

(File Original and 3 copies)

Docket No. \_\_\_\_\_

ICC Office Use Only

Please provide the appropriate information in the ( ) areas in the heading below.

(Applicant's Name) :

Application for a certificate of (local or interexchange) authority to operate as a (reseller or facilities based carrier) of telecommunications services in (list specific area) in the State of Illinois. :

**APPLICATION FOR CERTIFICATE TO BECOME A TELECOMMUNICATIONS CARRIER**  
(Use additional sheets as necessary.)

**GENERAL**

1. Applicant's Name(including d/b/a, if any) FEIN # \_\_\_\_\_

\_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

2. Authority Requested: (Mark all that apply) \_\_\_\_\_13-403 \_\_\_\_\_13-404 \_\_\_\_\_13-405

3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

\_\_\_\_\_Part 710 \_\_\_\_\_Part 735 \_\_\_\_\_Section 735.180 \_\_\_\_\_Other

4. In what area of the state does the Applicant propose to provide service?

\_\_\_\_\_

5. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues



14. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? \_\_\_\_ YES \_\_\_\_ NO

If YES, list entity. \_\_\_\_\_

15. How will Applicant bill for its service(s)? \_\_\_\_\_

16. How does Applicant propose to handle service, billing, and repair complaints?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? \_\_\_\_ YES \_\_\_\_ NO

18. What telephone number(s) would a customer use to contact your company?

\_\_\_\_\_

19. What are your procedures to prevent unauthorized "slamming" of customers?

20. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

\_\_\_\_ YES \_\_\_\_ NO (If no, please provide an explanation.)

21. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? \_\_\_\_ YES \_\_\_\_ NO

## **FINANCIAL**

22. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

## **TECHNICAL**

23. Does Applicant utilize its own equipment and/or facilities? \_\_\_\_ YES \_\_\_\_ NO

If YES, please list: \_\_\_\_\_  
\_\_\_\_\_

If NO, which facility provider(s)'s services does Applicant use?

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24. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

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25. Will technical personnel be available at all times to assist customers with service problems?  
\_\_\_\_\_YES \_\_\_\_\_NO

26. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? \_\_\_\_\_YES \_\_\_\_\_NO

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(Signature of Applicant)

