

**BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI**

In The Matter of the Application of _____)
)
) Case No. _____
for a Certificate of Service Authority to)
Provide Non-Switched Local Exchange)
Telecommunications Service)

APPLICATION

The Applicant seeks a certificate of service authority to provide non-switched local exchange telecommunications service pursuant to §392.611.4 RSMo 2013 (Cum. Supp.).

- 1. The Applicant's legal name is: _____
- 2. Type of organization of Applicant:
 Missouri Corporation Foreign Corporation Partnership
 Proprietorship Other (Describe : _____)
- 3. Jurisdiction where organized: _____
- 4. Applicant's street address:

- 5. Applicant's mailing address: (check here if same as street address)

- 6. Applicant's electronic mail address: _____
- 7. Applicant's fax number: _____

8. Applicant's telephone number: _____

9. Information (i.e., rates, terms and conditions) about the Applicant's service will be maintained as follows (*check as appropriate*):

a. ___ Tariff filed with the Missouri PSC.

b. ___ Web site. Web site address: _____

c. ___ Consumer contracts.

d. ___ Other (Describe: _____.)

10. Attached is an affidavit signed by an officer or an authorized representative of the Applicant making the eight statements required by Missouri law, plus confirmation the Applicant's service meets the criteria of non-switched local exchange telecommunications service and telecommunications service as defined by §386.020 (32) and (54).

11. The Applicant understands it has the responsibility for ensuring the company contact information as maintained in the Commission's Electronic Filing and Information System remains current.

WHEREFORE, the Applicant requests the Commission to issue an order granting the Applicant a certificate of service authority to provide non-switched local exchange telecommunications service as listed in the Affidavit.

Respectfully submitted,
_____/s/ lawyer _____
Lawyer Name #MoBar
Law Firm/Company Name
Street Address
City, MO Zip
Phone:
Fax:
E-mail:

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing document was delivered by first class mail, electronic mail or hand delivery, on this ____ day of _____, 20____, to the following parties:

General Counsel
Missouri Public Service Commission
PO Box 360
Jefferson City, MO 65102

Office of Public Counsel
PO Box 7800
Jefferson City, MO 65102

AFFIDAVIT

I, _____, a natural person, do hereby swear and affirm that I am an officer or authorized representative of _____ (“Applicant”), and that the following statements are true and correct to the best of my knowledge and belief:

(1) The location of the principal place of business and the names of the principal executive officers of the Applicant:

_____;

(2) A certificate of service authority to provide non-switched local exchange telecommunications service will enable the Applicant to provide service on a state-wide basis but if initial authorization is desired on a more limited basis please indicate each exchange, in whole or in part, of a local exchange company in which the Applicant proposes to provide such service:

_____;

(3) The Applicant is legally, financially, and technically qualified to provide non-switched local exchange telecommunications service;

(4) The Applicant is ready, willing, able, and will comply with all applicable state and federal laws and regulations imposed upon providers of non-switched local exchange telecommunications service;

(5) The Applicant will charge and collect from its end user customers on non-switched local exchange telecommunications service, and remit to the appropriate authority, fees and surcharges including but not necessarily limited to:

- (a) Missouri universal service fund under section 392.248;
- (b) Local enhanced 911;
- (c) Any applicable license tax;

(6) The Applicant will remit the annual assessment imposed by the Commission under section 386.370, RSMo;

(7) The Applicant will file with the Commission an annual report at a time and covering the yearly period fixed by the Commission;

(8) The Applicant has established a process for handling inquiries from customers concerning billing issues, service issues, and other consumer-related complaints. Consumer complaints may be directed to:

and

(9) The Applicant's service meets the criteria for defining non-switched local exchange telecommunications service and telecommunications service as identified in §386.020(32) and (54).

This concludes my affidavit.

Signature

Printed Name

(Title)

State of _____

County of _____

Subscribed and sworn before me this ____ day of _____, 20____.

Notary Public

Notary Seal: