
Name and telephone number of o through Friday:	contact person authorized	l to respond to Commissic	n inquiries Monday
Name		Telephone	
Address	City	State	Zip
Mail the completed application a	and check for \$25.00 to:		
	Tennessee Public Uti Utilities Division 502 Deaderick Street	•	

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

Part II Organizational Structure

A.	Type of Organization		
	Individual	Corporation	
	Partnership	Other (Explain on separate she	et)
B.	If Partnership and/or N	on-resident:	
	(2) Attach copy of Showing corporate	of Articles of Incorporation and current by f Certification of Authority issued by the To pration's authority to engage in business in at have current business license.	ennessee Secretary of State
Part I	II Financial Informati	<u>on</u>	
		ent showing in detail corporation's financial flatest IRS Income Tax Filing.	al condition for the previous
Part I	V Repair and Mainte Describe the Pay Pho	one instrument to be installed.	
Manuf	acturer	Model Number	FCC Number
Manuf	Cacturer's Address	City	State
Manuf	acturer	Model Number	FCC Number
Manuf	acturer's Address	City	State
Manuf	acturer	Model Number	FCC Number
Manuf	acturer's Address	City	State
(Attacl	h additional sheets if addit	tional space is required)	

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

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 10th 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, 4th 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)

 Inter-Exchange Carrier (IXC)
 Required Manner of Access

 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...

	0	licant 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 ADDRESS	If no physical address,	use building name, cross streets, etc.
CITY STATE	ZIP FCC NUM	BER
LINDEDI VING CAPPIED(S) FOR BOTH LOCAL & L	ONG DISTANCE SERVICE	
INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER	Circle if one (1) way or two (2) way service is provided
**COCOT NUMBER	LEC_	EXG
LOCATION	If no physical address,	use building name, cross streets, etc.
ADDRESS STATE	COUNTY	
INDEDIVING CARRIED(S) FOR ROTH LOCAL & L	ONC DICTANCE CEDUICE	
INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER	Circle if one (1) way or two	(2) way service is provided
MANUFACTURER'S NAME & MODEL NUMBER_		1
**COCOT NUMBER LOCATION	LECLEC	EXG
ADDRESS	COUNTY	use building name, cross streets, etc
ADDRESS	ZIP FCC NUM	BER
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO	ONG DISTANCE SERVICE	
INSTALLATION DATE	Circle if one (1) way or two (2) way service is provided
		EXG
**COCOT NUMBER	LEC	EAG
**COCOT NUMBER_	LEC	use building name, cross streets, etc
**COCOT NUMBER LOCATION ADDRESS	LECIf no physical address, COUNTY	use building name, cross streets, etc
**COCOT NUMBER	LEC	use building name, cross streets, etc
**COCOT NUMBER	LEC	ER
**COCOT NUMBER	LEC If no physical address, COUNTY ZIP FCC NUME ONG DISTANCE SERVICE Circle if one (1) way or two	ER
**COCOT NUMBER	LEC If no physical address, COUNTY ZIP FCC NUME ONG DISTANCE SERVICE Circle if one (1) way or two	ER
**COCOT NUMBER	LEC If no physical address, COUNTY ZIP FCC NUME ONG DISTANCE SERVICE Circle if one (1) way or two	ER
**COCOT NUMBER_ LOCATION ADDRESS_ CITY_ STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER_ **COCOT NUMBER_	LEC If no physical address, COUNTY ZIP FCC NUMB ONG DISTANCE SERVICE Circle if one (1) way or two	EXG
**COCOT NUMBER_ LOCATION ADDRESS_ CITY STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER_ **COCOT NUMBER_ LOCATION	LEC If no physical address, COUNTY ZIP FCC NUMB ONG DISTANCE SERVICE Circle if one (1) way or two services LEC If no physical address,	EXG_use building name, cross streets, etc
**COCOT NUMBER_ LOCATION ADDRESS CITY STATE UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER_ **COCOT NUMBER_ LOCATION_ ADDRESS	LEC If no physical address, COUNTY ZIP FCC NUME ONG DISTANCE SERVICE Circle if one (1) way or two LEC If no physical address, COUNTY	EXG_use building name, cross streets, etc
**COCOT NUMBER_ LOCATION ADDRESS CITY STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE_ MANUFACTURER'S NAME & MODEL NUMBER_ **COCOT NUMBER_ LOCATION_ ADDRESS_ CITY STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO **COCOT NUMBER_ LOCATION_ ADDRESS_ CITY_STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO **COCOT NUMBER_ LOCATION_ ADDRESS_ LOCATION_ ADDRESS_ LOCATION_ LOCATION_ ADDRESS_ LOCATION_ LOCATION_ ADDRESS_ LOCATION_ LOCATION_ ADDRESS_ L	LEC If no physical address, COUNTY ZIP FCC NUME ONG DISTANCE SERVICE Circle if one (1) way or two LEC If no physical address, COUNTY ZIP FCC NUM ONG DISTANCE SERVICE	EXG_use building name, cross streets, etc EXG_use building name, cross streets, etc BER_
**COCOT NUMBER_ LOCATION_ ADDRESS CITY	LEC If no physical address, COUNTY ZIP FCC NUME ONG DISTANCE SERVICE Circle if one (1) way or two LEC If no physical address, COUNTY ZIP FCC NUM	EXG_use building name, cross streets, etc EXG_use building name, cross streets, etc BER_
**COCOT NUMBER_ LOCATION ADDRESS CITY STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE_ MANUFACTURER'S NAME & MODEL NUMBER_ **COCOT NUMBER_ LOCATION_ ADDRESS_ CITY STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE_ MANUFACTURER'S NAME & MODEL NUMBER_ LOCATION STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE_ MANUFACTURER'S NAME & MODEL NUMBER_	LEC If no physical address, COUNTY ZIP FCC NUMB ONG DISTANCE SERVICE Circle if one (1) way or two LEC If no physical address, COUNTY ZIP FCC NUM ONG DISTANCE SERVICE Circle if one (1) way or two (EXG_use building name, cross streets, etc EXG_use building name, cross streets, etc BER
**COCOT NUMBER_ LOCATION ADDRESS CITY STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LOTE LOCATION DATE MANUFACTURER'S NAME & MODEL NUMBER_ **COCOT NUMBER_ LOCATION ADDRESS CITY STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LOTE LOCATION DATE MANUFACTURER'S NAME & MODEL NUMBER LOCATION DATE MANUFACTURER'S NAME & MODEL NUMBER MANU	LEC If no physical address, COUNTY ZIP FCC NUME ONG DISTANCE SERVICE Circle if one (1) way or two LEC If no physical address, COUNTY ZIP FCC NUM ONG DISTANCE SERVICE Circle if one (1) way or two (LEC	EXG
**COCOT NUMBER_ LOCATION ADDRESS CITY STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LOTE LOCATION MANUFACTURER'S NAME & MODEL NUMBER_ **COCOT NUMBER_ LOCATION ADDRESS CITY STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LOTE LOCATION ADDRESS LITY STATE_ UNDERLYING CARRIER(S) FOR BOTH LOCAL & LOTE LOCATION MANUFACTURER'S NAME & MODEL NUMBER_ **COCOT NUMBER_ LOCATION	LEC If no physical address, COUNTY ZIP FCC NUME ONG DISTANCE SERVICE Circle if one (1) way or two LEC If no physical address, COUNTY ZIP FCC NUM ONG DISTANCE SERVICE Circle if one (1) way or two (LEC	EXG_use building name, cross streets, etc EXG_use building name, cross streets, etc BER
**COCOT NUMBER LOCATION ADDRESS CITY STATE UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER **COCOT NUMBER LOCATION ADDRESS CITY STATE UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER **COCOT NUMBER LOCATION ADDRESS CITY STATE UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER **COCOT NUMBER LOCATION ADDRESS CITY STATE	LEC If no physical address, COUNTY ZIP FCC NUME ONG DISTANCE SERVICE Circle if one (1) way or two LEC If no physical address, COUNTY ZIP FCC NUM ONG DISTANCE SERVICE Circle if one (1) way or two (LEC If no physical address, COUNTY ZIP FCC NUM LEC If no physical address, COUNTY ZIP FCC NUME	EXG use building name, cross streets, etc EXG EXG LEXG L
**COCOT NUMBER LOCATION ADDRESS CITY STATE UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER **COCOT NUMBER LOCATION ADDRESS CITY STATE UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER **COCOT NUMBER LOCATION ADDRESS CITY STATE UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO CATION ADDRESS CITY STATE UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO UNDERLYING CARRIER(S	LEC If no physical address, COUNTY ZIP FCC NUME ONG DISTANCE SERVICE Circle if one (1) way or two LEC If no physical address, COUNTY ZIP FCC NUM ONG DISTANCE SERVICE Circle if one (1) way or two (LEC If no physical address, COUNTY ZIP FCC NUM ONG DISTANCE SERVICE CIRCLE If no physical address, COUNTY ZIP FCC NUME ONG DISTANCE SERVICE	EXG
**COCOT NUMBER LOCATION ADDRESS CITY STATE UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER **COCOT NUMBER LOCATION ADDRESS CITY STATE UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER **COCOT NUMBER LOCATION ADDRESS CITY STATE UNDERLYING CARRIER(S) FOR BOTH LOCAL & LO INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER **COCOT NUMBER LOCATION ADDRESS CITY STATE	LEC If no physical address, COUNTY ZIP FCC NUME ONG DISTANCE SERVICE Circle if one (1) way or two LEC If no physical address, COUNTY ZIP FCC NUM ONG DISTANCE SERVICE Circle if one (1) way or two (LEC If no physical address, COUNTY ZIP FCC NUM LEC If no physical address, COUNTY ZIP FCC NUME	EXG

The report, along with the check for \$10.00 per new Payphone, is due by the 10th 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 **Jaclyn Hammons at (615)741-2904**.