



0000045081

SHORT]

TELEPHONE PROVIDERS

Mail or Deliver an Original and 11 copies of this completed form to:

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

T-04087A-02-0134

RECEIVED

2002 FEB 21 A 10:50

AZ CORP COMMISSION
DOCUMENT CONTROL

1. The name, address and telephone number of the person or entity that subscribes to the phone line from the local telephone company (Applicant):

Amir Contractor (520) 544 - 7739
2600 W INA Road
APT # 170
TUCSON, AZ 85741

2. List the business name if it is different from the Applicant name in 1. above:

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

4. What type of legal entity is the applicant?

- SOLE PROPRIETORSHIP PARTNERSHIP LIMITED LIABILITY COMPANY
- CORPORATION-By checking this box the applicant also certifies that it has a current copy of its Articles of Incorporation on-file with the Arizona Corporation Commission.

5. Select and complete the one that applies to you:

- GENERIC/STREAMLINED TARIFF: By checking this box, the Applicant states its intent to provide public pay telephone service in the State of Arizona under the rates, terms and conditions as set forth in the Generic (Streamlined) COPT 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 Generic COPT Tariff may be approved only by specific order of the Arizona Corporation Commission pursuant to A.A.C. R14-2-901. et. seq.
- CUSTOMIZED TARIFF: By checking this box, the Applicant states its intent to provide public 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 COPT Tariff.
- By checking this box, the Applicant states that it is NOT PROVIDING PUBLIC PHONE 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: You may be subjected to fines or other penalties if you are operating as a Public Service Corporation without a Certificate of Convenience & Necessity.

6. Noticing:

By checking this box, the Applicant states that it has placed the prescribed notice of the application at each pay telephone location. (See instructions on NOTICING)

7. If you already have operating locations, attach ONE copy of a list of those locations (addresses) where you provide pay telephone service. If you do not have any locations at this time, indicate NONE here. NONE
8. Attach ONE copy or sample of the customer information posting located on the pay telephone which describes the services that you offer and the instructions for operation. (The posting must conform with the provisions of the Generic Tariff, Page 3, Para. III, items C and D.; Page 4, Para. III, items J, K and M; Page 5, Para. IV . C, items 1 thru 7, inclusive).

Amir Contractor
Signature of Applicant, Title

AMIR CONTRACTOR
Print or Type Your Name Here

=====
DO NOT WRITE IN THIS SPACE

STAFF RECOMMENDATION:

By checking this box, you are stating that you are requesting a hearing because you are objecting to the Staff recommendation or for any other reason. Your request for hearing and any objections to the Staff Report must be filed within 20 days from the date of the Staff Recommendation. If a request for a hearing is not made by the Applicant within the 20 days, the Commission may decide the matter without a hearing unless a hearing is requested by Staff or an intervenor who has been granted intervention.

CALLING CARD LOCAL DIAL 0 + NUMBER LONG DISTANCE DIAL 0 + AREA CODE + NUMBER WAIT FOR SPECIAL TONE. ENTER CARD NUMBER	LLAMADA por Tarjeta LOCALES MARQUE 0 + EL NUMERO LARGA DISTANCIA MARQUE 0 + CLAVE DE AREA + EL NUMERO Esperar por Tono Especial. Marcar El Numero de La Tarjeta
COLLECT LOCAL DIAL 0 + NUMBER LONG DISTANCE DIAL 0 + AREA CODE + NUMBER	POR COBRAR LOCALES MARQUE 0 + EL NUMERO LARGA DISTANCIA MARQUE 0 + CLAVE DE AREA + EL NUMERO
DIRECT DIAL LOCAL DIAL NUMBER LONG DISTANCE DIAL 1 + AREA CODE + NUMBER	LLAMADA DIRECTA LOCALES MARQUE EL NUMERO LARGA DISTANCIA MARQUE 1 + CLAVE DE AREA + EL NUMERO



**NO COIN NEEDED
FOR CHARGE,
SOS, & FREE CALLS**

1. 

2. 

SOS-Emergency dial 911
Or "0" for Operator

Change Not Provided

This telephone may be used to reach all long distance companies. Obtain dialing information from your company.

SOS-Emergencias marque 911
O Para La Operadora

NO se de Cambio

Este teléfono da acceso a todas las compañías de servicio de larga distancia. Obtenga de su compañía de servicio de larga distancia las instrucciones para marcar.

CASH RECEIPT

570003

CITY OF TUCSON
Collections Office

Received from AMIR CONTRACTOR Date 02-15-02

Dbal/For APP Service Address _____

DESCRIPTION	AMOUNT
170559 05	10 -
City of Tucson, AZ For deposit only " 20	10 -
20.00 Check 139	20 -
2 ITEMS: Total	
70 \$10.00 Standard Payments	
69 \$10.00 Standard Payments	

\$28.00

0204603-1 2/18/02 B-1 16
78-61373-1
CUSTOMER
FRI Feb 15, 2002 03:52 PM

By [Signature]
Dept. Coll