

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

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: 126387

(to Be filled out by the TRA)

Docket Number: 9701232

Part 1: General Information

Name of Applicant Pay Tel Communications, Inc.

Address 4230 Beechwood Drive

State NC

Zip Code 27410

Phone No: 336-346-1678 ext. 225

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

Tim Smith

336-346-1678 ext. 225

Name

Telephone

4230 Beechwood Drive

Greensboro

NC

27410

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.**

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

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 3rd party

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

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:

MONTHLY REPORT OF NEW COCOT ADDITIONS

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

COMPANY NAME Pay Tel Communications, Inc.
AUTHORIZATION NUMBER _____
ADDRESS 4230 Beechwood Drive
Greensboro, NC 27410
CONTACT PERSON Tim Smith
TELEPHONE NUMBER 336-346-1678 ext. 225

**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)</u> way or <u>two (2)</u> 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 _____				
CITY	_____	STATE	_____	ZIP	_____
FCC NUMBER _____					
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTANCE SERVICE _____					
INSTALLATION DATE _____ Circle if <u>one (1)</u> way or <u>two (2)</u> way service is provided					
MANUFACTURER'S NAME & MODEL NUMBER _____					

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LOCATION	_____ If no physical address, use building name, cross streets, etc.				
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CITY	_____	STATE	_____	ZIP	_____
FCC NUMBER _____					
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTANCE SERVICE _____					
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ADDRESS	_____ COUNTY _____				
CITY	_____	STATE	_____	ZIP	_____
FCC NUMBER _____					
UNDERLYING CARRIER(S) FOR BOTH LOCAL & LONG DISTANCE SERVICE _____					
INSTALLATION DATE _____ Circle if <u>one (1)</u> way or <u>two (2)</u> 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**.

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

TECHNOLOGIES MANAGEMENT INC.
AS ATTORNEY-IN-FACT
BY ROBIN NORTON, CONSULTANT

Robin Norton
Applicant Signature

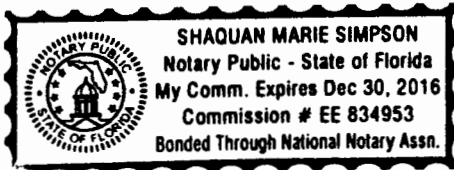
7.3.14
Date

Subscribed and sworn before me this 7th Month, 3rd day, of 2014 Year

Notary Public Shaquan Marie Simpson

My Commission expires the 12 Month, 30 Day, of 2016 Year

SEAL



PROPRIETARY
TENNESSEE REGULATORY AUTHORITY
2013-2014 INSPECTION FEE
FOR CUSTOMER OWNED COIN OPERATED TELEPHONES (COCOTS)

COMPANY ID 126387

Pay Tel Communications, Inc.
P.O. Box 8179
Greensboro, NC 27419-8719

Attn: Tim Smith

RECEIVED
CONSUMER SERVICES DIVISION
JUL 10 2014
TN REGULATORY AUTHORITY

RECEIVED
FISCAL OFFICE

JUL 09 2014
CK # 127674
DEP # 808
SOURCE 0A22-17
AMT 10.00

Please calculate and submit to the TRA your company's appropriate COCOT inspection fee by July 1, 2014.
Failure to submit the proper fees could result in the disconnection of your COCOT's.

1. Total number of COCOTs operated by your company as of July 1, 2013 0
2. Total number of COCOT additions between July 1, 2013 and June 30, 2014 _____
3. Total number of COCOT deletions between July 1, 2013 and June 30, 2014 _____
4. Total COCOTs as of June 30, 2014
(line 1 plus line 2, subtract line 3) 0
5. **Fee due (Total COCOTS shown on line 4 x \$10.00)** \$ 10.00
If Line 4 is 0 and you wish to retain your authority, please send fee of \$10.00.

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 TECHNOLOGIES MANAGEMENT INC.
AS ATTORNEY-IN-FACT
BY ROBIN NORTON, CONSULTANT
(Please Print)

SIGNATURE Robin Norton

TITLE _____ FAX NO 407-740-0613
TELEPHONE 407-740-8575

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: Laura Foreman
502 Deaderick Street, 4th Floor
Nashville, TN 37243
Laura.Foreman@tn.gov