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 Floor Nashville, TN 37243

RECEIVED

CONSUMER SERVICES DIVISION

JUN 3 0 2014

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: 126		out by the TRA)	Docket Number: 9700902
Part 1: General Informatio	n		
Name of Applicant Cont	tury Tel of Oolt	ewal-College	dale, Inc
Address Po Box 6	80644, Franklin	<u>.</u>	
	Zip Code <u>3704</u>		5) <u>986</u> - <u>2727</u>
Name and telephone number through Friday:	er of contact person authoriz	ed to respond to Authoric	ty inquiries Monday
Brenda McKin	Luz	419-755-	8473
Brunda McKu Name 665 Lexington PO Box 3555	ave	<u>Y19-755-</u> Telephone	
70 YBox 3555	manafield	0 H	44907
Address	City	State	Zip
Mail the completed renewa	l application to:		
	Tennessee Regulate Consumer Services 502 Deaderick Stre Nashville, TN 3724	Division et, 4 th Floor	
Should you have any quest	tions, please call <u>Jaclyn Ho</u> i	ıse at (615)741-2904.	

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

Part II Service and Repair

A.	Maintenance	of Public	Payphone	("COCOT"
1.	141aiiitCiiaiiCC	or r done	1 ay phone	(CCCC1

(1)	How do	you intend to	service and	maintain	COCOTS
-----	--------	---------------	-------------	----------	--------

	Personally
X	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.

Browder, Dupunion 33 400 experience

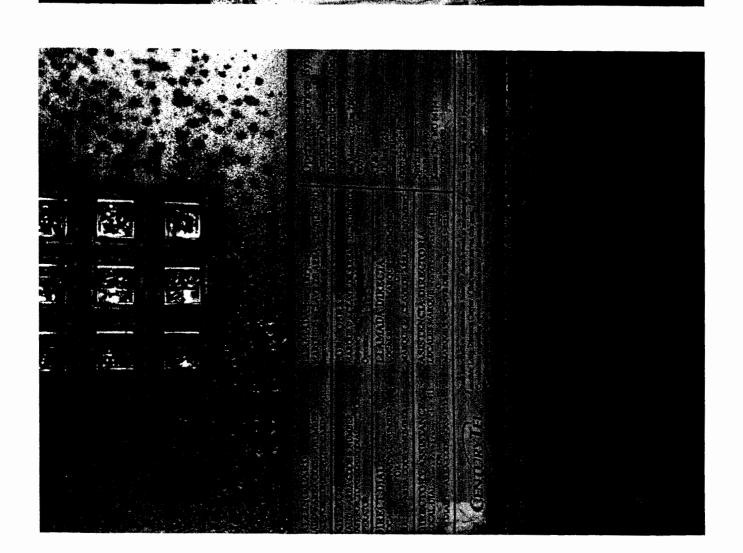
Part III Display Card

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.
- Company Name, Address, Phone Number with a place for your TRA ID Number. C.
- Information for using Long Distance, (0+Area Code + Number within this Area Code and D. Outside this Area Code.
- E. Information for Collect Calls, Person-To-Person Calls, and Station-To-Station Calls.
- Directory Assistance (Local Calling Area) Outside Calling Area (411 or 1+411) F.
- G. Emergency Help (Dial)
- Dial 800-786-6272 for Refund (Or indicate how you handle refunds) H.
- 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 -Two J.

Attach a copy of the Display Card in this space:

While gathering data it was discovered pertinent information is missing from the instruction card. By July 9, 2014 only 6 places will be installed on the 6.



PATURY TEL

100 Century Park Drive Monme 1.A 71203

.35 423-396-3597

FREE CALLS (No Coins Needed)

Emergency / Emergencia Dial 911 or "0"
Service/ Refund - Servicio / Reembolso
TOO) 214 FEE 800 - 786 - 627 2

OCHANGE PROVIDED / NO SE PROVEE CAMBIO

(COMPA)

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.

Brunda McKinile 6/24/14
Applicant Signature Date

Subscribed and sworn before me this 6 Me

Month, 24 day, of 2019 Year

Notary Public_

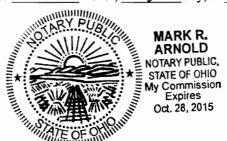
My Commission expires the

Month,

ZX

Day, of Zo/S Year

SEAL



MONTHLY REPORT OF NEW COCOT ADDITIONS

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

COMPANY NAME CENTURY TEL OF	Goltewal-Collegeolale, Onc
AUTHORIZATION NUMBER 12	6350
ADDRESS PO Box 3555	
manofield OH 4	4907
CONTACT PERSON Brenda McKe	nley
TELEPHONE NUMBER 4/9-755	8443
	no new installs
**COCOT NUMBER	LEC EXG
LOCATION	If no physical address, use building name, cross streets, etc.
ADDRESS N/A CITY STATE ZIP	COUNTY FCC NUMBER
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTAN	
INSTALLATION DATE Circ	le if one (1) way or two (2) way service is provided
MANUFACTURER'S NAME & MODEL NUMBER	
**COCOT NUMBER	
LOCATION	If no physical address, use building name, cross streets, etc.
ADDRESS STATE ZIP	COUNTY
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTAN	
	cle if one (1) way or two (2) way service is provided
MANUFACTURER'S NAME & MODEL NUMBER	00 10 00 00 00 00 00 00 00 00 00 00 00 0
**COCOT NUMBER	LECEXG
LOCATION	
ADDRESS	COUNTY
CITY STATE ZIP UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTAN	FCC NUMBER
INSTALLATION DATE Circ	le if one (1) way or two (2) way service is provided
MANUFACTURER'S NAME & MODEL NUMBER	te if one (1) way or two (2) way service is provided
**COCOT NUMBER	LEC EXG
LOCATION	If no physical address, use huilding name, cross streets, etc
ADDRESS	COUNTYFCC NUMBER
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTAN INSTALLATION DATE	cle if one (1) way or two (2) way service is provided
MANUFACTURER'S NAME & MODEL NUMBER	the if one (1) way of two (2) way service is provided
**COCOT NUMBER	LEC EXG
LOCATION	If no physical address, use building name, cross streets, etc.
ADDRESS	COUNTY
CITYSTATEZIP_	FCC NUMBER
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTAN	
INSTALLATION DATE Circ MANUFACTURER'S NAME & MODEL NUMBER	le if one (1) way or two (2) way service is provided
**COCOT NUMBER	LEC EXG
LOCATION	If no physical address, use building name, cross streets, etc
ADDRESS	COUNTY
CITYSTATEZIP_	FCC NUMBER
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTAN	
INSTALLATION DATE Circ MANUFACTURER'S NAME & MODEL NUMBER	cle if one (1) way or two (2) way service is provided
MANULAC LUKEK 3 NAME & MODEL MUMBER	

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>.