

PETITION FOR CERTIFICATE OF  
AUTHORITY TO OPERATE

Please submit this petition along with required attachments to: Executive Secretary, Louisiana Public Service Commission, Post Office Box 91154, Baton Rouge, Louisiana 70821-9154. If further information is needed, you may contact our Utilities Division at 225-342-1436.

Registration

Authorization to do business as a payphone services provider (“PSP”) depends upon satisfactory compliance with the Commission’s Regulations for Operator and Payphone Service, Section 301, including the following requirements. Failure to comply may result in loss of authority to do business in the State, together with such other penalties and fines as may be appropriate as set forth in the Regulations. The following information must be provided by all PSPs (that are not already certificated by the Commission) as a condition of doing business in the State.

I.

Legal name of the applicant and the name under which the applicant will do business.

Company Name \_\_\_\_\_  
Payphone services providers must request payphone access lines from the local exchange company under the same name under which they registered with the Louisiana Public Service Commission, and under the same name which would be identified on end user billing statements.

II.

Address and phone number of the applicant.  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

III.

Structure of the applicant, copy of the organization documents, authorization to do business in Louisiana and schematic of affiliated entities. This section is to include the names of officers, directors, names of shareholders, who, with or without the members of immediate families, hold in the aggregate 20% or more of the ownership, names of partners, if a partnership, and the names of joint venturers, if a joint venture. For purposes of this requirement, immediate family is taken to mean all blood relatives and in-laws. (Attach as Exhibit 1)

IV.

Telephone number and title of the individual who is to serve as liaison to the Commission in regard to: 1) the application, 2) the ongoing operation of the company, 3) service and repair of pay phones, and 4) complaints.

Contact Person \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

V.

Detailed tariff filed in compliance with Section 401 of the Regulations providing an explanation of the services/functions the applicant will provide through its telephone to its customers and Louisiana intrastate rates to be kept on file and maintained with the Commission. This is to include a statement by the applicant detailing its billing and collection procedures including the name of the entity providing billing services, whether provided by a local exchange company, billing agent or other arrangement. (Attach as Exhibit 2)

**VI.**

Evidence of financial ability to support proposed service offerings, e.g., letter of credit from bank, income tax return, financial statement, balance sheet. (Attach as Exhibit 3)

**VII.**

A showing of the technical capability and experience applicant possesses to support the services to be offered. If technical support is offered by someone other than the applicant with respect to programming, maintenance and repairs, please list. (Attach as Exhibit 4)

**VIII.**

Designate and maintain an agent for service of process in Louisiana and provide the name, address and telephone number of that agent to the Commission.

Agent's Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

**IX.**

Applicants/Companies which are providing payphone service and have active payphone access lines in service are to include with this application a listing of the access line numbers (telephone number), the date lines were installed, and the name under which service is provided from the local exchange company. (Attach as Exhibit 5)

By my signature on this petition, I hereby certify that each payphone of \_\_\_\_\_ (Name of Provider) is in compliance with Commission General Order U-21322.

PARISH OF \_\_\_\_\_  
STATE OF LOUISIANA

I, \_\_\_\_\_, hereby swear and depose that the foregoing information is true and correct of my personal knowledge.

\_\_\_\_\_  
Signature of Owner or Chief Officer of Provider

**SUBSCRIBED TO AND SWORN TO BEFORE ME** on this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_\_\_, to certify which witness my hand and official seal.

\_\_\_\_\_  
Notary Public for the State of Louisiana  
My Commission Expires \_\_\_\_\_