



DEPOSIT DATE
D766 **APR 30 1998**

April 29, 1998
Via Overnight

210 N. Park Ave. Florida Public Service Commission
Winter Park, FL Division of Communications
32789 2540 Shumard Oak Boulevard
 Tallahassee, FL 32399-0850

980601-TC

P.O. Drawer 200 Re: Application of Telequip Labs, Inc. for a
Winter Park, FL Certificate to Provide Pay Telephone Service
32790-0200 Within the State of Florida

Dear Sir/Madam:

Tel 407-740-8575 Enclosed for filing are the original and five (5) copies of
Fax 407-740-0613 the above-referenced application of Telequip Labs, Inc.

tmi@tminc.com

Also enclosed is a check in the amount of \$100 to cover the
filing fee.

Please acknowledge receipt of this filing by date-stamping
the extra copy of this cover letter and returning it to me
in the self-addressed, stamped envelope provided for this
purpose.

Questions regarding this filing, may be directed to me at
(407) 740-8575.

Yours truly,

Hal Stringer
Consultant to
Telequip Labs, Inc.

cc: Suzanne Rettew - Telequip
file: Telequip - FL
tms: FLN9800

RECEIVED
SERVICES DIVISION
98 APR 30 PM 4:02
MAIL ROOM

DOCUMENT NUMBER-DATE

04907 APR 30 98

FPSC-RECORDS/REPORTING

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

For

Certificate to Provide Pay Telephone Service
Within the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the Application before processing will begin.
- C. Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- D. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- E. Use a separate sheet for each answer which will not fit the allotted space.
- F. If you have any questions about completing the form, contact the Certificate Section at 904\488-1280 or write:

Florida Public Service Commission
Division of Communications
101 East Gaines Street
Tallahassee, Florida 32399-0866

- G. Once completed, the original plus five (5) copies of this form, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission
Division of Communications
101 East Gaines Street
Tallahassee, Florida 32399-0866

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

Telequip Labs, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Telequip Labs, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 1820 North Greenville Avenue
CITY Richardson
STATE & ZIP Texas 75081

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

See Attachment I.

NAME CTI Corporation System

ADDRESS 1200 South Pine Island Road
Plantation, FL 33324

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Suzanne Rettew

TITLE: Director of Business Development

PHONE: (972) 437-3800

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY CHARGE HOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

No.

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

Not applicable.

8. LIST THE STATES IN WHICH THE APPLICANT:

- A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

Teleguip Labs, Inc. is not currently operating or certified in any other states

- B. HAS APPLICATIONS PENDING TO BE CERTIFIED AS A PAY TELEPHONE PROVIDER.

Not applicable.

- C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

None.

- D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

None.

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARDS	<input type="checkbox"/>
OTHER, DESCRIBE	<input checked="" type="checkbox"/>

Telequip Labs, Inc.'s ("Telequip") primary service offering will be automated collect-only long distance services for inmates of confinement institutions. In addition the company will offer service which permits call charges to be deducted from a trustee or debit account managed by the institution's administration on behalf of the inmate.

On an incidental basis, Telequip may also provide local, coin, calling card and long distance services to employees and visitors of an institution. These non-inmate services, if available will be accessed from instruments located in public areas of the prison or facility (e.g., waiting rooms, employee break rooms, etc.).

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:

At this time, Telequip has no specific location where it plans to install service. The Company's business plans call for it to respond to requests for proposals (RFPs) from various city, county and state agencies seeking to install telecommunications services for their inmate populations. Telequip files this application in order to be prepared to offer service should it respond and win a bid from an institution within the state of Florida. The actual number of telephone instruments installed at any given location will vary based on the size of the institution served, the number of prisoners, and type of inmate calling privileges, all of which are site specific.

11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAY PHONE?

PERSONALLY	<input type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input type="checkbox"/>
OTHER, DESCRIBE	<input checked="" type="checkbox"/>

Call processing equipment installed at prisons or confinement institutions is equipped with remote on-line diagnostics. This capability allows the company's in-house technicians to communicate via dial up data modem with each system at any

correctional facility. Telequip can troubleshoot and effect many operational changes to a system without having to be on site.

On-site repairs, such as replacement of telephone instruments or handsets, are performed by a local telecommunications firm chosen by Telequip. This subcontractor is carefully selected based on its technical expertise and ability to respond to trouble calls. To date, no subcontractor has been chosen for Florida.

Telequip relies on the technical expertise of its underlying carrier and serving local exchange carrier for maintenance and administration of its long distance network and the local facilities used for transmission of calls.

12. **WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)**

Pay telephones available to the general public will allow the user to access all locally available long distance carriers. However, for services provided to inmates of prisons and other confinement institutions, access will be limited to long distance services offered by Telequip.

13. **WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(4), F.A.C.)**

Yes, for pay telephones available to the general public. Handicap accessibility of pay telephones provided to inmates will be subject to the requirements of the institution's administration.

I, **Jim Burton,**

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. I WILL COMPLY WILL ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.



(SIGNATURE OF OWNER/OFFICER OF APPLICANT)

DATE: _____

4/27/98

APPLICANT ACKNOWLEDGEMENT CARD

Applicant: Telequip Labs, Inc.

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature: _____

Title: _____

President, Telequip Labs, Inc.

Date: _____

4/27/98

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

Attachment I

Telequip Labs, Inc.

Certificate of Authority
to transact business within the State of Florida



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 13, 1998

CT CORPORATION SYSTEM

Qualification documents for TELEQUIP LABS, INC. were filed on April 13, 1998 and assigned document number F98000002085. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 487-6091, the Foreign Qualification/Tax Lien Section.

Jennifer Sindt
Document Examiner
Division of Corporations

Letter Number: 798A00019624



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D766 APR 30 1998

April 29, 1998
Via Overnight

210 N. Park Ave.
Winter Park, FL
32789
Florida Public Service Commission
Division of Communications
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

980601-TC

P.O. Drawer 200
Winter Park, FL
32790-0200
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Within the State of Florida

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Yours truly

Hal Stringer

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FPSC - RECORDS/REPORTING

TELEQUIP LABS, INC.
OPERATING ACCOUNT
1820 N. GREENVILLE AVENUE
RICHARDSON, TEXAS 75081
PH. 972-437-3800

5067

4/27 19 98

32-7571110

PAY TO THE ORDER OF Florida Public Service Commission \$--100.00--

---One Hundred and 00/100--- DOLLARS

COMERICA BANK - TEXAS
DALLAS, TEXAS 75223