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(ILLINOIS)

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NOV 01 '96

October 30, 1996

Florida Public Service Commission  
Division of Administration  
2540 Shumard Oak Blvd.  
Gunter Building  
Tallahassee, FL 32399-0850

16/306-11

Re: Application of Milliwave Limited Partnership for Authority to Provide Alternative Access Vendor Service within the State of Florida

Dear Sir or Madam:

Enclosed please find the application for authority to provide alternative access vendor service within the State of Florida, along with thirteen (13) copies, for filing. Also enclosed is the \$250.00 filing fee.

I would appreciate it if you could return a date-stamped copy to me (additional copy provided) in the enclosed return envelope. If you have any questions, or if there are any problems, please call.

Respectfully submitted,  
*Arthur W. Bresnahan*  
Arthur W. Bresnahan

Enclosure

NOV 13 1996

DOCUMENT NUMBER 42412  
11683 OCT 31 1996  
FPSC-RECORDS/REPORTING

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

**DIVISION OF COMMUNICATIONS**  
**BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM**  
**for**

**AUTHORITY TO PROVIDE ALTERNATIVE ACCESS VENDOR SERVICE**  
**WITHIN THE STATE OF FLORIDA**

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**Instructions**

- A. This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
- B. Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. If you have questions about completing the form, contact:

Florida Public Service Commission  
Division of Communications  
Bureau of Service Evaluation  
2540 Shumard Oak Blvd.  
Gunter Building  
Tallahassee, Florida 32399-0850  
(904) 413-6600

- E. Once completed, submit the original and twelve (12) copies of this form along with a non-refundable application fee of \$250.00 to:

Florida Public Service Commission  
Division of Administration  
2540 Shumard Oak Blvd.  
Gunter Building  
Tallahassee, Florida 32399-0850  
(904) 413-6251

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FORM PSC/CMU 43 (1/95)  
Required by Commission Rule Nos. 25-24.720 & 25-24.730

DOCUMENT NUMBER DATE

11683 OCT 31 1982

FPSC-RECORDS/REPORTING

1. This is an application for (check one):
- Original Authority (New company).
  - Approval of Transfer (To another certificated company).
  - Approval of Assignment of existing certificate (To a noncertificated company).
  - Approval for transfer of control (To another certificated company).

2. Name of corporation, partnership, cooperative, joint venture or sole proprietorship:

Milliwave Limited Partnership, a Florida limited partnership

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

N/A

4. National address (including street name & number, post office box, city, state and zip code).

1776 Eye Street NW, Suite 800  
Washington, DC 20006

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

370 Wood Dale

Drive, Wellington,

FL 32414

6. Structure

- Corporation
- Foreign Partnership
- Limited Partnership
- Other, \_\_\_\_\_

7. If applicant is an individual or partnership, please give name, title and address of sole proprietor or partners. See Exhibit A

- (a) Provide proof of compliance with the foreign limited partnership statute (Chapter 620.169 FS), if applicable.

- (b) Provide proof of compliance with the fictitious name statute (Chapter 865.09 FS), if applicable.

Fictitious name registration number: \_\_\_\_\_

- (c) Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(1) 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. They have not.

(2) 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. They have not.

8. If incorporated, please give:

- (a) Proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: A95000000660

- (b) Name and address of the company's Florida registered agent. Thomas Domencich, 370 Wood Dale Drive, Wellington, FL 32414

- (c) Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(1) 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.

(2) 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.

9. Who will serve as liaison with the Commission in regard to the following? (please give name, title, address and telephone number):

- (a) The application; Arthur W. Bresnahan  
Skadden, Arps, Slate, Meagher & Flom  
333 W. Wacker Drive, Suite 2300  
Chicago, IL 60606  
Phone: (312) 407-0646
- (b) Official Point of Contact for the ongoing operations of the company; Alex D. Felker, Executive Vice President, Milliwave Limited Partnership, 1776 Eye Street NW, Suite 800, Washington, DC 20006; Phone (202) 331-9882
- (c) Complaints / Inquire from customers  
Alex D. Felker

10. List the states in which the applicant:

- (a) Has operated as an Alternate Access Vendor.  
None
- (b) Has applications pending to be certificated as an interexchange carrier.  
Arizona, New York, North Carolina, Ohio, Oklahoma, Pennsylvania  
Puerto Rico, and Wisconsin
- (c) Is certificated to operate as an Alternate Access Vendor. The type of authority granted by state commissions varies from state to state, and no other state grants "Alternative Access Vendor" authority. Milliwave has been certified to provide certain telecommunications services in Colorado, Hawaii, Illinois, Kansas, Missouri and Oregon.
- (d) Has been denied authority to operate as an Alternate Access Vendor and the circumstances involved.  
None
- (e) Has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.  
None

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

None.

11. The applicant will provide the following AAV services (Check all that apply).

- a. X Intraexchange private line service to an affiliate.
- b. X Interexchange private line service to an affiliate.
- c. X Special access as part of a private line dedicated service.
- d. X Special access to an IXC switched network.
- e. X Private line services (Channel Services)

- X DS-0, 64 kb/s  
X DS-1, 1.54 Mb/s  
X DS-2, 6.31 Mb/s  
X DS-3, 44.76 Mb/s

12. How does the end user access each of the AAV services that were checked above.

Microwave facilities will be built for each end user.

13. Please provide the following (if applicable):

- (a) Will the name of your company appear on the bill for your services, and if not who will the billed party contact to ask questions about the bill (provide name and phone number) and how is this information provided? It is expected that customers will make lease payments and will not be billed.
- (b) Name and address of the firm who will bill for your service.

See above

**\*\* APPENDIX A \*\***

**CERTIFICATE TRANSFER STATEMENT**

I, (TYPED NAME)  
current holder of certificate number \_\_\_\_\_, have  
reviewed this application and join in the petitioner's request.

**UTILITY OFFICAL:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
Title

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

**\*\* APPENDIX B \*\***

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 responded to in one of the following ways (applicant please check one):

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

UTILITY OFFICIAL:

*Ray S. Felt*

Signature

11/21/96

Date

Executive Vice President

Title

(202) 331-9882

Telephone No.



**\*\* APPENDIX C \*\***

SERVICE AREA NETWORK

1. **SERVICE AREA:** Please provide the list of exchanges where you are proposing to provide private line and/or special access service within thirty (30) days after the effective date of the certificate.

None. Applicant will construct facilities on a path-by-path basis as requested by its customer.

2. **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?  
Milliwave provides a single microwave link as required by the FCC's buildout obligations. Service began in September 1996 and is being conducted pursuant to Fl. Stat. 364.02(12) (exempting service provided exclusively to a certificated telecommunications company).

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

UTILITY OFFICIAL:

  
Signature

11/31/98  
Date

Executive Vice President  
Title

(202) 331-9882  
Telephone No.

**\*\* APPLICANT ACKNOWLEDGEMENT 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:** A non-refundable application fee of \$250.00 must be submitted with the application.
5. **RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Orders relating to my provision of interexchange telephone service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.
6. **ACCURACY OF APPLICATION:** By my signature below, I the undersigned owner or officer of the named utility in the application, attest to the accuracy of the information contained in this application and associated attachments. I have read the foregoing and declare that to the best of my knowledge and belief, the information is a true and correct statement. 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.

UTILITY OFFICIAL:

*Ray D. Feik*  
Signature

10/30/96  
Date

Executive Vice President  
Title

(202) 331-9882  
Telephone No.

**ATTACHMENTS:**

- A - CERTIFICATE TRANSFER STATEMENT
- B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
- C - SERVICE AREA NETWORK

EXHIBIT A

List of General and Limited Partners

GENERAL AND LIMITED PARTNERS

General Partner

Milliwave Communications Corp.

Limited Partners

Tabor Hill Corp.

S. Cristen Corp.

Patricom Corp.

DFD Corp.

JRD Wireless Corp.

SMD Wireless Corp.

ADF Corp.

MWLP Co., Inc.

Daffer Wireless Corp.

Spreng Wireless Corp.

Rahn Wireless Corp.

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October 30, 1996

Florida Public Service Commission  
Division of Administration  
2540 Shumard Oak Blvd.  
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Tallahassee, FL 32399-0850

*761306-7A*

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Partnership for Authority to Provide  
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if there are any problems, please call.

Respectfully submitted,

DOCUMENT # 11683 OCT 31 1996  
FPSC-REGS/REPORTING

SKADDEN ARPS SLATE MEAGHER & FLOM  
333 WEST WACKER DRIVE  
CHICAGO, IL 60606

 **FIRST CHICAGO BANK**  
The First National Bank of Chicago  
Chicago, Illinois 60670

3552

PAY **\*\*Two Hundred Fifty Dollars and 00/100\*\***

TO THE ORDER OF  
Florida Public Service Commission

DATE	AMOUNT
10/30/96	\$250.00

*Matthew Johnson*

