



Public Utility Commission of Texas

INSTRUCTIONS FOR THE APPLICATION OR AMENDMENT OF A CERTIFICATE OF CONVENIENCE AND NECESSITY

A **sworn** application should be submitted to: Central Records Filing Clerk
Public Utility Commission of Texas
1701 N. Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326
(512) 936-7180

An Application consists of a title page, an affidavit, and the required, properly completed questions. The Applicant shall also file the Application electronically as directed by the Commission's Procedural Rules, which can be found on the Commission's web site. **Seven copies (one original and six copies) of the Application** should be submitted and should meet the following requirements:

- The original copy shall not be hole punched, tabbed, bound or stapled.
- Each copy should be three-hole punched with a tab before each numbered question and response.
- The docket number (if known) should appear on the Title Page and the Applicant's name and a page number should appear on each page of the Application.

The Applicant must answer all of the questions on this Application form in a truthful manner. The Applicant must promptly notify the Commission of any substantive changes in the information provided in this Application by filing **seven copies (one original and six copies) of any amendment(s)** to the Application with the Commission's Filing Clerk.

If the Applicant believes that specific information in its Application is not subject to disclosure under Government Code §552.001 *et seq.*, the Applicant may label that information confidential and file it in accordance with Procedural Rule §22.71(d), citing the applicable provisions of the Government Code. If you have any questions concerning the filing of confidential information, contact Central Records at (512) 936-7180.

The CCN Application is a multipurpose application. The Applicant may file for multiple amendments within the same application. In your Application, **delete** all questions **not listed as necessary for your Application Type**. (See Chart below). **This Application is a format, not a form, so add or drop spaces and lines as needed. Attachments must be labeled. Please keep attachments to a minimum, providing the responses directly below the question as much as possible. Failure to provide a complete, truthful, or responsive answer to any question may result in a denial or a delay in the processing of the Application.**

Responses of "Not Applicable" or "N/A" are considered non-responsive and are unacceptable. **Do not file these instructions with this Application.**

Application Type	Required Responses To Questions
	Title Page (TP), Affidavit (AF)
New CCN Application	TP, AF, 1-11, &13-18
CCN Service Area Boundary Amendment	TP, AF, 1, 2(a, b, c, d), 3, 4, 5, 6, 10, & 11
CCN Sale Transfer Merger (STM) Amendment (excluding Chapter 58 Utilities)	TP, AF, 1 – 22
CCN Name Change Amendment	TP, AF, 1, 2(a, b, c, e, h, i), 3
CCN Certification Relinquishment	TP, 1, 2(a, b, c, e, h, i), 3, 8(b) & 19-22
CCN Service Discontinuation	TP, 1, 2(a, b, c, e, h, i), 3, 6(b) & 19(a)



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P. O. Box 13326
Austin, Texas 78711-3326
512 936-7000 • (Fax) 936-7003
Web Site: www.puc.state.tx.us

(TITLE PAGE)

APPLICATION FOR CERTIFICATION AND AMENDMENT TO A CERTIFICATE OF CONVENIENCE AND NECESSITY

DOCKET/PROJECT NO. _____

APPLICANT(s): 1. _____
2. _____

Authorized Representative for this Application:

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

FAX (Optional): _____

EMAIL ADDRESS: _____

Regulatory Representative:

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

FAX (Optional): _____

EMAIL ADDRESS: _____

Complaint Representative:

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

FAX (Optional): _____

EMAIL ADDRESS: _____

1. Check only one of the following Requests:

(a) _____ New CCN Application _____ Amended CCN Application
for CCN No. _____

(b) If you are filing an amendment, check one or more of the following as requests made in this amendment filing:

_____ Name Change Amendment _____ Certification Relinquishment
_____ Sale/Transfer/Merger _____ Service Discontinuation
_____ Service Area Boundary Change

(c) Provide a summary explanation of all items checked in “b” above.

2. Provide a description of the Applicant, which shall include the following:

(a) Legal name and all assumed names under which the Applicant conducts business, if any;

(b) Address of principal office and business office;

(c) Principal office/business office telephone number: _____
Fax number: _____
Website address: _____
Email address: _____
Toll-free customer service telephone number: _____

(d) FCC Carrier Identification Code (CIC) or National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs), if available;

(e) Form of business in Texas (*e.g.*, corporation, partnership, sole proprietorship), Charter/Authorization number, date business was formed and date change was made (if applicable). Provide the State and date in which the parent company is registered. (*The Commission requires registration with the Secretary of State for all forms of business, except sole proprietorships.*)

(f) A list of the names, titles, phone number and office e-mail address of each director, officer, or partner;

(g) Name, address, and office address of each of the five largest shareholders, if not publicly traded;

(h) Legal name of parent company, if any, and a description of its primary business interests; and,

- (i) Legal name of all affiliated companies that are public utilities or that are providing telecommunications services and the states in which they are providing service. Give a description of all affiliates and explain in detail the relationship between the Applicant and its affiliates. An organizational chart should be provided, if available.
3. State the name(s) in which the Applicant wants the Commission to issue or amend this certificate. *(NOTE: If the Applicant is a corporation, the Commission will issue the certificate in either the Applicant's corporate or assumed name. The certificate holder must use only the name(s) approved by the Commission on all bills and advertisements sent to or viewed by the public. Name Changes require Commission Approval as well as Secretary of State Approval.)*
4. Does this Application directly affect other Utilities? If Yes, name the utility(s) and provide a letter of approval/disapproval from the affected utility(s).
5. Provide a description of the affected exchanges, local access and transportation areas (LATAs), or incumbent local exchange company (ILEC) service areas. If the application is to request a new certificate or amend an existing service area boundary attach a scaled map of the geographic area which clearly identifies the area for which the certificate is requested.
6.
 - (a) How and when were the affected customers notified of this Application?
 - (b) Provide a copy of the notification provided to customers. Provide an explanation of how the affected customers will be kept informed about the results of this application.
 - (c) Are 5% or less of the customers affected in each of the exchange(s) for a service area boundary amendment application?
7. Does the Applicant or its affiliate currently hold a service provider certificate of operating authority (SPCOA) or certificate of operating authority (COA) for any part of the service area covered by this Application? If so, how will this request effect that SPCOA or COA certification?
8.
 - (a) Does the Applicant expect to provide service to customers other than itself and its affiliates?

- (b) Has the Applicant provided one copy of this Application to the Texas Commission on State Emergency Communications (a.k.a. 911 Commission) within 5 days of submitting the application? If you are relinquishing the certificate have you also sent a copy of the application to all affected 911 entities within 5 days of submitting the application?

(Send copy to Commission on State Emergency Communications, Revenue Account Section at 333 Guadalupe Street, Suite 2-212, Austin, Texas 78701-3942, with phone number 512-305-6911, fax number 512-305-6937, and website address www.911.state.tx.us).

- (c) As part of the Application provided to the 911 Commission, has the applicant provided the following contact information concerning the applicant's 911 contact person as required in Substantive Rule No. 26.433(e)(2)(a)? Any change in the information about the applicant's designated 911 contact person shall be filed with the 911 Commission with five days of the change.

Name: _____

Title: _____

Company Address: _____

Office Phone Number: _____

Office Fax Number (Optional): _____

Website Address (Optional): _____

Email Address: _____

9. (a) Is the Applicant a municipality?
- (b) Will the Applicant enable a municipality or municipal electric system to offer for sale to the public, directly or indirectly, local exchange telephone service, basic local telecommunications service, switched access service, or any non-switched telecommunications service used to provide connections between customers' premises within an exchange or between a customer's premises and a long distance provider serving the exchange?
10. Does the Applicant have a tariff on file with the Commission? If yes, how will this application affect the tariff?
11. Will the request in this Application in any way harmfully affect recreational and park areas, historical and aesthetic values, community values, or the integrity of the environment? Provide an explanation.
12. S/T/Ms Only (excluding Chapter 58 Utilities) Please describe the value of the property, facilities, or securities that will be sold, merged or transferred and detail what consideration will be received by the public utility from the transaction. Describe in

detail the changes that will occur once the transaction is completed. At a minimum, describe in detail:

- (a) Physical changes (customer service offices closed, plant closures, etc.),
 - (b) Personnel changes (reduction, additions, consolidations, etc.), and
 - (c) Operational changes (quality of service, maintenance, etc.)
 - (d) Whether the transaction will adversely affect the health or safety of customers or employees, result in the transfer of jobs outside of the state, or result in a decline in service.
13. (a) Has the Applicant, its owners, or any affiliates applied for a permit, license, or certificate to provide telecommunications services in any state other than Texas? If yes, identify the affiliates, what permit, license, or certificate they have applied for, and the state(s) in which they have applied. .
- (b) Has the Applicant, its owners, or any affiliate ever had a permit, license, or certificate to provide telecommunications services granted by any state, including Texas? If yes, identify the affiliates, what permit, license, or certificate they have and when they were held, and the state(s) in which they are held.
- (c) Has the Applicant, its owners, or any affiliate ever had any permit, license, or certificate denied or revoked by any state? If yes, identify the affiliates, what permit, license, or certificate they had revoked, and the state(s) in which they were revoked. Provide an explanation..
- (d) Has the Applicant, its owners, or any affiliate ever provided telecommunications services in Texas or any other state? If yes, identify the affiliates, what permit, license, or certificate they may have held, the state(s) in which they provided service and the type of service provided.
14. (a) Provide a detailed description of the Applicant's technical qualifications to provide the local exchange service, basic local telecommunications service, and/or switched access service proposed in this Application.
- (b) If the Applicant plans to rely upon a consultant to meet the technical qualifications requirements, provide the following information: (1) name, address, and phone number of consultant, (2) a copy of the contract between the principals and the consultant, (3) consultant's resume or a detailed description of the consultants experience, (4) information regarding any professional registrations or certifications that the consultant holds, (5) percentage of the consultant's time being contracted, and (6) a list of other telecommunications companies served by the consultant and the percentage of time allotted to each company.

- (c) Provide a detailed description or individual resumes setting forth the qualifications of the Applicant's key personnel. Descriptions or resumes shall include (1) **Key Personnel Names**, (2) **Applicant Company Titles**, (3) **Detailed Telecommunications Experience**, and (4) **Years of Experience**.
15. Are you in compliance with Substantive Rule 26.54 (Quality of Service) requirements?
16. For a new CCN Application, provide financial statements (balance sheet, income statement, statement of cash flows, and any supporting financial notes) for the most recent completed quarter and fiscal or calendar year. For a sale, transfer, or merger, provide financial statements for both the acquired and acquiring entities.
17. Please provide a summary of any history of bankruptcy, dissolution, merger or acquisition of the applicant or any predecessors in interest for five calendar years immediately preceding this Application.
18. Are any owners, directors, officers, or partners in the organization convicted felons? If yes, please explain.
19. If you are relinquishing your certificate or discontinuing service, provide a copy of the customer notification (minimum of 61 days notice) sent to each customer indicating the intent of the Applicant to discontinue service. Notice shall, at a minimum, contain the following information:
- (a) The approximate date the Applicant intends to discontinue service(s) or operations.
 - (b) A description of any arrangements that will be made by the Applicant to transfer customers to a carrier of their choice and how, if no choice is made by the customer, the Applicant will transfer the customer to a carrier of last resort.
 - (c) A description of how and when deposits and credits will be returned to customers And a statement that deposits and credits shall be returned to customers within 60 days of the notification to relinquish certification, or within 30 days of the notification of service(s) discontinuation.
 - (d) A statement that any switchover fees shall be paid by the Applicant for customers to be transferred to the carrier of their choice.
20. If you are relinquishing your certificate, provide a statement that the Applicant shall notify the Texas Comptroller's Office, Texas Secretary of State, and the administrator of

the Texas Universal Service Fund of its Application within 5 days of filing the Application.

21. If you are relinquishing your certificate, provide a statement that the Applicant shall return deposits and credits to the customers.

22. If you are relinquishing your certificate, provide a statement that the Applicant shall void all interconnection agreements upon Commission approval of an Application to relinquish certification.