

RECEIVED
CONSUMER SERVICES DIVISION
JUL 1 2014
TENNESSEE REGULATORY AUTHORITY

Earl Taylor, Executive Director
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David Jones, Director



RECEIVED
CONSUMER SERVICES DIVISION
JUL 1 2014
TENNESSEE REGULATORY AUTHORITY
502 Deaderick Street, 4th 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: 73270

Docket Number: 9304240

(To Be filled out by the TRA)

Part 1: General Information

Name of Applicant Dan Post Boot Company
Address 1751 Alpine Drive Clarksville
State TN Zip Code 37040 Phone No: 931 645 4466

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

Loie Marland (931) 645-4466 Ext 3111
Name Telephone

1751 Alpine Drive Clarksville, TN 37040
Address City State Zip

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 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
XY Service/repair contract with 3rd party

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

AT & T

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:

Part IV Rule Compliance Agreement

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

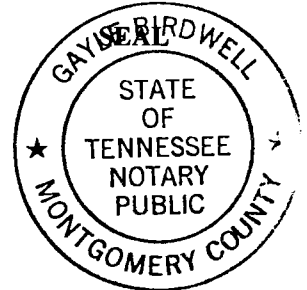
- I have received, read, and understood the Tennessee Regulatory Authority's Public Payphone Service Rules and Regulations;
- I understand the penalties for non-compliance with these rules and regulations;
- I recognize all associated fees to provide Payphone Service, including the fee assessed for additional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

Law Mailand 30 June 14
Applicant Signature Date

Subscribed and sworn before me this 30th Month, June day, of 2014 Year

Notary Public *Gayle Birdwell*

My Commission expires the 7 Month, 13 Day, of 2016 Year



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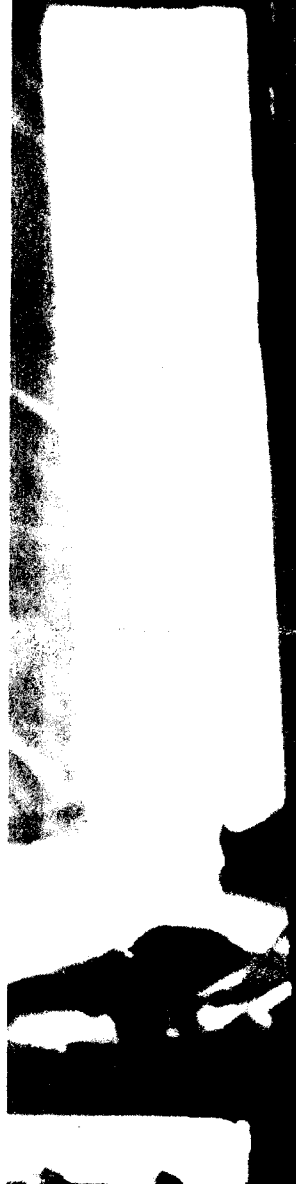
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INSTALLATION DATE _____ **Circle if one (1) way or two (2) way service is provided**
MANUFACTURER'S NAME & MODEL NUMBER _____

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 House at (615)741-2904**.

CONFIDENTIAL

It can
be used for
the same

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Tennessee Regulatory Authority
2013-2014