



## 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**

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(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.

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**SECTION 1**

**GENERAL**

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

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**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?

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

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**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:

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**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.

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## 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.

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(Signature of Applicant)

