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ARIZONA CORPORATION COMMISSION

2000 DEC 11 P 12:33

APPLICATION

SHORT FORM FOR PAY TELEPHONE PROVIDERS

AZ CORP COMMISSION CONTROL

DOCKET NO. T-03970A-00-1008

Mail or deliver an original and 10 copies of this completed application to:

Docket Control Center
Arizona Corporation Commission
1200 West Washington Street
Phoenix, Arizona 85007

I. List the name, address and telephone number of the person or entity (Applicant) that subscribes to the phone line from the local exchange company, indicate Business Name (if different than Applicant):

JACKIE BRADFORD
BILL BRADFORD

(Applicant's Name)

P.O. Box 702

(Applicant's Address)

PEARCE, AZ 85625

(Applicant's Address)

BRADFORD COMMUNICATIONS

(Business Name if different than Applicant's Name)

(520) 826-4161

(Applicant's Telephone Number)

II. If you intend on having an attorney represent you in this application, list the attorney's name, address and telephone number:

(Attorney's Name)

(Attorney's Address)

(Attorney's Address)

() -

(Attorney's Telephone Number)

III. What type of entity is the Applicant?

[X] SOLE PROPRIETORSHIP; [] PARTNERSHIP; [] LIMITED LIABILITY COMPANY; or

[] CORPORATION: By checking this box, you certify that you have a current copy of your Articles of Incorporation on file with the Arizona Corporation Commission's Corporations Division: [] Arizona Corporation; or [] Foreign Corporation.

IV. SELECT ONE THAT APPLIES:

[X] GENERIC/STREAMLINED TARIFF: By checking this box, the Applicant states it intends to provide public pay telephone service in the State of Arizona under the rates, terms, and conditions as set forth in the COPT Generic Tariff, and A.A.C. R14-2-901. et.seq., and hereby concurs in that Tariff. The Applicant understands that requests to provide service under conditions other than those set forth in the COPT Generic Tariff may be approved

only by specific order of the Arizona Corporation Commission pursuant to A.A.C. R14-2-901. et. seq.; or

- CUSTOMIZED TARIFF: By checking this box, the Applicant states it intends to provide pay telephone service in the State of Arizona under a Special (non-streamlined) Tariff, A.A.C. R14-2-901. et. seq., and submits with this application its proposed Special (non-streamlined) COPT Tariff for services to be offered and does not concur in the Generic Tariff; or
- By checking this box, the Applicant states that it is NOT PROVIDING PUBLIC PAY TELEPHONE SERVICE, and hereby states that it is not a public service corporation, and swears and affirms that it is not offering its pay telephone service to the public and its primary business is not providing public pay telephone service. NOTE: Applicant may be subject to fines or other penalties if it is operating as a Public Service Corporation without a Certificate of Convenience and Necessity.

V. NOTICING

- By checking this box the Applicant states that it has placed the prescribed notice of the application at each pay telephone location (See instruction sheet: "NOTICE"). Attach ONE copy of a list of the addresses where you provide pay telephone service; OR
- By checking this box the applicant indicates it does NOT have any COPTs at this time.

VI. Attach one copy or sample of the customer information placard, which will be located on the pay telephone, that describes the services you offer and the instructions for operation. If you have checked the box to conform to the Generic Tariff, the placard must conform to: Para. III. items; C., D., J., K., and M.; plus Para. IV. C., items 1. through 7. of the Generic Tariff.

*WILL FORWARD
HAVE NOT
RECEIVED
PHONES
JB*

Jackie Bradford OWNER
(Signature of Applicant and Title)

JACKIE BRADFORD
(Type or Print Your Name)

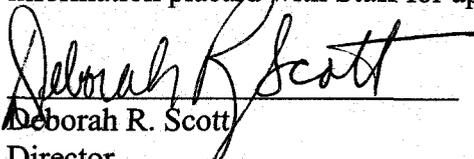
DO NOT WRITE IN THIS SPACE

STAFF RECOMMENDATIONS

By checking this box, the Applicant is requesting a hearing because it objects to the Staff Recommendations or other reasons. The request for a hearing and any objections to these Recommendations must be filed within 20 days from the date of this report. If the request is not made within 20 days, the Commission may decide the matter without a hearing unless a hearing is requested by Staff or an Intervenor.

The Applicant does not have any operating locations at this time, and has not provided a copy of its customer information placard. The Applicant has indicated on its application that it will provide service in accordance with the rates, charges, terms, and conditions contained within the Generic Tariff. Staff recommends that the Applicant be ordered to file a copy of its customer information placard, in compliance with the Generic Tariff, with Staff for approval within 30 days.

Staff believes that, with proper oversight, certain benefits in the form of increased pay telephone availability will accrue to the public, and that the issuance of a Certificate is in the public interest. Therefore, Staff recommends approval of the application without a hearing. Staff further recommends that the applicant be ordered to file a copy of its customer information placard with Staff for approval within 30 days.


Deborah R. Scott
Director
Utilities Division

Date: December 15, 2000

Originator: Elena Zestrijan

AZ CORP COMMISSION
DOCUMENT CONTROL

2000 DEC 19 A 11:18

RECEIVED

Public Access Line (PAL) Request

Interconnect Service Delivery Center
6101 Yellowstone Rd, Room 419
Cheyenne WY 82009

www.uswest.com/com/customers/carrier/pal
Telephone: (888) 796-9087
Fax: (888) 796-9089



Revised 08.00

Order Type:
 New
 Disconnect
 Move
 Other
of Lines:
 2

Today's Date: 12/8/00	Desired Due Date: 12/18/00
Business/Site Name: OK MART	Actual Location of Phone(s) for 911: WEST OUTSIDE WALL
Service Address, City, State: 201 FIRST STREET DOUGLAS ARIZONA	
Site Access Person: DAL LEE	Site Telephone Number: (520) 805-2593
Site Access Hours: 8-5 MON-SAT	

PO#:
0001

Payphone Service Provider (PSP): BRADFORD COMMUNICATIONS	Order Placed by: JACKIE BRADFORD	Telephone Number: (520) 826-4161	Fax #:
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Billing Information:

Bill to:
 Payphone Service Provider (PSP)
 Site - LOA Required
 Other - Please Specify

Billing Name:
BRADFORD COMMUNICATIONS

Address, City, State, Zip:
P.O. BOX 702 PEACE AZ 85625

Summary Bill Number: Special Billing Instructions: Tax Exemption:
 Federal State

Service Order Requirements:

<p>Directory Information: <input checked="" type="checkbox"/> Non-Published <input type="checkbox"/> Non-Listed <input type="checkbox"/> Listed. See 'Additional Information'</p>	<p>Screening Options: <input checked="" type="checkbox"/> Incoming - Billed Number Screening <input checked="" type="checkbox"/> Outgoing - CustomNet/Fraud Protection</p>	<p>Super Savings IntraLATA 1+ Plan: <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No *IntraLATA CIC must be Qwest - 5123. Plan rates vary by state.</p>
<p>Line Type: <input checked="" type="checkbox"/> Basic PAL or <input type="checkbox"/> Smart PAL <input checked="" type="checkbox"/> Two Way or <input type="checkbox"/> One Way</p>	<p>Blocking Options: <input type="checkbox"/> International Blocking <input checked="" type="checkbox"/> 900/976 Blocking <input type="checkbox"/> Split Blocking <input type="checkbox"/> 1+ Blocking (If Available)</p>	<p>Answer Supervision - Line Side (AS-LS): <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No *Available in most Central Offices.</p>
<p>Class of Service: <input checked="" type="checkbox"/> Flat Rate <input type="checkbox"/> Measured Rate <input type="checkbox"/> With Call Allowance <input type="checkbox"/> Message Rate <input type="checkbox"/> With Call Allowance <input type="checkbox"/> Guest Line <input type="checkbox"/> Coinless</p>	<p>Carrier Information: Long Distance (InterLATA) Carrier: CIC Code: 5123 Carrier Name: QWEST</p>	<p>Vendor Billing Service <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *Available in IA, MN, NE, ND, & SD only. 50 Line Minimum.</p>
<p>Payphone Specific Digit (PSD): <input checked="" type="checkbox"/> 70 Public Phone - Default <input type="checkbox"/> 29 Inmate Phone <input type="checkbox"/> 07 ANI 7 No Dial Around Tracking</p>	<p>Local Long Distance (IntraLATA) Carrier: AZ, CO, IA, MN, MT, NE, NM, OR, UT, WA, WY. CIC Code: 5123 Carrier Name: QWEST</p>	<p>Repair Plan: <input type="checkbox"/> Unistar Service <input type="checkbox"/> Repair Coordination Service <input checked="" type="checkbox"/> None</p>

LOA:
 Attached
 On File
 Blanket

PUC Certification:
 Arizona PENDING
 Idaho - Required for each site.
 Minnesota
 New Mexico

Technician Information:
 Wire to MPOP or Wire to Set: Time & Material charges apply.
 Call before dispatch Call after completion

Contact: Bill Bradford Telephone: (520) 826-4161

Additional Information, Instructions, or ANI/TN:

LETTER OF AUTHORIZATION AND AGENCY

Agreement Date: 11-18-00

Designated Phone Company: U.S. West

Address: _____

City: _____, State: _____, Zip: _____

Business Name: OK Market

Address: 201 1st Street

City: Douglas, State: Nez., Zip: _____

805-2593

AUTHORIZED SIGNATURE OF LOCATION OWNER

Dee W. Lee
Print Name / Title

[Signature]
Authorized Signature

Gentlemen: we have entered into an agreement with BRADford Com a private pay telephone vendor, to act as our representative with U.S. West Telephone Company for our telecommunications services located at 201 1st Street under the terms of this agreement, and by this letter, we do hereby authorize BRADford Com to do the following items as checked:

- 1. Install pay telephones on their own behalf;
- 2. Request and handle the disconnection of existing coin telephone service at the above listed address. Phone no. to be removed: _____
- 3. Obtain billings and revenue information.
- 4. Establish 1+ & 0+ Long distance service.

File Com
not permit
OK phone
kept pay
W. U. B. e
Removal
[Signature]

This authorization does not preclude our ability to act in behalf when we deem necessary. Location Owner/Operator Agrees As Follows. To furnish space for 2 for private convenience phones for 12 months. That below listed Pay Telephone Owner is the owner of the phones as well as any other items that might be provided, including signs, etc.; that the Pay Telephone Owner will periodically maintain and keep said phones in a clean, business-like condition. The Pay Telephone Owner will pay the location the sum of 20 % net, after the line cost has been recovered and the monthly phone bill paid. The Pay Telephone Owner may remove the coin telephone at any time during the term of this agreement by giving the Location Owner/Operator a written (30) day notice providing the coin telephone is not profitable. The Location Owner/Operator may have the coin telephone removed at the termination of this agreement by giving the Pay Telephone Owner a written (60) day notice prior to the termination of this agreement. This contract shall be automatically renewed from year to year without notification on the termination of this agreement.

Bradford Com B. Ledbetter 11-18-00
Pay Telephone Owner's Acceptance Date

Pay Telephone Owner's Phone No. 520-826-4161

Locators Name Printed: E. Ledbetter



FEE # 001132020
 OFFICIAL RECORDS
 COCHISE COUNTY
 DATE 00/11/21 HOUR 2

REQUEST OF
 BRADFORD, JACKIE
 CHRISTINE RHODES-RECORDER
 FEE : 9.00 PAGES : 1

CERTIFICATE OF DOING BUSINESS UNDER A FICTITIOUS NAME

Date: 11/20, 1999

Christine Rhodes
 Cochise County Recorder
 P.O. Box 184
 Bisbee, AZ 85603

Dear Ms. Rhodes:

I (We) would like to register the following business name:

BRADFORD COMMUNICATIONS
 as a dba ("doing business as") for the following owner(s)
 (use additional sheets, if necessary):

JACKIE BRADFORD
 (Name)

BILL BRADFORD
 (Name)

P.O. Box 702
 (Address)

SAME
 (Address)

PEARCE, AZ 85625

(520) 826-4161
 (Phone #)

SAME
 (Phone #)

The business address(es) is (are):
 Physical Location

896 W. TURNER RD.
PEARCE, AZ

Mailing Address

P.O. Box 702
PEARCE AZ

The business is a sole proprietorship (general partnership).

Enclosed is a check for \$9.00 to cover the recording fee and a self addressed stamped envelope for return of the recorded document.

Very truly yours,

Jackie Bradford
 (Owner/Partner Signature)

001132020

Please print signer's:

Name: JACKIE BRADFORD

Title: OWNER

Date signed: 11/20/00