

ORIGINAL

**\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\***

**DIVISION OF REGULATORY OVERSIGHT**  
**CERTIFICATION SECTION**

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE**  
**ALTERNATIVE LOCAL EXCHANGE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

011209-TX

Instructions

- ◆ This form is used as an application for an original certificate and for approval of the 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 Page 12).
- ◆ 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**

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

**Florida Public Service Commission**  
**Division of Regulatory Oversight**  
**Certification Section**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6480**

Check received and  
forwarded to Fiscal Services Unit.  
Fiscal to forward a copy of check  
to P&R with proof of deposit.  
Initials of person who forwarded check:  
*[Signature]*

## APPLICATION

1. This is an application for  (check one):

- Original certificate** (new company).
- Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.
- Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.
- 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:

CAL-TEC COMMUNICATIONS

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

CAL-TEC COMMUNICATIONS

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

407 SW 4th AVE

GAINESVILLE, FL 32601

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

407 SW 4th Ave

GAINESVILLE, FL 32601

**6. Structure of organization:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Individual | <input 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 _____           |  |

**7. If individual, provide:**

Name: CALVIN HARDGE

Title: CEO  
407 SW 4th Ave

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

City/State/Zip: GAINESVILLE, FL, 32601

Telephone No.: 352-379-7614 Fax No.: 352-378-0098

Internet E-Mail Address: calvinhardge@netzero.com

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

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

(a) The Florida Secretary of State corporate registration number:

N/A

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

(a) The Florida Secretary of State corporate registration number:

N/A

**10. 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:

G 00346900249

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

(a) The Florida Secretary of State registration number:

N/A

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

Name: N/A

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

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

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

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

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

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

**13. 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: N/A

**14. Provide F.E.I. Number(if applicable): \_\_\_\_\_**

**15. 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. Provide explanation.

N/A  
\_\_\_\_\_  
-  
\_\_\_\_\_

(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.

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(a) The application:

Name: CALVIN HARDGE  
Title: CEO  
Address: 407 SW 4th AVE  
City/State/Zip: GAINESVILLE, FL 32601

Telephone No.: 352-379-1764 Fax No.: 352-378-0098  
Internet E-Mail Address: calvinhardge@netzero.com  
Internet Website Address: \_\_\_\_\_

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

Name: Calvin Hardge  
Title: CEO  
Address: 407 SW 4th Ave  
City/State/Zip: Gainesville, FL 32601  
Telephone No.: 352-379-7614 Fax No.: 352-378-0098  
Internet E-Mail Address: calvinhardge@netzero.com  
Internet Website Address: N/A

(c) Complaints/Inquiries from customers:

Name: CAROLITA HARDE  
Title: Customer Care Specialist  
Address: 407 SW 4th Ave  
City/State/Zip: GAINESVILLE, FL 32601  
Telephone No.: 352-379-7614 Fax No.: 352-378-0098  
Internet E-Mail Address: N/A  
Internet Website Address: N/A

**17. List the states in which the applicant:**

(a) has operated as an alternative local exchange company.

N/A  
-  
\_\_\_\_\_

(b) has applications pending to be certificated as an alternative local exchange company.

N/A  
-  
\_\_\_\_\_

(c) is certificated to operate as an alternative local exchange company.

N/A  
\_\_\_\_\_

-  
\_\_\_\_\_  
(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

*N/A*  
\_\_\_\_\_  
-

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

*N/A*  
\_\_\_\_\_  
-

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

*N/A*  
\_\_\_\_\_  
-

**18. Submit the following:**

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

**B. 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.**

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

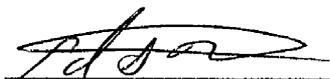
**THIS PAGE MUST BE COMPLETED AND SIGNED**

**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 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:**

Calvin Hardge  
**Print Name**

  
**Signature**

CEO  
**Title**

8-14-01  
**Date**

352-379-7614      352-378-0098  
**Telephone No.**                      **Fax No.**

**Address:** 407 SW 4th AVE  
GAINESVILLE, FL 32601  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS PAGE MUST BE COMPLETED AND SIGNED**

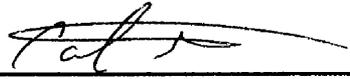
**AFFIDAVIT**

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:**

CALVIN HARDGE  
**Print Name**

  
**Signature**

CEO  
**Title**

8-14-01  
**Date**

352-379-7614      352-378-0098  
**Telephone No.**      **Fax No.**

**Address:** 407 SW 4th Ave  
GAINESVILLE, FL 32601  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

**1. POP:** Addresses where located, and indicate if owned or leased.

1) \_\_\_\_\_ 2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

\_\_\_\_\_

**2. SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

1) \_\_\_\_\_ 2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

\_\_\_\_\_

**3. TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

POP-to-POP

OWNERSHIP

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

# CERTIFICATE SALE, 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:

- ( ) sale
- ( ) transfer
- ( ) assignment

of the above-mentioned certificate.

## UTILITY OFFICIAL:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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

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

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

# Carmelita E. Hardge

604 S. University Ave. \* Archer, Florida 32618 \* (352) 495-3997

- EDUCATION** University of Florida, Gainesville, Florida, May 1995  
**BACHELOR OF SCIENCE IN HEALTH SCIENCE EDUCATION**  
**Emphasis: Community Health Education**
- SKILLS** Macintosh: Claris Works, PageMaker.  
IBM: Microsoft Works, Microsoft Word, Excel, WordPerfect, and HDS.  
Fluent in Creole and French.
- WORK EXPERIENCE** **Department of Children & Families, District 3: Tacachale** July 14, 1997 to present  
Gainesville, Florida
- Residential Services Supervisor** (Jan, 15, 1999 to present): The incumbent of this position provides leadership in and supervision over interdisciplinary efforts that are aimed at providing services to residents as needed in accordance with standards set for quality and quantity. Areas of responsibility include Professional Therapy Services, Social and Psychologist Services, and Direct Care.
- Supervisory Function:* Direct, supervise and monitor the activities of HSSS, RT, RUS, HSWIIs, Housekeepers, and ensure that their duties are completed in accordance with required State, Federal, and Medicaid standards. Hire persons to fill vacancies in these positions and provide facility orientation. Sign timesheets and conduct/review any necessary disciplinary action. Develop with each incumbent in these position standards for performance and evaluate each at least yearly. Reinforce staff as necessary and appropriate. Monitor home staffing ratios.
- Interdisciplinary Functions:* Oversee proper admission and discharge of residents to and from the facility. Schedule a Hab review within 30 days of admission and ensure that existing programs are run during the interim period. Supervise and coordinate the work of an Interdisciplinary Habilitation team charged with the development of individual treatment plans. Schedule a yearly Habilitation Plan meeting and determine that all goals are appropriate and those required staffs attend. Oversee quality, compilation and distribution of the Hab Plan. Coordinate and supervise the implementation of the Hab Plans and review, at least monthly with the Interdisciplinary Team, the progress each person has been made. Modify the treatment plan; provide documentation of services provided. Coordinate with community programs to ensure person participation when appropriate.
- Survey Functions:* Maintain compliance with State, Federal, and Medicaid regulations. Ensure required standards are met. Develop and implement plans of correction. Ensure through monitoring the achievement of corrections to deficiencies in accordance with established timetables.
- Training Functions:* Provide for training and inservice of facility personnel to ensure effective delivery of resident services, provide for the safety, health and welfare of residents, and ensure compliance with rules and regulations.
- Other Functions:* Monitor home, training areas, 3-Part folders, physical plant, and meals. Ensure residents safety through reviews, and any necessary investigations of Event Reports, and conduct abuse investigations. Meet with parents, attend psychiatric clinic, behavioral meetings, school conferences, and continue professional development through conferences, and inservices. Serve as Center Officer of the Day as scheduled, chair grievance committees, attend facility management meetings, work with the POA on the development, management and control of the facility's budget, consult and work with the POA on the development of Facility Policies and Procedures, and act as Program Operations Administrator.

**Human Services Program Analyst (Dec. 22, 1997 to Jan. 14, 1999):** Plans, conducts, initiates, and participates in a variety of therapy programs. Has primary responsibility for daily activity schedules as well as employee work schedules. Responsible for coordinating the duties and responsibilities of the BPS-Cs, BPAS, HSWIIs assigned to the shift. Take lead in instructing subordinates in the areas of timekeeping, staff schedules, personnel issues, work performance and effective delivery of resident direct services. Assumes responsibility for the home in the absence of the RSS. Prepares Reports - complete resident progress reports, annual summaries and recommendations, professional reports, monitors resident's progress, and evaluates efficiency of individual resident programs.

**Rehabilitation Therapist Coordinator (Aug. 22, 1997 to Dec. 21, 1997):** Plans, conducts, initiates, and participates in a variety of therapy programs. Has primary responsibility for daily activity schedules as well as employee work schedules. Responsible for coordinating the duties and responsibilities of the BPS-Cs, BPAS, HSWIIs assigned to the shift. Take lead in instructing subordinates in the areas of time keeping, staff schedules, personnel issues, work performance and effective delivery of resident direct services. Assumes responsibility for the home in the absence of the RSS. Prepares Reports - complete resident progress reports, annual summaries and recommendations, professional reports, monitors resident progress, and evaluates efficiency of individual resident programs.

**Rehabilitation Therapist (Nov. 24, 1995 to Aug. 21, 1997):** Plans, conducts, and participates in a variety of therapy programs. This includes social and recreational activities, arts/crafts activities, basic academic development activities, social activities, music activities, and residents work related activities. Primarily responsible for daily activities schedules. Ensures daily staff interactions. Assist staff with meals, active treatment, physical and nutritional management and general daily routine. Special activities - Coordinate and participate in special activities and events. Participate in transportation of facility residents to and from Off Home programming. Prepares Reports - Complete resident progress reports, annual summaries and recommendations, professional reports, instructional materials, and monitors resident progress, evaluates efficiency of individual resident programs and take necessary action. Assumes Charge Duties - When directed or in the absence of the RSS will assume charge duties of the home. Attend Meetings - Attend various meetings that are required, and confer with team members concerning the well being of the residents that are served by the Off Home providers. Participate in and work as a team member with professional and paraprofessional in resolving employees and resident related problems.

**Behavior Program Associate (July 14, 1995 to Nov. 23, 1995):** Responsible for provisions of Active Treatment on the home - This necessitates hands on management of active treatment to all residents, including all aspects and phase of active treatment (physical management, nutritional management, daily routine operation on the floor.)

**Planned Parenthood of North Central Florida, Inc.**  
Gainesville, Florida

Jan. 1995 to May 1995

**Health Science Education Internship:** Responsibilities included preparing and presenting human sexuality programs to individuals from elementary school years through adult years; updated Occupational Safety and Health Administration manual; updated clinic policies; produced and revised *fact* sheets; set up telephone protocol; assisted at receptionist area, assisted with the transferring of patients' records; assisted with the updating Quality Insurance; planned and implemented special community activities; active participant in sexually transmitted infection and pregnancy

counseling.

**Student Health Care Center** Sept. 1992 to Dec. 1994  
University of Florida, Gainesville, Florida  
Filed and photocopied medical records, handled and distributed medical prescriptions,  
interacted with patients, redirect telephone calls, and assisted at cashier's office.

**CERTIFICATION** Aggression Control Technique (ACT), CPR/Heimlich Procedure  
July 1995 to present  
Administration of Medication by a non-license person Nov. 1996  
Basic Supervisory Training Program Oct. 1997

**VOLUNTEER  
EXPERIENCE** **Veteran's Administration Nursing Home** Sept. 1993 to Dec. 1993  
Gainesville, Florida  
Assisted with recreation activities and provided companionship to nursing home  
residents.

**HONORS** **ETA Sigma Gamma, National Honor Society** Apr. 1995 to present  
**Dean's list, University of Florida, Spring of 1994.**  
**Dean's list, University of Florida, Spring of 1995.**

**ASSOCIATION** **Florida Association of Professional Health Educators** Sept. 1994 to present  
Student chapter committees: Hope Lodge, Skin Cancer Prevention, and World Aids  
Day.  
**Caribbean Student Association** Jun. 1991 to May 1995  
**Compassionate Out Reach Ministry** Aug. 1991 to present

**REFERENCES** Available upon request

*Calvin Hardgo*

604 South University Avenue  
Archer, Florida 32618  
(352) 495-3997

**OBJECTIVE**

Applying for authority to provide alternative local exchange service within the state of Florida.

**EDUCATION**

Associate of Arts, 1993  
Santa Fe Community College, Gainesville

**EXPERIENCE**

Oct. 2000 to Present	Cal-Tech Communication CEO: Managing the daily function to the business, supervises, financial book keeping, ordering supplies, restocking.
Nov. 1997 to present	Medline Industries Gainesville, Florida Handling and distributing of medical supplies, Inputting daily data entries, ordering.
May 1999 to Oct. 2000	Live Oak Police Department Live Oak, Florida Police Officer, traffic, under-cover operations.
Nov. 1995 to Present	United States' Army at Camp Landing Stark, Florida. Military Police, fire fighter.
June 1995 to Sep. 1997	Goody's Family Clothing, Inc. Gainesville, Florida Customer interaction, Sales, Unloading trucks.
Oct. 1994 to May 1995	Alachua County Sheriff Office Gainesville, Florida Police Officer, Traffic, Under-cover operations

Feb. 1994            Institute of Public Safety  
to June 1994        Santa Fe Community College, Gainesville, Florida  
Police Academy.

Aug. 1993            Albertson's  
to Feb. 1994        Gainesville, Florida  
Unloading trucks, fruits/vegetable rotations,  
ordering.

July 1992            LNA Enterprise  
to Oct 1992         Gainesville, Florida  
Clerk: Ordering, stocking, costumer interaction,  
sales.

Oct. 1992            Santa Fe Community College  
to Aug. 1993        Gainesville, Florida  
Student teacher: Teaching, monitoring, providing  
leisure time activities to infants and tolares.

Jun. 1999            Wooley's IGA  
to Apr. 1992        Hollywood, Florida  
Grocery Manager: Supervising, ordering, scheduling  
managing to daily rotation of the produce  
department.

#### **ACTIVITIES**

Aug. 1992            Compassionate Out Reach Ministry  
to present          Gainesville, Florida

Oct. 1994            Police Bealent Association  
to present          Gainesville, Florida

Aug.1995            Pop Warner Association  
to present          Gainesville, Florida

Oct. 2000            Black Business Association  
to present          Gainesville, Florida

#### **INTERESTS**

## ***Cal-Tech Communication***

Cal-Tech Communication has been in business for almost a year. Within that year this business has expanded from only selling pagers to selling cellular phones, pagers, and cellular and paging accessories.

Cal-Tech communication is located in an area that is assessable to the community, businesses, and students at the University of Florida.

The business has about three thousand dollars and two credit card equal estimating to twenty one thousand dollars. With these funds, it is believed that the business has sufficient financial capability to provide the requested service in Gainesville and the surrounding areas. It is believed that the business has sufficient financial capability to maintain the requested service and is able to meet its lease and obligations.



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 12, 2000

CAL - TEC COMMUNICATIONS  
407 SW 4TH AVENUE  
GAINESVILLE, FL 32601

Subject: **CAL - TEC COMMUNICATIONS**

REGISTRATION NUMBER: **G00346900249**

This will acknowledge the filing of the above fictitious name registration which was registered on December 12, 2000. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/fv

Division of Corporations

Letter No. 000A00062514

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 12-20-2000  
NUMBER OF THIS NOTICE: CP 575 E  
EMPLOYER IDENTIFICATION NUMBER: 59-3685952  
FORM: SS-4  
0716827046 0

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

CALVIN GEROME HARDGE  
CAL-TEC COMMUNICATIONS  
407 SW 4TH AVE  
GAINESVILLE FL 32601

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3685952. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office, Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 1-20

Return this part with any correspondence  
so we may identify your account. Please  
correct any errors in your name or address.

CP 575 E

0716827046

Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 12-20-2000  
EMPLOYER IDENTIFICATION NUMBER: 59-3685952  
FORM: SS-4

INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

CALVIN GEROME HARDGE  
CAL-TEC COMMUNICATIONS  
407 SW 4TH AVE  
GAINESVILLE FL 32601