ORIGINAL



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE:

September 27, 1999

TO:

Blanco Bayo, Director, Division of Records and Reporting

FROM:

Toni J. McCoy, Regulatory Analyst, Division of Communications

SUBJECT:

Open Docket No. 990142-TC

990000-PU

Please add the attached revised Page 5 of 10 PATS application page to the docket file.

Call me if you have any questions, I can be reached at 850/413-6532.

Thank you.

AF, API CAF CML CTR EAG LEG MAS OPC PAI	-
PAI SEC WAW	

DOCUMENT NUMBER-DATE

15.	List o	ther states in which the applicant:
	a.	Is currently providing pay telephone service.
		None
	b.	Has applications pending to be certified as a pay telephone provider.
	C.	Has been denied authority to operate as a pay telephone provider. Explair circumstances.
	• •	NO
	d.	Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.
		No.
16.	Pleas	e check (/) the services that will be provided:
		(*) LOCAL (*) LONG DISTANCE (*) COIN (*) CALLING CARD (*) CREDIT CARD (*) CREDIT CARD
		() OTHER (Describe)

12.	Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony of any crime, or whether such actions may result from pending proceedings.		
	If so, provide explanation: NO!		
13.	Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.		
14.	Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.		
	NO		

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