

ARIZONA CORPORATION COMMISSION

SHORT FORM APPLICATION FOR PAY TELEPHONE PROVIDERS

Mail or deliver 11 copies of this application to:

Docket Control
Arizona Corporation Commission
1200 West Washington Street
Phoenix, Arizona 85007

1. The name, address and telephone number of the person or entity that subscribes to the phone line from the local exchange company (Applicant)

_____ (_____) _____ -- _____

2. List the business name if it is different from the transferee name in 1., above:

3. If you intend on having an attorney represent you in this application, list the attorney's name, address and telephone number:

_____ (_____) _____ -- _____

4. What type of entity is the Applicant?

SOLE PROPRIETORSHIP PARTNERSHIP LIMITED LIABILITY COMPANY

CORPORATION: By checking this box, you certify that you have a current copy of your Articles of Incorporation on file with the Arizona Corporation Commission's Corporations Division. Arizona Corporation Foreign Corporation

5. Select and complete the one that applies to you:

GENERIC/STREAMLINED TARIFF: By checking this box, the transferee states its intent to provide public pay telephone service in the State of Arizona under the rates, terms and conditions as set forth in the Generic (Streamlined) COPT Tariff, and A.A.C. R14-2-901. et.seq., and hereby concurs in that Tariff. The Transferee understands that requests to provide service under conditions other than those set forth in the Generic COPT Tariff may be approved only by specific order of the Arizona Corporation Commission pursuant to A.A.C. R14-2-901. et. seq.

CUSTOMIZED TARIFF: By checking this box, the Transferee states its intent to provide pay telephone service in the State of Arizona under a Special (non-streamlined) Tariff, A.A.C. R14-2-901. et. seq., and submits with this application its proposed Special (non-streamlined) COPT Tariff for services to be offered and does not concur in the Generic Tariff.

By checking this box, the Transferee states that it is **NOT PROVIDING PUBLIC PAY TELEPHONE SERVICE**, and hereby states that it is not a public service corporation, and swears and affirms that it is not offering its pay telephone service to the public and its primary business is not providing public pay telephone service. **NOTE:** You may be subject to fines or other penalties

if you are operating as a Public Service Corporation without a Certificate of Convenience and Necessity.

6. Noticing:

By checking this box the Applicant states that it has placed the prescribed notice of the application at each pay telephone location. (See instructions on Noticing)

7. If you already have operating locations, attach ONE copy of a list of those locations (addresses) where you provide pay telephone service. If you do not have any locations at this time, indicate NONE here. _____

8. Attach one copy or sample of the customer information placard, which will be located on the pay telephone, that describes the services that you offer and the instructions for operation. (If you have checked the box to conform to the Generic Tariff, the placard must conform to Page 3, Para. III, items C and D.; Para III, items J, K and M; Page 5. IV.C, items 1 through 7, inclusive)

Signature of Applicant, Title

Type or Print Your Name Here

DO NOT WRITE IN THIS SPACE

STAFF RECOMMENDATION/S

By checking this box, you state that you are requesting a hearing because you are objecting to the Staff recommendation or for any other reason. Your request for hearing and any objections to the Staff Report must be filed within 20 days from the date of the Staff Recommendation. If a request for a hearing is not made by the Applicant within the 20 days, the Commission may decide the matter without a hearing unless a hearing is requested by Staff or an Intervenor who has been granted intervention.