TENNESSEE REGULATORY AUTHORITY

Earl Taylor, Executive Director Jim Allison, Chairman Herb Hilliard, Vice Chairman Robin Bennett, Director Kenneth Hill, Director David Jones, Director



502 Deaderick Street, 4th FRECEIVED
Nashville, CONSUMER SERVICES DIVISION

JUN 27 2014

TN REGULATORY AUTHORITY

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:	102594	(To Be filled out by	the TRA)	Docket Number: 9503222
Part 1: General Inform	ation			
Name of Applicant	INTERST	47 7 1E15Co.	MMUNTCA	17,0005 JAC.
Address 1385	WEBER	Industri	AL DRIV	' E
State 650R6	, A 2	Zip Code 30041	Phone No: (770 <u>781</u> - <u>4787</u>
Name and telephone nuthrough Friday:	ımber of contac	t person authorized to	respond to Autho	ority inquiries Monday
FRANK T.	7. mm 2	KSR	770 7	91 4787
Name	Z. mm 2252 770 781 4787 Telephone			
1385 WEDER 2	IND. DR	Cummino	6A	30041
Address	City		State	Zip
Mail the completed ren	ewal applicatio	n to:		
	Co 50	nnessee Regulatory Amount of Services Divised Deaderick Street, 4th ashville, TN 37243.	sion	
	Na	ishville, TN 37243.		

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

Telephone (615)741-2904, Toll Free 1-800-342-8359, Facsimile (615)741-8953 www.state.tn.us/tra

Part II Service and Repair

- A. Maintenance of Public Payphone ("COCOT")
 - (1)How do you intend to service and maintain COCOTS

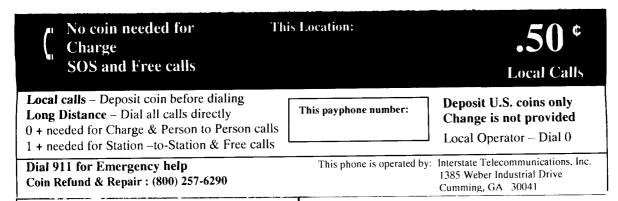
_Personally
Full time Technician
Part Time Technician
Service/repair contract with 3 rd party

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

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.
- Long Distance Carrier, Address, and 800 Number must be on the card. B.
- 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.
- ✓ Information for Collect Calls, Person-To-Person Calls, and Station-To-Station Calls. E.
- ✓ Directory Assistance (Local Calling Area) Outside Calling Area (411 or 1+411) F.
- G. Emergency Help (Dial)
- for Refund (Or indicate how you handle refunds) H. ✓ Dial
- Free Calls Toll Free 800 or 888 numbers, Repair Service. (This Instrument is serviced by: I. Name & Address and telephone number of Service Technician).
- ✓Method of service provided—One-way (outbound calls only) or Two-way service J.



Dialing Instructions

LocalDeposit Initial Rate – Dial Number Include area code (where required) Long Distance......Dial 1 + area code + number CARD, COLLECT & 3rd PARTY CALLS Dial 0 + area code + number (carrier restrictions may apply) DIRECTORY ASSISTANCE (CHARGES MAY APPLY) Local......411 **EMERGENCY**.....911



Network PTS 14472 Wicks Boulevard San Leandro, CA 94577 1-866-512-7906

DIAL "00" FOR RATE INFORMATION

OPERATOR SERVICES PROVIDED BY:

Alternate carriers are available by dialing your preferred carrier's access number.

Customers may direct complaints to: Federal Communications Commission

Commission Authorization # - 00102594

Contact your preferred carrier for access information. This phone is not provided by the local exchange company. Surcharges may apply to operator assisted and calling card calls.

Consumers have the right to access the long distance carrier of their choice.

Enforcment Division, Room 6202 2025 M Street, NW - Washington, DC 20554

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

Subscribed and sworn before me this June Month, 24th day, of 20 4 Yea

Notary Public M Well

My Commission expires the 50 Month, 24 Day, of 2017 Year

SEAL

MONTHLY REPORT OF NEW COCOT ADDITIONS

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

COMPANY NAME	
AUTHORIZATION NUMBER	_ / ,
ADDRESS	
ADDICESS	
CONTACT PERSON	
TELEPHONE NUMBER	\
**COCOT NUMBER	LEC EXG_
LOCATION	If no physical address, use building name, cross streets, etc.
ADDRESSSTATE	COUNTY
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DI	ZIP FCC NUMBER
INSTALLATION DATE	Circle if one (1) way or two (2) way service is provided
INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER	Choic it one (1) way or two (2) way service is provided
**COCOT NUMBER	LECEXG
LOCATION	If no physical address, use huilding name cross streets etc
ADDRESS	COUNTY
I CITY STATE	COUNTY
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DIS	STANCE SERVICE
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTALLATION 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
ADDRESS	COUNTY
ADDRESS STATE	ZIP FCC NUMBER
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DIS	STANCE SERVICE
INSTALLATION DATE MANUFACTURER'S NAME & MODEL NUMBER	Circle if one (1) way or two (2) way service is provided
MANUFACTURER'S NAME & MODEL NUMBER	
**COCOT NUMBER	LECEXG
LOCATION	If no physical address, use building name, cross streets, etc
ADDRESS	COUNTY
CITY STATE	ZIPFCC NUMBER
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DIS	STANCE SERVICE
INSTALLATION DATE	Circle if one (1) way or two (2) way service is provided
MANUFACTURER'S NAME & MODEL NUMBER	
**COCOT NUMBER	LECEXG
LOCATION	If no physical address, use building name, cross streets, etc
ADDRESSSTATE	COUNTY
	ZIP FCC NUMBER
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DIS	Circle if one (1) way or two (2) way service is provided
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ADDRESS	COUNTY
	ZIP FCC NUMBER
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DIS	
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 <u>Jaclyn House at (615)741-2904</u>.