

OS & PSP Regulations  
Docket No. U-21322  
Adopted July 16, 1997 Open Session  
Corrected November 19, 1997 Open Session  
Amended August 19, 1998 Open Session

**LOUISIANA PAYPHONE SERVICE PROVIDER  
REGISTRATION STATEMENT  
AND CERTIFICATE OF COMPLIANCE**

Please submit this registration statement 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 the Utilities Division of the Commission at 225-342-1436.

1. NAME OF PAYPHONE PROVIDER: \_\_\_\_\_
2. PRINCIPAL PHONE NUMBER OF PROVIDER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_
3. ALL TRADE NAMES UNDER WHICH PROVIDER HAS DONE BUSINESS IN THE LAST 12 MONTHS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. CURRENT ADDRESS OF PRINCIPAL OFFICE OF PROVIDER:  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip \_\_\_\_\_
5. ALL OTHER ADDRESS LOCATIONS FOR PRINCIPAL OFFICE OF PROVIDER FOR LAST 12 MONTHS:  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip \_\_\_\_\_  
  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip \_\_\_\_\_
6. IF PROVIDER IS A CORPORATION, PROVIDE CURRENT NAME, BUSINESS ADDRESS AND PHONE NUMBER OF:  
President's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

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Secretary's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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Treasurer's Name: \_\_\_\_\_

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

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Phone: \_\_\_\_\_

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7. IF PROVIDER IS A PARTNERSHIP, PROVIDE CURRENT NAME AND BUSINESS ADDRESS OF ALL GENERAL PARTNERS:

Partner's Name: \_\_\_\_\_

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

—

Partner's Name: \_\_\_\_\_

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

—

Phone: \_\_\_\_\_

—

Partner's Name: \_\_\_\_\_

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

—

Phone: \_\_\_\_\_

—

Partner's Name: \_\_\_\_\_

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

—

Phone: \_\_\_\_\_

—

8. DATE PROVIDER STARTED IN PAYPHONE BUSINESS:

Month: \_\_\_\_\_

Year: \_\_\_\_\_

9. IF PROVIDER DOES NOT SERVICE OR MAINTAIN THE PAYPHONES, THEN PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF THE COMPANY THAT SERVICES THE PAYPHONES.

President's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

10. PLEASE EXPLAIN HOW PROVIDER'S PAYPHONES PROVIDES ACCESS TO NONPRESUBSCRIBED LONG DISTANCE TOLL CARRIERS: \_\_\_\_\_

11. **WHAT COMPANY PREPARED THE INFORMATION REQUIRED TO BE POSTED ON THE PROVIDER'S PAYPHONES?**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

12. **NAME, TITLE AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR PUBLIC SERVICE COMMISSION CONTACTS:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

13. **ATTACH A COPY OF YOUR CURRENT RATE SCHEDULE ( OR RATE SCHEDULE OF YOUR OSP) FOR ALL TYPES OF LOCAL, O+, AND 0- CALLS THAT CAN BE MADE FROM YOUR PAYPHONES.**

14. **ATTACH A COMPLETE LIST OF ALL PAYPHONES OWNED AND/OR OPERATED BY YOUR COMPANY, INCLUDING STREET ADDRESS, AND PHONE NUMBER**

15. **BY MY SIGNATURE ON THIS REGISTRATION STATEMENT, I HEREBY CERTIFY THAT EACH PAYPHONE OF \_\_\_\_\_ (Name of Provider) IS IN COMPLIANCE WITH THE COMMISSION'S REGULATIONS FOR OPERATOR AND PAYPHONE SERVICES (DOCKET U-21322).**

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

I, \_\_\_\_\_, do 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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