

# TENNESSEE REGULATORY AUTHORITY

Earl Taylor, Executive Director  
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David Jones, Director



502 Deaderick Street, 4<sup>th</sup> Floor  
Nashville, TN 37243

## 2014-2015 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: 59837

Docket Number: 9201571

(To Be filled out by the TRA)

### Part 1: General Information

Name of Applicant Shipp's RV Center, Inc.

Address 6728 Ringgold Road

State Chattanooga Zip Code 37412 Phone No: 423 892 - 8275

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

Name Shelly Cash Telephone (423) 892-8275

Address 6728 Ringgold Rd. City Chattanooga State TN Zip 37412

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 House 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 3<sup>rd</sup> party

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

Travis Williams, Maintenance Supervisor

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

Attach a copy of the Display Card in this space:

*Emergency use only*

**Part IV Rule Compliance Agreement**

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

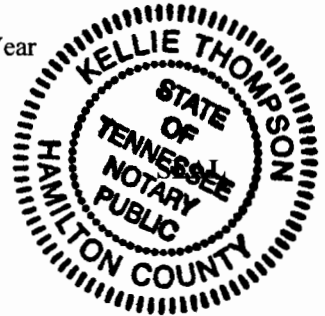
- I have received, read, and understood the Tennessee Regulatory Authority's Public Payphone Service Rules and Regulations;
- I understand the penalties for non-compliance with these rules and regulations;
- I recognize all associated fees to provide Payphone Service, including the fee assessed for additional 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.

Whitney Cash 06/30/14  
Applicant Signature Date

Subscribed and sworn before me this 30<sup>th</sup> Month, June day, of 2014 Year

Notary Public Kellie Thompson

My Commission expires the 4 Month, 8 Day, of 17 Year



# **MONTHLY REPORT OF NEW COCOT ADDITIONS**

**If you have any questions call (615)741-2904**

N/A

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 <u>one (1) way</u> or <u>two (2) way</u> service is provided		
MANUFACTURER'S NAME & MODEL 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 _____		
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INSTALLATION DATE _____ Circle if <u>one (1) way</u> or <u>two (2) way</u> service is provided		
MANUFACTURER'S NAME & MODEL NUMBER _____		

The report, along with the check for \$10.00 per new Payphone, is due by the 10<sup>th</sup> 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 House at (615)741-2904**.