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CONSUMER SERVICES DIVISION

MAY 13 2015

TN REGULATORY AUTHORITY



TENNESSEE REGULATORY AUTHORITY

RECEIVED  
FISCAL OFFICE

MAY 13 2015

AK # 009010 SOURCE RA22-17  
DEP # 00000192916 AMT 10.00

502 Deaderick Street, 4<sup>th</sup> 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: **128831**  
(To Be filled out by the TRA)

Docket Number 03-00243

Part 1: General Information

Name of Applicant KEITH WAGNER CLARKSVILLE RVPARK LLC

Address 1270 TYLERTOWN ROAD CLARKSVILLE

State TN Zip Code 37040 Phone No: (931) 648-8638

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

KEITH WAGNER 1-931-648-8638  
Name Telephone

1270 TYLERTOWN RD CLARKSVILLE TN 37040  
Address City State Zip

Mail the completed renewal application to:

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

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

**TENNESSEE REGULATORY AUTHORITY**  
**2014-2015 INSPECTION FEE**  
**FOR CUSTOMER OWNED COIN (OR COINLESS) OPERATED TELEPHONES (COCOTS)**

Company ID: 128831

Keith Wagner  
1270 Tylertown Road  
Clarksville TN, 37040-0000

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FISCAL OFFICE

MAY 12 2015

CK # 009010 SOURCE RA22-17  
DEP # 00001290 AMT 10.00

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   | <u>1</u>        |
| 2. Total number of COCOT <u>additions</u> between July 1, 2014 and June 30, 2015  | <u>0</u>        |
| 3. Total number of COCOT <u>deletions</u> between July 1, 2014 and June 30, 2015  | <u>0</u>        |
| 4. <u>Total COCOTs</u> as of June 30, 2015<br>(line 1 plus line 2, subtract line 3)   | <u>1</u>        |
| 5. <b>Fee due (Total COCOTS shown on line 4 x \$10.00)</b><br>If Line 4 is 0 and you wish to retain your authority, please send fee of \$10.00. | \$ <u>10.00</u> |

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 KEITH WAGNER  
(Please Print)

SIGNATURE Keith Wagner

TITLE PRESIDENT

FAX NO 1-931-648-8639

TELEPHONE 1-931-648-8638

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, 4<sup>th</sup> Floor  
Nashville, TN 37243  
Chris.Eaton@tn.gov

## 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 3<sup>rd</sup> party

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

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## 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.
- B. Long Distance Carrier, Address, and 800 Number must be on the card.
- 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.
- 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)
- 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: Name & Address and telephone number of Service Technician).
- J. Method of service provided—One-way (outbound calls only) or Two-way service

**No coin  
needed for  
SOS calls.**

1.  2. 

**Local calls** Deposit Money before dialing

**Long Distance** Dial all calls directly

To place Long Distance calls, follow your carrier's specific dialing instructions

**0+** needed for charge & person to person calls

**1+** needed for station-to-station

**SOS** dial 911 for Emergency help.

**Change not provided**

### Calling Card Calls

This Area Code

**0+** A.C.+Number

Other Area Code

**0+** A.C.+Number

Wait For Special Tone, Then Dial Calling Card Number

### Operator Assist Calls

Operator Dial 0, Wait a Few Seconds

This Area Code

**0+** A.C.+Number

Other Area Code

**0+** A.C.+Number

Wait For Special Tone, Then Dial 0 For Operator

### Station To Station Calls

This Area Code

**1+** Number

Other Area Code

**1+** A.C.+Number

### Directory Assistance

Local

**1+** 411

This Area Code

**1+** 555-1212

Other Area Code

**1+** A.C.+555-1212

### 800 Type Calls

**1+** 800+Number

For Emergency Call

No Coin Necessary

For Service Call, Dial

**LONG DISTANCE CENTURYLINK**  
**1-855-798-1789**

This Phone is Operated By

Clarksville R.V. Park LLC  
1270 Tylertown Road  
Clarksville TN 37040

**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.

Keith Wagner      5-8-15  
Applicant Signature      Date

Subscribed and sworn before me this \_\_\_\_\_ Month, \_\_\_\_\_ day, of \_\_\_\_\_ Year

Notary Public \_\_\_\_\_

My Commission expires the \_\_\_\_\_ Month, \_\_\_\_\_ Day, of \_\_\_\_\_ Year

SEAL