

Docket # 9-10370-TC  
T0362/Cert # 4160

PLEASE COMPLETE THIS PAGE AND RETURN TO:

Ms. Brenda H Hawkins, Regulatory Analyst  
FLORIDA PUBLIC SERVICE COMMISSION  
Division of Communications  
Capital Circle Office Center  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850



NAME: JOSE A. GARCIA  
NAME OF COMPANY: N/A  
ADDRESS: 16062 SW 104 TERR  
CITY/STATE/ZIP: MIAMI FLORIDA 33196  
PHONE # W/AREA CODE: 305-380-6735  
CERTIFICATE # A160 COMPANY CODE: \_\_\_\_\_

(Answer "YES" to one of the following statements below.)

- (1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date
- (2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it \_\_\_\_\_

ACK \_\_\_\_\_  
AFA \_\_\_\_\_  
APP \_\_\_\_\_  
CAF \_\_\_\_\_  
CMU \_\_\_\_\_  
CTR \_\_\_\_\_  
EAG \_\_\_\_\_  
LEG \_\_\_\_\_  
LIN \_\_\_\_\_  
OPC \_\_\_\_\_  
RCH \_\_\_\_\_  
SEC \_\_\_\_\_  
WAS \_\_\_\_\_  
OTD \_\_\_\_\_

Explain why you are requesting cancellation of your certificate

I am requesting cancellation of my certificate because NOT IN BUSINESS

ANY MORE

SIGNATURE: [Signature] DATE: 4/19/97

DOCUMENT NUMBER-DATE  
**04291 APR 29 5**  
FPSD-RECORDS/REPORTING