

TENNESSEE REGULATORY AUTHORITY

2014-2015 INSPECTION FEE

FOR CUSTOMER OWNED COIN (OR COINLESS) OPERATED TELEPHONES (COCOTS)

Company ID: 128787

Cocaine & Alcohol Awareness Program
3835 Lamar Avenue
Memphis TN, 38118-0000

RECEIVED

MAY 18 2015

RECEIVED
FISCAL OFFICE

MAY 18 2015

CK # 12127 SOURCE RA22-17
DEP 00001298 AMT 120.00

TN REGULATORY AUTHORITY

Please calculate and submit to the TRA your company's appropriate COCOT inspection fee by July 1, 2015. Failure to submit the proper fees could result in the disconnection of your COCOTs.

1. Total number of COCOTs operated by your company as of July 1, 2014

12

2. Total number of COCOT additions between July 1, 2014 and June 30, 2015

0

3. Total number of COCOT deletions between July 1, 2014 and June 30, 2015

0

4. Total COCOTs as of June 30, 2015
(line 1 plus line 2, subtract line 3)

12

5. **Fee due** (Total COCOTS shown on line 4 x \$10.00)
If Line 4 is 0 and you wish to retain your authority, please send fee of \$10.00.

\$ 120.00

I, the undersigned owner, president, or officer of the above named COCOT provider, being first duly sworn, on oath, state the number of COCOTs operated by said company and the inspection fee computed therefrom are accurate.

NAME ALBERT RICHARDSON, Jr
(Please Print)

SIGNATURE

TITLE Executive Director

FAX NO (901) 360-0868

TELEPHONE (901) 360-0442

If you are no longer in this business and would like to cancel your authority, please sign below.

PLEASE CANCEL MY AUTHORITY TO OPERATE COCOTs IN TENNESSEE, AS I HAVE CLOSED THE TELECOM BUSINESS.

Please return form with enclosed payment to:

Tennessee Regulatory Authority
Attn: Chris Eaton
502 Deaderick Street, 4th Floor
Nashville, TN 37243
Chris.Eaton@tn.gov

TENNESSEE REGULATORY AUTHORITY



502 Deaderick Street, 4th Floor
Nashville, Tennessee 37243

2015-2016 RENEWAL APPLICATION FOR AUTHORITY TO PROVIDE PUBLIC PAYPHONE SERVICE

(Tenn. Comp. R. & Regs. Rule 1220-4-2-.43 to 1220-4-2-.54)

Company ID Number: **128787**
(To Be filled out by the TRA)

Docket Number 02-00710

Part 1: General Information

Name of Applicant Cocaine Alcohol Awareness Program, Inc.

Address 4041 Knight Arnold Rd, Ste 300

State Tennessee Zip Code 38118 Phone No: 901 360-0442

Name and telephone number of contact person authorized to respond to Authority inquiries Monday through Friday:

Name Albert Richardson, JR Telephone 901-360-0442
Barnetta Martin

Address 4041 Knight Arnold Rd, Memphis City TN. State TN. Zip 38118

Mail the completed renewal application to:

Tennessee Regulatory Authority
Consumer Services Division
502 Deaderick Street, 4th Floor
Nashville, TN 37243.

Should you have any questions, please call **Jaclyn Hammons at (615)741-2904.**

Part II Service and Repair

A. Maintenance 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 3rd party

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

To be determined

Part III 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. *(See attached)*
- B. Long Distance Carrier, Address, and 800 Number must be on the card. *N/A*
- C. Company Name, Address, Phone Number with a place for your TRA ID Number.
- D. Information for using Long Distance, (0+Area Code + Number – within this Area Code and Outside this Area Code. *N/A*
- 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) *911*
- 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: *N/A*
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 IV Rule Compliance Agreement

A. The Customer Owned Coin or Coinless Operated Telephone (COCOT) renewal authorization applicant, hereby, affirms the following:

- I have received, read, and understood the Tennessee Regulatory Authority's Public Payphone Service Rules and Regulations;
- I understand the penalties for non-compliance with these rules and regulations;
- I recognize all associated fees to provide Payphone Service, including the fee assessed for additional Payphone instruments;
- I will comply with the TRA Payphone Service Rules and all applicable state laws;
- I will submit a monthly report to the TRA indicating any COCOT additions accompanied with the proper fee;
- All information provided in the attached COCOT registration document is true to the best of applicant's knowledge.

Applicant Signature

Date

Subscribed and sworn before me this 5th Month, 8th day, of 2015 Year

Notary Public

My Commission expires the 10th Month, 21st Day, of 2017 Year

Oct. 21, 2017



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	If no physical address, use building name, cross streets, etc.	
ADDRESS	COUNTY	
CITY	STATE	ZIP
FCC NUMBER		
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTANCE SERVICE		
INSTALLATION DATE		
Circle if one (1) way or two (2) way service is provided		
MANUFACTURER'S NAME & MODEL NUMBER		
**COCOT NUMBER	LEC	EXG
LOCATION	If no physical address, use building name, cross streets, etc.	
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CITY	STATE	ZIP
FCC NUMBER		
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTANCE SERVICE		
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FCC NUMBER		
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTANCE SERVICE		
INSTALLATION DATE		
Circle if one (1) way or two (2) way service is provided		
MANUFACTURER'S NAME & MODEL NUMBER		

The report, along with the check for \$10.00 per new Payphone, is due by the 10th of each month. Mail to: Tennessee Regulatory Authority, Consumer Services Division, 502 Deaderick Street, 4th Floor, Nashville, TN 37243. If you have any questions call **Jaclyn Hammons at (615)741-2904**.

1
2
3



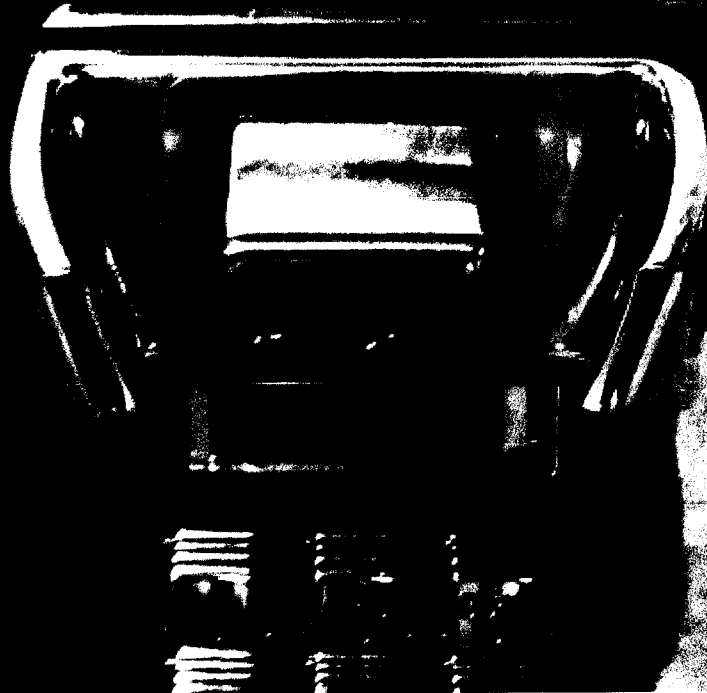
NO COIN NEEDED
for Charge,
SOS, & Free calls

Local calls: Push down coin before dialing
Long Distance: Push coin before dialing
Coin needed for Charge & Personal calls
Coin needed for SOS, SOS, SOS & Free calls

SOS dial 911 for emergency help



Deposit U.S. coins only
Change not provided





THE TELEPHONE NUMBER IS:

1 MURKIN B:
1010, DE LANC:
1010, DE LANC:
1010, DE LANC:
1010, DE LANC:
1010, DE LANC:

1010, DE LANC:
1010, DE LANC:
1010, DE LANC:
1010, DE LANC:
1010, DE LANC:
1010, DE LANC:

MEIN, DE LANC:

1
2
3

3-10-85

U.S.
COINS
ONLY

NO COIN NEEDED
for Charge,
SOS, & Free calls

1. **PHONE**

2. **COIN**

Local calls 1000
Long Distance 2

SOS dial 911



THE TELEPHONE WORKS:
EMERGENCIES _____ DIAL _____
LONG DISTANCE _____ DIAL _____
DIRECTORY ASSISTANCE _____ DIAL _____
SERVICE _____ DIAL _____
ASSISTANCE IN CALLING _____ DIAL _____

0
OPERATION

MENS PAYPHONE 2