BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Application of

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) Docket No.

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for a Certificate of Convenience and Authority to Provide (Local Exchange and Exchange Access Service, Inter-exchange and/or Toll and Operator *Services)* Within the State of Kansas.

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**APPLICATION FOR CERTIFICATE OF AUTHORITY**

**To Serve as a Telecommunications Services Provider in Kansas**

K. S. A. 66-2005(w) sets out the requirements for certification as follows: An applicant ". ... . must receive a certificate of convenience based upon a demonstration of technical, managerial and financial viability. Any telecommunications carrier or other entity seeking such certificate shall file a statement, which shall be subject to the commission's approval, specifying with particularity the areas in which it will offer service, the manner in which it will provide service in such areas and whether it will serve both business and residential customers in such areas."

Comes now  representing

 *,* a

 representing its intention to engage in the business of a Competitive
Local Service Provider in the State of Kansas under the business name of

 in the
territory described specifically below , and making claim that public convenience will be thereby promoted. Applicant, for purposes of verification and in evidence of fitness to operate, offers the following information in support of this application:

1. Full, correct name (including d/b/a) of company, firm, association or corporation making this filing:
2. Federal Identification Number:
3. Type of Certification requested by applicant:

**(Please provide a separate application for each type of certification. The
requisite $250.00 filing fee per service must accompany each application.)**

Competitive Local Exchange Service

lnterexchange (long distance or toll) Service Operator Services and Interexchange (toll) Service

Resale

Facilities-based

Combined Resale and Facilities-based

1. Address (if the mailing address is a P. 0. Box number, also provide the actual street address) and telephone number(s) for the principal office of the company and its local office (if any), including 800 customer service number:

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1. If individually owned, name of individual doing business under above name:
2. Requested serving territory (statewide for toll service; local service may be limited to specific exchange areas due to rural exemption guidelines; and operator services may be limited to specific institutions):
3. Name, title, address telephone number and email address of person preparing this application.
4. Name, title, address, telephone number and email address of Commission/Industry Relations contact
5. Organizational Information

In the table below, give name and address of each officer (when an individual holds more than one office, list name for each office held):

**OFFICERS**

|  |  |  |  |
| --- | --- | --- | --- |
| Line No. | Title (a) | Name (b) | Address (c) |
| 1 |  |  |  |
|  |  |  |  |
| 2 |  |  |  |
|  |  |  |  |
| 3 |  |  |  |
|  |  |  |  |
| (etc.) |  |  |  |

If incorporated, list information concerning company directors:

**LIST OF DIRECTORS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Line No.(a) | Name of Director(b) | Address(c) | Term Began(d) | Term Expires(e) | Shares of Common Stock(f) |
| 1 |  |  |  |  |  |
|  |  |  |  |  |  |



10. Description of Applicant's operations (provide as Exhibits):

1. Applicant's short run and long run growth plans for providing intrastate
telecommunication service in Kansas (i.e. What services will be provided and how quickly? Will service be offered statewide to residential, business or residential and business? Are specific local exchanges, localities or the service area(s) of specific companies included in these plans? If local service, how many exchanges will be served and which of those will be served first? What are the general characteristics of those exchanges?).
2. Estimated number of company service personnel assigned to telephone
service who will be located in Kansas during the time periods mentioned above?
3. What telecommunications equipment will be deployed in the state and
where will it be deployed over the period of time mentioned above?
4. Has any state or federal entity denied certification to your company or taken
any enforcement action against your company's service operations (such as a fine or a Cease and Desist action)? If so, please explain.
5. Provide a list of enforcement proceedings or criminal charges involving
applicant or its principals in connection with the provision of telecommunications services within the last five (5) years anywhere in the United States including, but not limited to:

injunctions

cease and desist orders

civil lawsuits

consent decrees

assurances of voluntary compliance

civil investigative demands (CID's)

subpoenas

Identify the office or administrative agency that instituted each action, the date it was instituted, and the outcome thereof. Provide a copy of the final order or judgment. (This does not include actions for the collection of debts or domestic matters.) If no actions apply please indicate none.

11. Applicant's Managerial Qualifications (provide as Exhibits):

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1. Description of applicant's actual experience in the telecommunications business, specifically that represented in this application.
2. Managerial qualification of your company's key personnel (copies of resumes are appropriate).

12. Is your company currently providing telecommunications service in any other state? If so, in an Exhibit, please name the state(s), provide a description of your company's operations therein and list the approximate number of customers in each state.

13. Financial Information:

A. Stock

**CAPITAL STOCK**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Line No.(a) | Class of Stock Common Or Preferred etc.(b) | No. of Shares Auth- orized by charter(c) | No. of Shares Act- wally Sold(d) | No. of Shares Can- celled(e) | No. of Shares Held for Resale(f) | No. of Shares Out- standing(g) | Par Valueper Share(h) | Total Amnt. Out- stan- ding per Fin. Stmnt.(i) | Divi- dends Declar ed During Year(J) |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| etc. |  |  |  |  |  |  |  |  |  |

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1. List information concerning the stockholders holding the highest number of

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shares of stock. If no one stockholder holds more than 5% of the total shares

outstanding, so indicate by placing an "X" in this blank , and omit the
information called for in the schedule below.

**LIST OF PRINCIPAL STOCKHOLDERS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Line No.(a) | Name of Stockholder(b) | Address(c) | No. of Shares(d) | No. of Votes(e) | Total Par or Stated Value(f) |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| etc. |  |  |  |  |  |

C. Sole proprietorships and/or partnerships or any other business organization

including, but not limited to limited liability companies, limited partnerships, and LLPs must add an Exhibit to show the organizational structure and share interests in assets, liabilities and profits.

 14. Applicant's Financial Qualifications (provide as Exhibits):

1. Comparative Income Statements for the immediately preceding three (3) year period (audited positive statements preferred).
2. Balance Sheets for the immediately preceding three (3) year period (audited positive statements preferred).
3. A forward-looking management narrative discussing any significant activity that may impact either the Income Statement or Balance Sheet provided.

 15. As an attachment, please provide state of incorporation and proof of incorporation

in that state.

 16. As an attachment, please provide proof of registration with the Kansas Secretary of

State (must maintain registry and remain in good standing).

1. Name and telephone number of the contact person for customer service.
2. Competitive Local Exchange (CLEC) applicants need to provide an interconnection or resale agreement with the incumbent local exchange carrier(s) for the service territory designated above, if consummated. Please indicate the docket number(s) and Commission approval date(s) for each. (Local operations may not begin until such agreements have been approved by the KCC.)
3. CLEC Applicants must provide a copy of the Company's proposed Intrastate Access tariff. (Operations may not begin until a tariff has been filed with and approved by the KCC.)
4. Complete, sign and attach the KCC Telecommunications Carrier Code of Conduct
form as part of this application.

**Notice: Kansas Supreme Court Rule 116 requires attorneys who are not admitted to practice in Kansas to associate with an attorney "who is a resident of Kansas, regularly engaged in the practice of law in Kansas, and who is in good standing under all of the applicable rules of the Supreme Court of Kansas." The Kansas attorney must "sign all pleadings, documents, and briefs, and shall be present throughout all court or administrative appearances." Attorneys licensed in Kansas, but not residents of Kansas may appear without local counsel. Any party may appear personally on his or her own behalf.**

**OATH**

State of County, ss.

 , being duly sworn, deposes and says that s/he is the

*(title) ,* of *(Company name)*

 and that the facts set forth in the foregoing application have been prepared
under his/her direction, from the original books, papers and records of said company, that he/she examined same, and declares same to be true and correct to the best of his/her knowledge and belief.

Further, that applicant has full knowledge of the Kansas Corporation Commission's jurisdiction affecting local service providers and will comply with the applicable requirements of this Commission.

Subscribed and sworn to before me on this Day of , .

 Notary Public

(Revised 01/20/2012)

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