



Public Utility Commission of Texas

INSTRUCTIONS FOR THE APPLICATION OR AMENDMENT OF A SERVICE PROVIDER CERTIFICATE OF OPERATING AUTHORITY OR A CERTIFICATE OF OPERATING AUTHORITY

A **sworn** application should be submitted to: Central Records Filing Clerk
Public Utility Commission of Texas
1701 N. Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326
(512) 936-7180

An Application consists of a title page, an affidavit, and the required, properly completed questions. The Applicant shall also file the Application electronically as directed by the Commission's Procedural Rules, which can be found on the Commission's web site. **Seven copies (an original and six copies) of the Application** should be submitted and should meet the following requirements:

- The original copy shall not be hole punched, tabbed, bound or stapled.
- Each of the six copies should be three-hole punched with a tab before each numbered question and response.
- The docket/project number (if known) should appear on the Title Page and the Applicant's name and a page number should appear on each page of the Application.

All responses to questions shall be in a truthful manner. The Applicant must promptly amend the SPCOA or the COA when substantive changes occur by filing **seven copies (an original and six copies) of the amendment** with Central Records in the established docket.

If the Application information is not subject to disclosure under Government Code §552.001 *et seq.*, the Applicant may label that information confidential and file it in accordance with Procedural Rule §22.71(d); citing the applicable provisions of the Government Code. If you have any questions concerning the filing of confidential information, contact Central Records (512) 936-7180.

This Application is a multipurpose application. The Applicant may file for multiple amendments within the same application. **All Questions listed in the "Update Responses as Necessary" column must be responded to with either updated detailed information or "NO CHANGE"**. In your Application, **delete** all application questions **not listed as necessary for in one of the two columns below.** (See Chart below).

This Application is a format, not a form, so add or drop spaces and lines as needed. Attachments must be labeled. Please keep attachments to a minimum, providing the responses directly below the question as much as possible. Failure to provide a complete, truthful, or responsive answer to any question may result in a denial or a delay in the processing of the Application. Do not file these instructions with this Application.

Application Type	Required Responses	Update Responses as Necessary
New SPCOA Application	Title Page (TP), Affidavit (AF) 1–17	
New COA Application	TP, AF, 1–10, & 12–17	
Re-Qualification SPCOA Application	TP, AF, 1–17	
Re-Qualification COA Application	TP, AF, 1–10, & 12–17	
Name Change Amendment	TP, AF, 1, 2(a, b, c, e, h, i), 3, & 13	2(d, f, g)
Certification Relinquishment	TP, AF, 1, 2(a, b, c, e, h, i), 3, 13, & 18-21	
Change in Ownership / Control	TP, AF, 1, 2(a, b, c, e, f, g, h, i), 13, 14, 16, & 17	2(d) & 3–12, & 15
Change in Ownership between Two Existing SPCOA/COA Holders	TP, AF, 1, 2(a, b, c, e, h, i), 3, & 13	TP, AF, 1 - 17 as Directed
Change in Service Area	TP, AF, 1, 2(a, b, c, e, h, i), 7, 13, 14, 16, & 17	2(d, f, g), 3–6, & 8–12, & 15
Service Discontinuation	TP, AF, 1, 2(a, b, c, e, h, i), 3, 13, & 18	
Change in Type of Provider	TP, AF, 1, 2(a, b, c, e, f, g, h, i), 4-6, 13, 14, 16, & 17	3 & 7–12, & 15
Corporate Restructuring	TP, AF, 1, 2(a, b, c, e, f, g, h, i), 13, 14, 16, 17	2(d), & 3–12, & 15



Public Utility Commission of Texas

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Web Site: www.puc.state.tx.us

TITLE PAGE

APPLICATION FOR CERTIFICATION, RE-QUALIFICATION, OR AMENDMENT TO A SERVICE PROVIDER CERTIFICATE OF OPERATING AUTHORITY OR A CERTIFICATE OF OPERATING AUTHORITY

DOCKET/PROJECT NO. _____

APPLICANT(s): 1. _____
2. _____

Authorized Representative for this Application:

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL ADDRESS: _____

Regulatory Representative:

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL ADDRESS: _____

Complaint Representative:

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL ADDRESS: _____

AFFIDAVIT

STATE OF _____ §
 §
COUNTY OF _____ §

1. My name is _____ I am
_____ of the Applicant _____.

2. I swear or affirm that I have personal knowledge of the facts stated in this Application for a Service Provider Certificate of Operating Authority or a Certificate of Operating Authority (Select one), that I am competent to testify to them, and that I have the authority to make this Application on behalf of the Applicant. I further swear or affirm that all of the statements and representations made in this Application for a Service Provider Certificate of Operating Authority or a Certificate of Operating Authority (Select one) are true and correct. I swear or affirm that the Applicant understands and will comply with all requirements of law applicable to a Service Provider Certificate of Operating Authority or a Certificate of Operating Authority (Select one).

Signature

Typed or Printed Name

SWORN TO AND SUBSCRIBED before me on the _____ day of _____, 20____.

Notary Public In and For the
State of _____

My commission expires: _____

1. Check only one of the following Requests:

- (a)
- | | |
|--|--|
| <input type="checkbox"/> New SPCOA Application | <input type="checkbox"/> Application
Amending SPCOA No. _____ |
| <input type="checkbox"/> New COA Application | <input type="checkbox"/> Application
Amending COA No. _____ |

(b) If you are filing an amendment, check one or more of the following as requests made in this amendment filing:

- | | |
|--|---|
| <input type="checkbox"/> Name Change Amendment | <input type="checkbox"/> Certification Relinquishment |
| <input type="checkbox"/> Change in Ownership/Control | <input type="checkbox"/> Service Discontinuation |
| <input type="checkbox"/> Change in Service Area | <input type="checkbox"/> Change in Type of Provider |
| <input type="checkbox"/> Corporate Restructuring | <input type="checkbox"/> Other |

(c) Provide a summary explanation of all items checked in “b” above.

2. Provide a description of the Applicant, which shall include the following:

- (a) Legal name and all assumed names under which the Applicant conducts business, if any;
- (b) Address of principal office and business office;
- (c) Principal office/business office telephone number
Fax number
Website address
E-mail address
Toll-free customer service telephone number. *(If the Applicant has not obtained the toll-free customer service telephone number at the time of the Application, the Applicant must commit to obtaining one before beginning business);*
- (d) FCC Carrier Identification Code (CIC) or National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs), if available;
- (e) Form of business in Texas (*e.g.*, corporation, partnership, sole proprietorship), Charter/Authorization number, date business was formed and date change was made (if applicable). Provide the State and date in which the parent company is registered. *(The Commission requires registration with the Secretary of State for all forms of business, except sole proprietorships.)*
- (f) A list of the names, titles, phone number and office e-mail address of each director, officer, or partner;

- (g) Name, address, and office address of each of the five largest shareholders, if not publicly traded;
- (h) Legal name of parent company, if any, and a description of its primary business interests; and,
- (i) Legal name of all affiliated companies that are public utilities or that are providing telecommunications services and the states in which they are providing service. Give a description of all affiliates and explain in detail the relationship between the Applicant and its affiliates. An organizational chart should be provided, if available.

3. State the name **and only one name**, in which the Applicant wants the Commission to issue its certificate. Provide the following information from the Applicants registration with the Office of the Secretary of State of Texas or registration with another state or county, as applicable: *(NOTE: If the Applicant is a corporation, the Commission will issue the certificate in either the Applicant's corporate or assumed name, not both. The certificate holder must use only the name approved by the Commission on all bills and advertisements sent to or viewed by the public. Name Changes require Commission Approval as well as Secretary of State Approval.)*

- (a) Requested name:
- (b) Assumed names:
- (c) Texas Secretary of State (or County) file number:
- (d) Texas Comptroller's Tax Identification number:
- (e) Other Applicable certification/file numbers:
- (f) Date the business was registered:

- 4. (a) Provide a detailed description of the telecommunications services to be provided.
- (b) Indicate with a yes or no response for each item below, whether the Applicant will be providing the following telecommunications services and whether the service will be for business or residential service:

	<u>Business</u>	<u>Residential</u>
_____ POTS (Plain Old Telephone Service)	_____	_____
_____ ADSL	_____	_____
_____ ISDN	_____	_____
_____ HDSL	_____	_____
_____ SDSL	_____	_____
_____ RADSL	_____	_____
_____ VDSL	_____	_____
_____ Optical Services	_____	_____
_____ T1-Private Line	_____	_____
_____ Switch 56 KBPS (KiloBits Per Second)	_____	_____
_____ Frame Relay	_____	_____

Fractional T1
 Long Distance
 Wireless
 Other (Please Describe): _____

5. (a) Is the Applicant providing prepaid calling services?
- (b) If yes to (a), provide a yes or no response to the list of telecommunications services below:

Residential Prepaid Local Calling Services
 Business Prepaid Local Calling Services
 Residential Prepaid Domestic Long Distance Calling Services
 Business Prepaid Domestic Long Distance Calling Services
 Residential Prepaid International Long Distance Calling Services
 Business Prepaid International Long Distance Calling Services

6. (a) Indicate below the type of certification being requested:

Facilities-based, Data, and Resale
 Facilities-based and Resale
 Resale Only
 Data Only – Facilities-based and Resale
 Data Only – Resale Only

7. Provide a written description of the exchanges, local access and transportation areas (LATAs), or incumbent local exchange company (ILEC) service areas or attach a scaled map of the geographic area for which the certificate is requested within the State of Texas that the Applicant proposes to serve.

8. Does the Applicant, owner, or any affiliate currently hold a service provider certificate of operating authority (SPCOA), certificate of operating authority (COA), or certificate of convenience and necessity (CCN) for any part of the area covered by this Application?

9. (a) Does the Applicant expect to provide service to customers other than itself and its affiliates?

- (b) Has the Applicant provided one copy of this Application to the Texas Commission on State Emergency Communications (a.k.a. 911 Commission) within 5 days of submitting the application? If you are relinquishing the certificate have you also sent a copy of the application to all affected 911 entities within 5 days of submitting the application?

(Send copy to Commission on State Emergency Communications, Office of General Counsel at the George H. W. Bush State Office Building, 1801 N. Congress Avenue, Suite 11.100, Austin, Texas 78701-1320, with phone number 512-305-6911, fax number 512-305-6937, and website address <https://www.csec.texas.gov>).

- (c) As part of the Application provided to the 911 Commission and this commission, has the applicant provided the following information concerning its 911 contact person as required in Substantive Rule No. 26.433(e)(2)(a)? (You may provide up to three 911 contacts per company)

Name: _____

Title: _____

Address: _____

Office Number: _____

Fax Number (Optional): _____

Email Address: _____

- 10. (a) Is the Applicant a municipality?
- (b) Will the Applicant enable a municipality or municipal electric system to offer for sale to the public, directly or indirectly, local exchange telephone service, basic local telecommunications service, switched access service, or any non-switched telecommunications service used to provide connections between customers' premises within an exchange or between a customer's premises and a long distance provider serving the exchange?
- 11. (a) **APPLICABLE TO SPCOA APPLICANTS ONLY.** Report total intrastate switched access minutes of use for the Applicant, together with its affiliates, for the twelve-month period beginning sixteen months before the first day of the month in which this Application is filed. *(In calculating minutes of use for this question, include minutes of all entities affiliated with the Applicant.)*
- (b) **APPLICABLE TO SPCOA APPLICANTS ONLY.** Identify all affiliates whose minutes of use are included in the calculation required in 12(a).
- 12. (a) Has the Applicant, its owners, or any affiliate applied for a permit, license, or certificate to provide telecommunications services in any state other than Texas? If yes, identify the affiliates, what permit, license, or certificate they have applied for, and the state(s) in which they have applied.
- (b) Has the Applicant, its owners, or any affiliate ever had a permit, license, or certificate to provide telecommunications services granted by any state, including Texas? If yes, identify the affiliates, what permit, license, or certificate they have

and when they were held and the state(s) in which they are held. Provide an explanation.

- (c) Has the Applicant, its owners, or any affiliate ever had any permit, license, or certificate denied or revoked by any state? If yes, identify the affiliates, what permit, license, or certificate they had revoked, and the state(s) in which they were revoked. Provide an explanation.
 - (d) Has the Applicant, its owners, or any affiliate ever provided telecommunications services in Texas or any other state? If yes, identify the affiliates, what permit, license, or certificate they may have held, and the state(s) in which they provided service.
- 13.
- (a) Any complaint history, disciplinary record and compliance record during the 60 months immediately preceding the filing of the application regarding: the applicant; the applicant's affiliates that provide utility-like services such as telecommunications, electric, gas, water, or cable service; the applicant's principals; and any person that merged with any of the preceding persons. The information should include, but not be limited to, the type of complaint, in which state or federal agency the complaint was made, the status of the complaint, the resolution of the complaint and the number of customers in each state where complaints occurred.
 - (b) Is the Applicant, or the applicant's principals currently under investigation or have the Applicant or its principals been penalized by an attorney general or any state or federal regulatory agency for the violation of any deceptive trade or consumer protection law or regulation? If yes, please explain.
 - (c) Disclose whether any owners, directors, officers, or partners in the organization are convicted felons? Also disclose whether the applicant or applicant's principals have been convicted or found liable for fraud, theft, larceny, deceit, or violations of any securities laws, customer protection laws, or deceptive trade laws in any state. If yes, please explain.
 - (d) Provide the number of customers per state (including Texas) for the past 60 months, for which the Applicant, its parent company, and/or any affiliates are providing telecommunications services.
- 14.
- (a) Provide a detailed description of the Applicant's technical qualifications to provide the local exchange service, basic local telecommunications service, and/or switched access service proposed in this Application.
 - (b) If the Applicant plans to rely upon a consultant to meet the technical qualifications requirements, provide the following information: (1) name,

address, and phone number of consultant, (2) a copy of the contract between the principals and the consultant, (3) consultant's resume or a detailed description of the consultants experience, (4) information regarding any professional registrations or certifications that the consultant holds, (5) percentage of the consultant's time being contracted, and (6) a list of other telecommunications companies served by the consultant and the percentage of time allotted to each company.

- (c) Provide a detailed description or individual resumes setting forth the qualifications of the Applicant's key personnel. Descriptions or resumes shall include (1) **Key Personnel Names**, (2) **Applicant Company Titles**, (3) **Detailed Telecommunications or Related Experience**, and (4) **Years of Experience**.

15. Attach a completed Service Quality Questionnaire.
16. Provide an audited or unaudited balance sheet for the applicants most recent quarter that demonstrates the shareholders' equity required by P.U.C. Subst. R. 26.111(f). The audited balance sheet must include the independent auditor's report. The unaudited balance sheet must include a sworn statement from the executive officer of the applicant attesting to the accuracy, in all material respects, of the information provided in the unaudited balance sheet.
17. Provide a summary of any history of insolvency, bankruptcy, dissolution, merger or acquisition of the applicant or any predecessors in interest during the 60 month immediately preceding this Application.
18. If you are relinquishing your certificate or discontinuing service, provide a copy of the customer notification (minimum of 61 days notice) sent to each customer indicating the intent of the Applicant to discontinue service. Notice shall, at a minimum, contain the following information:
 - (a) The approximate date the Applicant intends to discontinue service(s) or operations.
 - (b) A description of any arrangements that will be made by the Applicant to transfer customers to a carrier of their choice and how, if no choice is made by the customer, the Applicant will transfer the customer to a carrier of last resort.
 - (c) A description of how and when deposits and credits will be returned to customers. And a statement that deposits and credits shall be returned to customers within 60 days of the notification to relinquish certification, or within 30 days of the notification of service(s) discontinuation.

- (d) A statement that any switchover fees shall be paid by the Applicant for customers to be transferred to the carrier of their choice.

- 19. If you are relinquishing your certificate, provide a statement that the Applicant shall notify the Texas Comptroller's Office, Texas Secretary of State, and the administrator of the Texas Universal Service Fund of its Application within 5 days of filing the Application.

- 20. If you are relinquishing your certificate or discontinuing service, provide a statement that the Applicant shall return deposits and credits to the customers.

- 21. If you are relinquishing your certificate, provide a statement that the Applicant shall void all interconnection agreements upon Commission approval of an Application to relinquish certification.

SERVICE QUALITY QUESTIONNAIRE for SPCOA and COA Applicants as required in Question number 15.

Will the Applicant meet each of the following benchmark service quality standards listed below? For each "NO" response, please provide an explanation.

YES ____ NO ____ Make one-party line service available upon request to all subscribers of local exchange service.

YES ____ NO ____ Install 95% of primary service orders and 90% of regular service orders within five working days of customer orders, excluding those orders where a later date is requested by the customer.

YES ____ NO ____ Meet 90% of commitments to customers regarding the date of installation of service orders, excepting customer-caused delays.

YES ____ NO ____ Maintain the level of held regrade orders (as defined in Substantive Rule 26.54) at or below one percent of access lines served.

YES ____ NO ____ Answer 85% of toll and assistance operator calls within ten seconds.

YES ____ NO ____ Answer 90% of repair service calls and calls to business offices within 20 seconds.

YES ____ NO ____ Provide dial tone within 3 seconds for 98% of calls.

YES ____ NO ____ Maintain an availability factor for stored program controlled digital and analog switching facilities (local intra-office) at 99.99%, or keep total unscheduled outages below 53 minutes per year.

YES ____ NO ____ Maintain an availability factor for stored program controlled digital and analog switching facilities (local inter-office) at 99.93%, or keep total unscheduled outages below 365 minutes per year.

YES ____ NO ____ Complete 97% of properly dialed tolled calls without encountering failure because of blockages or equipment irregularities.

YES ____ NO ____ Maintain an average monthly rate of customer trouble reports, excluding CPE reports, at or below 6%.

YES ____ NO ____ Clear 90% of out-of-service trouble reports within 8 working hours, except where access to the customer's premises is required and not available or where interruptions are caused by unavoidable casualties and acts of God affecting large groups of customers.

- YES ____ NO ____ Maintain the number of repeated trouble reports on residence and single-line business lines at or below 22% of the total customer trouble reports on those lines.
- YES ____ NO ____ Maintain transmission facilities meeting the requirements of Substantive Rule 26.54, Transmission Requirements.
- YES ____ NO ____ Meet the Commission's continuity-of-service requirements established in Substantive Rule 26.51.
- YES ____ NO ____ Provide 911 emergency telephone service in accordance with Chapters 771 and 772 of the Texas Health and Safety Code, as applicable.
- YES ____ NO ____ Commit to providing equipment that will comply with 911 requirements.
- YES ____ NO ____ Commit to providing at least 1 customer service representative per every 2,500 customers during normal business hours.
- YES ____ NO ____ Commit to providing equipment that is local number portability (LNP) capable.
- YES ____ NO ____ Maintain an emergency operations plan that addresses disaster recovery procedures.
- YES ____ NO ____ Comply with PUC Substantive Rules §26.32 and §26.130 requiring notification of customers about slamming and cramming information on monthly bills.
- YES ____ NO ____ Comply with PUC Substantive Rules §26.31 for customer disclosure.
- YES ____ NO ____ Comply with PUC Substantive Rules §26.122 regarding customer proprietary network information.
- YES ____ NO ____ Comply with applicable portions of Chapter 26, Subchapter B regarding customer service and protection.
- YES ____ NO ____ Comply with anti-discrimination laws on the basis of race, nationality, color, religion, sex, marital status, income level, source of income, or geographic location.
- YES ____ NO ____ Disclose to customer that they may contact the PUC and pursue complaints if the customer and certificate holder cannot resolve the complaint.