



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC UTILITY CONTROL

Enclosed is the Application for a Connecticut Certificate of Public Convenience and Necessity to provide all types of telecommunications services except payphone service. For payphone service, use the application form for that service only. Filing instructions are also enclosed. In particular, please note that the Public Utilities Regulatory Authority (Authority) requires all filings to be submitted electronically.

When filing the Application, the following must be provided:

- Electronic: one (1) copy of the Application, including all Exhibits, Affidavits and any attachments that the Applicant has in electronic form; and
- A filing fee of \$1,000 made payable to the Treasurer of the State of Connecticut. A notation on the check should indicate that it is for the Telcom CPCN Application Fee.

The preferred method of submitting a completed Form is filing from our website: <http://www.ct.gov/pura/>. Advance online registration is required (click on the link above, then Initial Registration.) Alternatively, e-mail the files to PURA.ExecutiveSecretary@ct.gov.

If you need further information, please call the Authority's Office of Education, Outreach, and Enforcement at (860) 827-2622 or email pura.information@ct.gov.

FILING INSTRUCTIONS

I. HOW TO FILE: Applicants must file the Application as a New Docket Application in the Authority's Web Filing System. Instructions regarding electronic filing with the Authority can be found under the following website, <https://portal.ct.gov/pura/about/filing-and-forms/make-an-electronic-filing>.

If you need assistance in completing this application or with the application process, please contact the Office of Education, Outreach and Enforcement (EOE) via:

Toll Free Number (in Connecticut):	1-800-382-4586
Toll Number Outside Connecticut:	1-860-827-2622
Email:	pura.information@ct.gov

- RE: Attn CPCN Application

II. WHAT TO FILE: The Applicant must submit the Application, Exhibits, Affidavits and any other attachments to the Authority. All attachments, including Exhibits and Affidavits, should be clearly identified. All pages attached should be numbered in sequential order.

All attachments, including Exhibits and Affidavits, should be clearly identified. For example, Exhibit A-9 should be marked, "Exhibit A-9: 'Director, Officer and Major Stockholder Information.'" All pages should be numbered and attached in sequential order, except for material for which protected treatment is sought (see below).

III. PROTECTED MATERIAL: The Authority operates with the strong presumption that all documents filed with it are public records subject to the right of public inspection and copying in accordance with the Connecticut Freedom of Information Act, Conn. Gen. Stat. § 1-200 et seq. In those exceptional circumstances where a Party, Intervenor or Participant believes that information is confidential under law, a Motion for a Protective Order requesting an exemption from public disclosure may be filed. The Motion must provide specific legal arguments with reference to state or federal law describing with supporting facts why the information should be kept confidential. A certified affidavit supplied by a competent witness in support of the Motion must be appended to the Motion.

Until otherwise directed by the Authority, all confidential material must be submitted electronically by email to Jeff.Gaudiosi@ct.gov contemporaneously with the motion. The email's subject line shall state in all capital letters "CONFIDENTIAL MATERIAL - NOT FOR PUBLIC DISCLOSURE." Each page of any electronic confidential information shall also contain a header "CONFIDENTIAL – NOT FOR PUBLIC DISCLOSURE." The associated motion for a protective order shall be filed publicly.

IV. ELECTRONIC FILING. The preferred method is filing from our website: <https://portal.ct.gov/pura/about/filing-and-forms/make-an-electronic-filing>. Advance

online registration is required (click on the link above, then Initial Registration.) Alternatively, e-mail the files to PURA.ExecutiveSecretary@ct.gov.

V. GOVERNING LAW: The granting of telecommunications certificates of public convenience and necessity is governed by General Statutes §§ 16-247a through 16-247l; and Connecticut Agency Regulations §§ 16-247c-2 to 16-247c-5; and Connecticut Agency Regulations §§ 16-247g-1 through 16-247g-9, inclusive.

Application for Telcom CPCN



State of Connecticut
Department of Public Utility Control
10 Franklin Square
New Britain, CT 06051
Phone: (860) 827-1553; Main Fax: (860) 827-2613
<https://portal.ct.gov/pura>

TYPE OF APPLICATION

Check all that apply

- ☐ Reseller
☐ Facilities-based
☐ Intrastate Toll service
☐ Local Exchange service
☐ Other _____

A. APPLICANT INFORMATION

(A-1) Applicant's legal name, address and web site:

Name: _____
Address: _____ *Main Telephone:* _____
City, State, Zip: _____
Web site (if any): _____

(A-2) If any, Applicant's principal office in Connecticut:

Address: _____
City, State, Zip: _____
Main Telephone: _____ *Main Fax:* _____

(A-3) Contact person for regulatory matters:

Name: _____ *Title:* _____
Address: _____
City, State, Zip: _____
Telephone: _____ *Fax:* _____
E-mail Address: _____

(A-4) Applicant's agent for service in Connecticut:

Name: _____ *Company:* _____
Address: _____
City, State, Zip: _____
Telephone: _____ *Fax:* _____
E-mail address: _____

(A-4) Applicant's contact for Annual Reports:

Name: _____ *Company:* _____
Address: _____
City, State, Zip: _____
Telephone: _____ *Fax:* _____
E-mail address: _____

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- (A-5) Applicant's address and toll-free telephone number for customer service and complaints:

Name: _____ Title: _____
Address: _____
City, State, Zip: _____
Toll-free Telephone: _____ Fax: _____
E-mail address: _____

- (A-6) Applicant's Federal Employer Identification Number (FEIN): _____

- (A-7) Applicant's legal form of ownership:

☐ Corporation
☐ LLC
☐ LLP
☐ Other: _____

- (A-8) Applicant was formed or organized on _____ in _____, _____

- (A-9) **Exhibit A-9: Director, Officer, and Major Stockholder Information**

Provide a complete list of Applicant's officers, directors, partners or similar officers, and all stockholders with ownership exceeding five percent, including: (a) name; (b) job title; (c) business address; (d) business telephone number, and (e), percentage of stock owned. If Applicant is a subsidiary of another company, provide ownership information on the Parent.

- (A-10) **Exhibit A-10: Business Registration in Connecticut**

Provide a copy of any business registration on file with the Connecticut Secretary of State, including but not limited to a Certificate of Authorization/Existence (short form, not express form).

- (A-11) **Exhibit A-11: Articles of Incorporation or Organization and Bylaws**

Provide the following: (a) The articles of incorporation filed with the state or jurisdiction in which Applicant is incorporated and any amendments thereto; and (b) Applicant's bylaws and any amendments thereto. For LLCs and LLPs, provide the analogous Articles of Organization and bylaws, with any amendments.

- (A-12) **Exhibit A-12: Corporate Structure**

Provide a chart or any similar graphical depiction of Applicant's entire corporate structure to clearly show: (a) the names of all Applicant's affiliates; (b) the relationship between all the affiliates; and (c) the names of all holding companies affiliated with Applicant.

- (A-13) **Exhibit A-13: Violation of Consumer Protection Law**

Is Applicant currently under investigation, or has Applicant ever been fined, sanctioned or penalized, in any state for violation of any consumer protection law or regulation?

☐ Yes If yes, provide **Exhibit A-14: "Violation of Consumer Protection Law."** For each current investigation, provide all of the following: name of the state and agency conducting the investigation; date on which investigation began; description of the nature of the alleged violation; and status of the investigation. For each fine, sanction or penalty, provide all of the following: date of the fine, sanction or penalty; name of state and agency imposing the fine, sanction or penalty; description of the violation; description of the fine, sanction or penalty, including monetary amounts, if applicable; and copy of the order imposing the fine, sanction or penalty

☐ No

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B. PROPOSED SCOPE OF SERVICE

(B-1) Exhibit B-1: Description of Proposed Services

Provide a brief description of the services proposed to be provided. In addition, provide proposed illustrative tariffs.

(B-2) Service Area

If applying to provide local exchange service, specify the geographic area for which authority to serve is sought:

- ☐ The ENTIRE state of Connecticut
☐ Labor Market Areas: _____

(B-3) Exhibit B-3: Operations in Other States

Does Applicant currently provide, or has Applicant ever provided, telecommunications services in another state?

- ☐ Yes If yes, provide **Exhibit B-3: Operations in other States**. For each state in which Applicant currently operates or has previously operated, provide all of the following: (a) status of Applicant's operations (e.g., active, inactive, pending); (b) copy of all decisions or orders of the agencies denying Applicant the authority to offer telecommunications services; (c) reasons for the cessation of Applicant's operations, if applicable; and (d) any other relevant information or materials.
- ☐ No

C. FINANCIAL CAPABILITY

(C-1) Exhibit C-1: "Applicant's Financial Statements"

- ☐ Applicant is a publicly-held company. Provide at least one of the following:
- (a) Applicant's two most recent annual reports to stockholders, which shall include balance sheet, income statement, cash flow analysis and notes to financial statements; or
 - (b) Applicant's two most recent filings made with the Securities and Exchange Commission, such as 10-K or 10-Q and 8-K filings. Also provide a complete copy of the Parent Company's last Form 10K as filed with the SEC, if applicable.
- ☐ Applicant is a privately-held entity. Provide each of the following:
- (a) Two most recent annual financial statements (audited if available), which shall include balance sheet, income statement, cash flow analysis and notes to financial statements; and
 - (b) Most recent quarterly financial statement, if available.

(C-2) Exhibit C-2 Tax Returns

Provide copies of all tax returns filed by Applicant during the last two years with the United States Internal Revenue Service and the Connecticut Department of Revenue Services.

(C-3) Exhibit C-3: Revenue Earned in Other States

For the five states in which Applicant has offered the proposed services the longest, provide the total intrastate revenue received from each service and the associated intrastate access charges paid to the local exchange company for the last calendar year.

(C-4) Exhibit C-4: Projected Number of Subscribers and Related Data

For each service for which Applicant is seeking authorization, separately provide the estimated number of subscribers by residential and business lines subscribed for the next three years. Also provide any forecasts filed with state public utility commissions in any of the five states referenced in C-3 above relative to revenues, customers, minutes of use and access lines expected from these services.

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(C-5) Separate Books and Records

If granted a Connecticut certificate of public convenience and necessity to provide telecommunications services, will Applicant maintain separate books and records for Connecticut operations?

- ☐ Yes
☐ No

(C-6) Timing of Provision of Local Service

If Applicant is seeking to provide local exchange service, state whether it will provide service to all customers requesting local exchange service within five years from the date of certificate issuance.

- ☐ Yes
☐ No

(C-7) Unauthorized Provision of Service

If Applicant is currently providing intrastate services in Connecticut, provide the date service began and the total revenues accrued in the period prior to receiving a Connecticut certificate of public convenience and necessity.

Date service began: _____

Revenues accrued: _____

(C-8) Required Bond

If granted a certificate of public convenience and necessity to provide local exchange service, will the Company provide proof of a bond as required in the Decision dated April 2, 2000 in Docket No. 01-12-10, DPUC Investigation into the Discontinuation of Telecommunications Services by Certified Telecommunications Service Providers and the Decision dated May 5, 2004 in Docket No. 01-12-10RE01.

- ☐ Yes
☐ No

D. TECHNICAL CAPABILITY

(D-1) Exhibit D-1: Technical Qualifications

Provide an exhibit demonstrating Applicant's technical qualifications.

(D-2) Exhibit D-2: Facilities-Based Provider's Capital/Construction Plan and Budget

If applying as a facilities-based provider, provide a one year capital/construction plan and budget explaining Applicant's plans to construct and/or lease facilities in this state. Detail the equipment, labor, and associated expenses that will be involved.

(D-3) Exhibit D-3: Reseller's Underlying Carrier(s)

If applying as a reseller, separately identify each underlying carrier the services/facilities of which Applicant proposes to resell or use in the provisioning of its proposed intrastate services in Connecticut and summarize the status of Applicant's agreements/negotiations with those carriers regarding the provision of those services in Connecticut. Indicate if each such carrier is certificated to provide these services in Connecticut.

(D-4) Exhibit D-4: Reseller's Operator Service Agreements

If applying as a reseller, what operator service agreements does Applicant have in place for calls within Connecticut? If none, when does Applicant expect to have intrastate operator service agreements in place and with whom?

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(D-5) Exhibit D-5: Other Relevant Information Concerning Technical Capability

Provide any other information that would demonstrate Applicant's technical ability or fitness to provide the proposed services.

E. MANAGERIAL CAPABILITY

(E-1) Exhibit E-1: Background in Telecommunications Industry

Provide a detailed summary of Applicant's background in the telecommunications industry.

(E-2) Exhibit E-2: Resumes of Officers

Provide the following: (a) a list of the names of all officers directly responsible for Applicant's operations, including a description of each officer's job title and duties and responsibilities; and (b) each officer's professional resume.

(E-3) Exhibit E-3: Other Relevant Information Concerning Managerial Capability

If available, provide any other information or documentation that would demonstrate Applicant's managerial ability or fitness to provide the services proposed.

F. CUSTOMER SERVICE

(F-1) Exhibit F-1: Customer Service Plan

Provide copy of Applicant's Connecticut customer service plan, which shall address each of the following:

- (a) customer security deposit procedures and requirements;
- (b) customer complaint handling and dispute resolution procedures;
- (c) customer termination procedures;
- (d) customer rights and responsibilities; and
- (e) disclosure of customer information procedures.

(F-2) Exhibit F-2: Affirmative Customer Selection Procedures

Provide a description of the actions that Applicant will take to ensure that new customers affirmatively select the Applicant, confirming paperwork and description of sales agents' training and supervision. If applicable, include a copy of the Letter of Authorization.

(F-3) Exhibit F-3: Customer Complaint Data

For each state in which Applicant provides service, indicate the number of complaints (by type) that have been filed with Applicant and with each state's public utilities commission annually for the last four calendar years.

(F-4) Exhibit F-4: Sample Contract

If applicable, provide a sample contract for a service arrangement for a Connecticut customer.

(F-5) Exhibit F-5: Sample Bill

Provide a sample copy of Applicant's bill as it would be sent to a Connecticut customer.

(F-6) Billing Entity

Will Applicant perform all its own billing for the proposed services in Connecticut?

☐ Yes

☐ No If no, indicate what entity will bill on Applicant's behalf: _____

_____.

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(F-7) Bill Message

Indicate if Connecticut customer bills will include the following message:

"If you remain dissatisfied with our resolution of your complaint, you may contact the Public Utilities Regulatory Authority, Ten Franklin Square, New Britain, CT 06051. The Department may also be reached toll-free within Connecticut at 1-800-382-4586 or (860) 827-2622 from out of state.

☐ Yes

☐ No

G. STATE POLICY GOALS

(G-1) Exhibit G-1: State Policy Goals

Explain how the issuance of a Certificate of Public Convenience and Necessity to the Applicant will satisfy the goals of General Statutes § 16-247a. In particular, separately explain how the Applicant's intrastate provision of service will: (1) ensure the universal availability and accessibility of high quality affordable telecommunications services to all residents and businesses in the state; (2) promote the development of effective competition as a means of providing customers with the widest possible choice of services; (3) utilize forms of regulation commensurate with the level of competition in the relevant telecommunications service market; (4) facilitate the efficient development and deployment of a telecommunications infrastructure, including open networks with maximum interoperability and interconnectivity; (5) encourage shared use of existing facilities and cooperative development of new facilities where legally possible, and technically and economically feasible; and (6) ensure that providers of telecommunications services in the state provide high quality customer service and high quality technical service.

H. OTHER INFORMATION OR MOTIONS

(H-1) Does this application contain material that the Applicant seeks to keep confidential pursuant to Connecticut's Freedom of Information Act?

☐ Yes File a motion for protective order according to the procedures explained under Filer Info on the Department's website.

☐ No

(H-2) Does this application contain requests for waivers of any requirements?

☐ Yes

☐ No

(H-3) Is additional information attached?

☐ Yes If so, explain _____.

☐ No

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AFFIDAVIT #1 "Veracity of Statements"

State of _____ :
: _____ ss.
(Town)

County of _____ :

_____, Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/she is the _____ (Office of Affiant) of _____ (Name of Applicant);

That he/she is authorized to and does make this affidavit for said Applicant;

That _____, the Applicant herein, certifies under penalty of false statement that all statements made in the application for licensure are true and complete and that it will also amend its application while the application is pending if any substantial changes occur regarding the information provided in the application within ten days of any such change.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief and that he/she expects said Applicant to be able to prove the same at any hearing hereof.

Signature of Affiant

Sworn and subscribed before me this _____ day of _____, _____.
Month Year

Signature of official administering oath

Print Name and Title

My commission expires _____.

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AFFIDAVIT #2
"Payment of Taxes"

State of _____ :
: _____ ss.
County of _____ : (Town)

_____, Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/she is the _____ (Office of Affiant) of _____ (Name of Applicant);

That he/she is authorized to and does make this affidavit for said Applicant;

That _____, the Applicant herein, asserts that it is subject to Chapters 208, 212, 212a and 219 of the General Statutes of Connecticut, as applicable, and shall pay all taxes that it is subject to in the state of Connecticut; and

That Applicant's State of Connecticut Tax Identification number is: _____.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief and that he/she expects said Applicant to be able to prove the same at any hearing hereof.

Signature of Affiant

Sworn and subscribed before me this _____ day of _____, _____.
Month Year

Signature of official administering oath

Print Name and Title

My commission expires _____.

Application for Telcom CPCN

AFFIDAVIT #3

“Full Cooperation in the Event of an Emergency”

State of _____ :
: _____ ss.
(Town)

County of _____ :

_____, Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/she is the _____ (Office of Affiant) of _____ (Name of Applicant);

That he/she is authorized to and does make this affidavit for said Applicant;

That _____, the Applicant herein, attests that it will cooperate fully with the Public Utilities Regulatory Authority, and other telecommunications companies in the event of an emergency condition that may jeopardize the safety and reliability of telecommunications service in accordance with emergency plans and other procedures as may be determined appropriate by the Authority.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief and that he/she expects said Applicant to be able to prove the same at any hearing hereof.

Signature of Affiant

Sworn and subscribed before me this _____ day of _____, _____.
Month Year

Signature of official administering oath

Print Name and Title

My commission expires _____.
(For Notary Publics only)

Application for Telcom CPCN

AFFIDAVIT #4

"Non-Divulgence of Unauthorized Customer Information"

State of _____ :
: _____ ss.
(Town)

County of _____ :

_____, Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/she is the _____ (Office of Affiant) of _____ (Name of Applicant);

That he/she is authorized to and does make this affidavit for said Applicant;

That _____, the Applicant herein, attests that it will not release customer information to any person, as that term is defined in General Statutes § 16-1, unless the customer signs a release. For purposes of this affidavit, "customer information" means customer-specific information that the provider acquired or developed in the course of providing services and includes, but is not limited to information that relates to the quantity, time of use, type and destination of telecommunications service, information contained in bills and other customer-specific data.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief and that he/she expects said Applicant to be able to prove the same at any hearing hereof.

Signature of Affiant

Sworn and subscribed before me this _____ day of _____, _____.
Month Year

Signature of official administering oath

Print Name and Title

My commission expires _____.
(For Notary Publics only)