



COMTECH21

Communications Technology for the 21st Century

ORIGINAL

July 31, 2000

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850  
Attn. Toni McCoy

Dear Toni:

RE: Docket #000627-T1

Enclosed please find application for Certificate of Pubic Convenience and Necessity.

Contact person for COMTECH 21, LLC is

Marian DiNicola  
One Barnes Park South  
Wallingford, CT 06492  
(203)679-7293  
E-Mail [mdinicola@Profitecinc.com](mailto:mdinicola@Profitecinc.com)

Thank you for your consideration of this application.

Sincerely yours,

Marian DiNicola  
Regulatory Compliance Administrator

enc.

APP	_____
CAF	_____
CMP	_____ <i>McCoy</i>
COM	_____
CTR	_____
ECR	_____
LEG	_____ <i>H</i>
OPC	_____
PAI	_____
RGO	_____
SEC	_____ <i>H</i>
SER	_____
OTH	_____

DOCUMENT NUMBER-DATE  
09516 AUG-78  
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**\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\***

**DIVISION OF TELECOMMUNICATIONS**  
**BUREAU OF CERTIFICATION AND SERVICE EVALUATION**

Application Form for Authority to Provide  
Interexchange Telecommunications Service  
Between Points Within the State of Florida

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Instructions

- ◆ This form is used as an application for an original certificate and for approval of assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or Type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

**Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770**

Note: **No filing fee is required** for an assignment or transfer of an existing certificate to another certificated company.

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission  
Division of Telecommunications  
Bureau of Certification and Service Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

1. This is an application for  $\sqrt{\quad}$  (check one):

**Original certificate (new company).**

**Approval of assignment/transfer of existing certificate:**  
Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

**Approval of transfer of control:**  
Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

COMTECH 21, LLC

3. Name under which applicant will do business (fictitious name, etc.):

COMTECH 21, LLC

4. Official mailing address (including street name & number, post office box, city, state, zip code):

One Barnes Park South

Wallingford, CT 06492

5. Florida address (including street name & number, post office box, city, state, zip code):

None at this time

6. Select type of business your company will be conducting  $\sqrt$ (check all that apply):

- Facilities-based carrier** - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.
- Operator Service Provider** - company provides or plans to provide alternative operator services for IXCs; or toll operator services to call aggregator locations; or clearinghouse services to bill such calls.
- Reseller** - company has or plans to have one or more switches but primarily leases the transmission facilities of other carriers. Bills its own customer base for services used.
- Switchless Rebiller** - company has no switch or transmission facilities but may have a billing computer. Aggregates traffic to obtain bulk discounts from underlying carrier. Rebills end users at a rate above its discount but generally below the rate end users would pay for unaggregated traffic.
- Multi-Location Discount Aggregator** - company contracts with unaffiliated entities to obtain bulk/volume discounts under multi-location discount plans from certain underlying carriers, then offers resold service by enrolling unaffiliated customers.
- Prepaid Debit Card Provider** - any person or entity that purchases 800 access from an underlying carrier or unaffiliated entity for use with prepaid debit card service and/or encodes the cards with personal identification numbers.

7. Structure of organization;

- |  |   |
|--|---|
| <input type="checkbox"/> Individual          | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership    |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership    |
| <input type="checkbox"/> Other _____         |   |

8. If individual, provide:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

9. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State Corporate Registration number:**  
\_\_\_\_\_

10. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State Corporate Registration number:**  
\_\_\_\_\_ M00000000759 \_\_\_\_\_

11. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) **The Florida Secretary of State fictitious name registration number:** \_\_\_\_\_

12. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:** \_\_\_\_\_

13. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

14. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: \_\_\_\_\_

15. Provide **F.E.I. Number** (if applicable): 06-1574057

16. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?  
(  ) Yes (  ) No

(b) If not, who will bill for your services?

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

(c) How is this information provided?

\_\_\_\_\_  
\_\_\_\_\_

17. Who will receive the bills for your service?

( <input checked="" type="checkbox"/> ) Residential Customers	( <input checked="" type="checkbox"/> ) Business Customers
( <input type="checkbox"/> ) PATs providers	( <input type="checkbox"/> ) PATs station end-users
( <input type="checkbox"/> ) Hotels & motels	( <input type="checkbox"/> ) Hotel & motel guests

( ) Universities ( ) Universities dormitory residents  
( ) Other: (specify) \_\_\_\_\_

18. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Marie Marcarell

Title: Manager

Address: One Barnes Park Scuth

City/State/Zip: Wallingford, CT 06492

Telephone No.: 203-679-7000 Fax No.: 203-679-7393

Internet E-Mail Address: mmarcarelli@prcfitecinc.com

Internet Website Address: \_\_\_\_\_

(b) Official point of contact for the ongoing operations of the company:

Name: Same

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: Barbara Turcotte

Title: Contract Administrator and Regulatory Compliance

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

19. List the states in which the applicant:

(a) has operated as an interexchange telecommunications company.

NC

(b) has applications pending to be certificated as an interexchange telecommunications company.

Yes - All 50 States

(c) is certificated to operate as an interexchange telecommunications company.

Washington State - Pending in others

(d) has been denied authority to operate as an interexchange telecommunications company and the circumstances involved.

NC

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.



Nc

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- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

Nc

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20. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

- (a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

Nc

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- (b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

Nc

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21. The applicant will provide the following interexchange carrier services  $\checkmark$  (check all that apply):

- a.   X   **MTS with distance sensitive per minute rates**

Nc      Method of access is FGA  
     Nc      Method of access is FGB  
     Nc      Method of access is FGD  
     Nc      Method of access is 800

b.      Nc      **MTS with route specific rates per minute**

     Nc      Method of access is FGA  
     Nc      Method of access is FGB  
     Nc      Method of access is FGD  
     Nc      Method of access is 800

c.      Nc      **MTS with statewide flat rates per minute (i.e. not distance sensitive)**

     Nc      Method of access is FGA  
     Nc      Method of access is FGB  
     Nc      Method of access is FGD  
     Nc      Method of access is 800

d.      Nc      **MTS for pay telephone service providers**

e.      Nc      **Block-of-time calling plan (Reach Out Florida, Ring America, etc.).**

f.      Yes      **800 service (toll free)**

g.      Nc      **WATS type service (bulk or volume discount)**

     Nc      Method of access is via dedicated facilities  
     Nc      Method of access is via switched facilities

h.      Yes      **Private line services (Channel Services)**  
(For ex. 1.544 mbs., DS-3, etc.)

i.      Yes      **Travel service**

          Method of access is 950  
yes      Method of access is 800

j.      Nc      **900 service**

k.      Yes      **Operator services**

- Yes Available to presubscribed customers  
 Yes Available to non presubscribed customers (for example, to patrons of hotels, students in universities, patients in hospitals).  
 Yes Available to inmates

I. **Services included are:**

- yes Station assistance  
 Yes Person-to-person assistance  
 Yes Directory assistance  
 Yes Operator verify and interrupt  
 Yes Conference calling

22. Submit the proposed tariff under which the company plans to begin operation. Use the format required by Commission Rule 25-24.485 (example enclosed).

23. Submit the following:

A. **Financial capability.**

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

**NOTE:** *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **A written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **A written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **A written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

**B. Managerial capability;** give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

**C. Technical capability;** give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

**\*\* APPLICANT ACKNOWLEDGMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of its gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

**UTILITY OFFICIAL:**

Signature	<u>Marie Marcarelli</u>	Date	<u>July 27, 2000</u>
Title	<u>Manager</u>	Telephone No.	<u>(203) 679-7000</u>
Address:	<u>One Barnes Park Scuth</u>	Fax No.	<u>(203) 679-7393</u>
	<u>Wallingford, CT 06492</u>		

**ATTACHMENTS:**

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
- C - CURRENT FLORIDA INTRASTATE NETWORK
- D - AFFIDAVIT

**CERTIFICATE TRANSFER, OR ASSIGNMENT STATEMENT**

I, (Name) \_\_\_\_\_,

(Title) \_\_\_\_\_ of

\_\_\_\_\_  
(Name of Company)

and current holder of Florida Public Service Commission Certificate Number

# \_\_\_\_\_, have reviewed this application and join in the  
petitioner's request for a:

( ) transfer

( ) assignment

of the above-mentioned certificate.

**UTILITY OFFICIAL:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone No.

Address: \_\_\_\_\_

\_\_\_\_\_  
Fax No.

**CUSTOMER DEPOSITS AND ADVANCE PAYMENTS**

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please  $\checkmark$  check one):

- (  ) The applicant will **not** collect deposits nor will it collect payments for service more than one month in advance.
  
- (  ) The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month.  
(The bond must accompany the application.)

**UTILITY OFFICIAL:**

Signature	<u>Marie Marcarelli</u> Marie Marcarelli	Date	<u>July 27, 2000</u>
Title	<u>Manager</u>	Telephone No.	<u>(203) 679-7000</u>
Address:	<u>One Barnes Park Scuth</u> <u>Wallingford, CT 06492</u>	Fax No.	<u>(203) 679-7393</u>
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<hr/>			
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**CURRENT FLORIDA INTRASTATE SERVICES**

Applicant **has** ( ) or **has not** (  ) previously provided intrastate telecommunications in Florida.

If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

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b) If the services are not currently offered, when were they discontinued?

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UTILITY OFFICIAL:

Signature	<u>Marie Marcarelli</u> Marie Marcarelli	Date	<u>July 27, 2000</u>
Title	<u>Manager</u>	Telephone No.	<u>(203) 679-7000</u>
Address:	<u>One Barnes Park Scuth</u> <u>Wallingford, CT 06492</u>	Fax No.	<u>(203) 679-7393</u>



**AFFIDAVIT**

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

Signature	<u>Marie Marcarelli</u> Marie Marcarelli	Date	<u>July 27, 2000</u>
Title	<u>Manager</u>	Telephone No.	<u>(203) 679-7000</u>
Address:	<u>One Barnes Park Scuth</u> <u>Wallingford, CT 06492</u>	Fax No.	<u>(203) 679-7393</u>