

Submit one original and three copies to:

Public Utility Commission
Attention: Central Records
1701 N. Congress Avenue
Austin, TX 78701

**New Provider Application
Texas Pay Telephone Service (PTS) Provider Registration 2017
Project 46252**

Registration Directions. Completely answer questions 1-13. Submit the original and THREE copies to the address in the upper left corner of this application. Some are multi-part questions. *The answer "N/A" or "not applicable" is not considered responsive.* **Failure to answer all parts will delay approval and will result in you having to resubmit all 3 copies of the registration.** The response to question 13 should be on **TWO** computer disks with 3 copies of this registrations (five or less may be submitted on a paper list) and filed with Central Records within 30 days after the registration letter of approval has been received. **FAXES WILL NOT BE ACCEPTED**

Person to contact for questions about this registration:

NAME _____ Title: _____

PTS PROVIDER REGISTERED NAME (response to question 1) _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

FAX _____

EMAIL ADDRESS _____

Agent for service of process in Texas if different from contact person listed above. This is someone who can receive official mail, or a summons. If you do not have a registered agent, you may act as your own agent if you are a Texas resident. If the agent for service of process is the same as above, please state.

NAME _____ Title: _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

FAX _____

EMAIL ADDRESS _____

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1. **Name*** (In question 1, state the name, and only one name, in which this provider wants to be registered with the commission. This name will appear on the commission's web site list of registered pay telephone service providers. If you are doing business as a corporation, the registration will be under either the corporate or assumed name. If an unincorporated business entity or sole proprietor, the registration will be under the assumed name unless no assumed name is provided.

Name: _____
(This company's registered name)

2. (a) **Form of business.** Check one.

- | | |
|--|--|
| <input type="checkbox"/> Corporation** | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Other, please explain. |

** (b) State of Incorporation or Registration (*example Delaware*) _____

3. (a) **Provide identification numbers now assigned. Not all may be applicable.**

- Texas Comptroller's Taxpayer Number (11 digits) _____
- Federal Employer's Identification Number (9 digits) _____
- Social Security Number (9 digits) if no other identification/certificate numbers assigned**

** (b) **Are you submitting your social security number confidentially?**

- Yes If yes, follow instructions on page 5 for submitting confidential information.**
- No**

**** If requesting confidentiality, DO NOT** write your social security number on this form. If you want your social security number to remain confidential, it must be filed as confidential in a sealed envelope. Two identical sealed envelope filings are required. Labeling on the outside of each sealed envelope should read the permit holder name (response to #1) and the contents of the envelope.

4. **List all assumed names or D/B/As under which the applicant does business.** If this space is insufficient, attach a separate sheet to the application.

5. **Provide Assumed Business or Professional Name Certificate.** Provide the certificate number and date issued. If a certificate is filed in the office of the county clerk, identify the county where the certificate is filed. **In part (a) check one.**

(a) Filed with the Secretary of State Filed with the office of the county clerk
in the county of _____

(b) Date issued _____

(c) Certificate number _____

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6. Pay telephone service provider principal physical address.

Street _____

City, State, Zip _____

7. Mailing address to which regulatory mail and bills from the connecting Local Exchange Carrier will be sent if different from the physical address required in response to question 6. If same, please state.

Street/P.O.Box _____

City, State, Zip _____

8. Name of the Local Exchange Carrier/s and long distance carrier/s, if applicable, that will connect this pay telephone service to the network. Attach additional sheets if necessary.

9. Contact information for this pay telephone service provider for questions from the PUC relating to PUC rules and/or customer service.

Name of person: _____ Title: _____

Office telephone number: _____

Fax number: _____

Email address: _____

10. Posted information, as required under PUC rule 26.345 that is to be posted on each pay telephone for the benefit of the public to identify the owner or agent responsible for repairs and refunds (if same).

Name of owner or agent providing the payphone: _____

Mailing address of same: _____

Ten digit telephone number: _____

Name of owner or contact responsible for refunds and repairs (could be the same as above):

Name _____

Toll-free number: _____

11. Business Organization information. List all directors, officers or partners and for each director, officer or partner give the title, business address, phone number, fax number, email address. Attach additional sheets if necessary.

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12. Inmate facilities. Do you provide pay telephones or telephone service connections to inmate facilities?

(a) Yes No

(b) *If yes, list all inmate facilities by name and county.**** Attach additional sheets if necessary.

13. Payphone number(s) and county location(s). New applicants will not be connected to the network without commission-approved registration. Submit TWO diskettes/CDs of pay telephone numbers and county locations (note project number 39631 and company name on submission) to Central Records in the required format no later than 30 days after the PTS Provider has received notification of registration. If you have 5 or **less** pay telephone numbers, you may provide the numbers and counties in the table below. This list should contain the pay phone number and county location **only**. This entire list and re-registration must be updated no later than July 31 of each calendar year. **If you are requesting confidentiality in response to this question or 3 (b),** your response to the questions must be that you are requesting confidentiality and are including the confidential material in the manner required (see **Procedural Rule §22.71 (d)**). A PTS Provider may not retain active status indefinitely if no payphones are connected. **MAKE SURE THE DISKETTES/CDS ARE PROTECTED FOR MAILING TO AVOID DAMAGE.**

Tab once between the telephone number and the county and save as a **.txt** (Notepad) or **.xls** (Excel) file **ONLY**.

EXAMPLE

512-555-5555 Travis
512-555-5556 Travis
512-555-5557 Travis

(b) *Are you submitting your payphone numbers and county locations confidentially?*

Yes **If yes, follow instructions on page 5 for submitting confidential information.**

No

List the pay telephone numbers and county locations below (if more than 5 pay telephone numbers, TWO identical diskettes/CDs must be submitted in the required format – Tab once between the numbers and county locations)

10 DIGIT TELEPHONE NUMBER	COUNTY LOCATION

***If the registrant believes that such information is not subject to disclosure under the Texas Open Records Act, Tex. Gov't Code Ann. §552.001 *Et. Seq.* (The Act), then the registrant may label the information as **confidential** and submit as required under P.U.C. Proc.R. §22.71(d). If an electronic filing of this list is also required, it must be submitted on disk only and **cannot be submitted as an email attachment**. If the commission receives a request to disclose the information, the registrant will be informed and given an opportunity to submit to the Office of the Attorney General the reason(s) why the information should not be disclosed. See §552.305 of The Act and Procedural Rule §22.71(d).

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**Instructions for Submitting Social Security Numbers and/or Payphone Numbers
Confidentially**

- Two separate copies must be submitted, each in a sealed 10 X 13 Clasp Envelope
- The labeling must follow the example in the PUC Procedural Rule §22.71(d), all information must be on the labels, and all edges be securely taped to the front of the envelopes
- Multiple pages must be stapled or in a pressboard folder
- Each page must be marked "Confidential"
- The pages must be sequentially numbered even if there is only one page being submitted in each envelope
- Submissions over 10 pages must be copied double sided

Submit this filing and all confidential material to the address listed in the upper left corner of this application.

**SAMPLE LABEL FOR CONFIDENTIAL
ENVELOPES**

CONFIDENTIAL

DOCKET NO. _____

STYLE: _____

SUBMITTING PARTY: _____

BRIEF DESCRIPTION OF CONTENTS:

BATE STAMP OR SEQUENTIAL PAGE NUMBER RANGE:

_____ TO _____

ENVELOPE # _____ OF _____

ADDITIONAL INFORMATION REQUIRED BY PROTECTIVE ORDER:

DATE SUBMITTED TO COMMISSION: _____

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AFFIDAVIT

State of _____

County of _____

By my signature on this registration statement, I swear or affirm that I have personal knowledge of the facts alleged in this statement to register with the Public Utility Commission of Texas as a Pay Telephone Service (PTS) Provider and I am authorized to make the statements and representations in the registration on behalf of the applicant. I further swear or affirm that all the statements and representations made in this registration are true and correct. I understand and will comply with all requirements of law applicable to a Pay Telephone Service (PTS) Provider and affirm that any payphone operated by my pay telephone service is in compliance with Sections 55.171-55.180 of the Public Utility Regulatory Act and with the commission's Substantive Rules §26.102 and §26.341 through §26.347 and in compliance with PURA Chapter 56.

I understand that failure to comply may result in administrative penalties, suspension or revocation of registration.

Registered name of this PTS provider, which is the response to question #1 of the registration application.

Signature

Title or your relationship to the PTS provider named in question #1

SWORN TO AND SUBSCRIBED before me on the _____ day of _____, 20_____.

Notary Public in and for the State of _____

My commission expires: _____

Signature or notary stamp _____