



STATE OF ALABAMA

ALABAMA PUBLIC SERVICE COMMISSION
P. O. BOX 304260
MONTGOMERY, ALABAMA 36130-4260

LUCY BAXLEY, PRESIDENT

TWINKLE ANDRESS CAVANAUGH, ASSOCIATE COMMISSIONER

TERRY L. DUNN, ASSOCIATE COMMISSIONER

WALTER L. THOMAS, JR.

SECRETARY

TO: All Payphone Applicants

FROM: David Peeler
Service Quality Analysis & Compliance Manager
Telecommunications Division

SUBJECT: Information Pertaining to the Provision of Pay Telephone Service

To Whom It May Concern:

The information contained in this package has been compiled to assist you in the preparation of the enclosed required documents related to public telephone service.

The forms that need to be completed and returned to the Alabama Public Service Commission (APSC) include the Application Form (APSC COCOT Form 1) and the Standardized Tariff Form (APSC COCOT Form 2). You are required to file the original and ten (10) copies of each form when filing by mail. If you file electronically, you are required to file the original and one (1) copy of each form. To obtain registration instructions for electronic filing with the APSC contact the Secretaries Office at (334) 242-5218.

**BEFORE THE
ALABAMA PUBLIC SERVICE COMMISSION**

APPLICATION OF

(Company Name)

**FOR CERTIFICATE OF
PUBLIC CONVENIENCE AND NECESSITY
TO PROVIDE**

**CUSTOMER OWNED COIN OPERATED
TELEPHONE SERVICE
WITHIN THE STATE OF ALABAMA**

(This Space For Record For Commission Use Only)

DOCKET NUMBER: _____

DATE APPROVED: _____

THE ORIGINAL AND TEN (10) COPIES OF THIS FORM AND ANY REQUIRED ATTACHMENTS MUST BE COMPLETED BEFORE FILING WITH THE ALABAMA PUBLIC SERVICE COMMISSION. INCOMPLETE FORMS WILL BE RETURNED TO APPLICANT WITHOUT ACTION. ATTACH ADDITIONAL SHEETS WHERE NECESSARY.

SECTION 1

GENERAL

1.1 Application for Certificate of Public Convenience and Necessity to provide payphone service in the State of Alabama.

1.2 Type of Certificate herein applied for:

A. _____ Customer Owned Coin Operated Telephone Service.

B. _____ Local and toll payphone service within the guidelines established by the Alabama Public Service Commission.

1.3 Name of Applicant:

Contact Person: _____

Contact Person's Telephone Number: _____

Company Name: _____

Business Address: _____

City and County: _____

State and Zip Code: _____

Telephone Number: _____

SECTION 2

ORGANIZATION

2.1 Type Of Organization:

- _____ Individual
- _____ Partnership
- _____ Corporation
- _____ Other (Identify)

2.2 If a Corporation:

Attach a copy of Articles of Incorporation and current by-laws.

Non-Resident Corporation, attach a copy of the Certificate of Authority issued by the Secretary of State showing Corporation's authority to do business in Alabama.

2.3 If a Partnership:

Attach a copy of the Partnership Agreement.

Attach a list showing name and address of all partners.

2.4 If Non-Resident, designate an agent for services in Alabama:

Name: _____

Address: _____

City: _____

State and Zip Code: _____

County: _____

Telephone Number: _____

SECTION 3

MAINTENANCE AND REPAIRS

3.1 Who is the manufacturer of the instrument(s) you intend to install?

3.2 Describe the instrument(s) which will be provided by applicant, and include a brochure with picture and specifications of the instruments.

3.3 How does applicant intend to maintain each payphone?

- Personally
- Full-time technician
- Part-time technician
- Maintenance and Repair will be contracted.
- Other, Describe fully:

SECTION 3

MAINTENANCE AND REPAIRS (Continued)

3.4 Identify and describe fully the qualifications of the technician(s) responsible for the maintenance and repair of your payphones.

SECTION 4

TARIFFS

4.1 EACH APPLICANT SHALL FILE THE STANDARDIZED TARIFF AS PROVIDED.

4.2 When the company makes changes in the rules and regulations, or other provisions of the tariff, an official tariff filing shall be made to the Alabama Public Service Commission addressed as follows:

Secretary
Alabama Public Service Commission
P. O. Box 304260
Montgomery, Alabama 36130

For Overnight Delivery:

Secretary
Alabama Public Service Commission
RSA Union Building
100 North Union Street
Suite 850
Montgomery, Alabama 36104

SECTION 5

REPRESENTATION

5.1 Applicant's Attorney or Representative:

Name: _____

Address: _____

City: _____

State and Zip Code: _____

Telephone Number: _____

- 5.2** Applicant understands that the filing of this application does not constitute operating authority, and will submit such additional materials as the Commission may require.
- 5.3** Applicant also agrees that the Commission will be informed of any change in ownership, contact person, or any changes in names or addresses contained herein within thirty (30) days of such changes.
- 5.4** Applicant must pay the annual inspection and supervision fee as required under Section 37-2-41, Code of Alabama 1975.

SECTION 5

REPRESENTATION (Continued)

5.5 Applicant hereby affirms that he/she has received and read a copy of the Guidelines for Provision of Customer-Owned Pay Telephone Service, understands the requirements set forth therein, and will provide this service in full compliance with said guidelines. Location of instrument(s) on a quarterly basis.

As required by Alabama Public Service Commission, Telephone Rule T-13 Transfers and Acquisitions, the Commission shall be notified of any changes in names or addresses contained herein, within thirty (30) days of such changes.

(Signature of Applicant)