

ORIGINAL

NEW APPLICATION



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AZ CORP COMMISSION  
DOCKET CONTROL

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

T-20697A-12-0325

**RE: Transtelco, Inc.**

Application and Petition for Certificate of Convenience and Necessity to Provide Intrastate Telecommunications Services

Dear Sir or Madam:

Enclosed for filing please find the original and thirteen (13) copies of the application and petition for certificate of convenience and necessity to provide facilities based local exchange telecommunications services submitted on behalf of Transtelco, Inc. The company is currently certificated as a local exchange reseller and submits this application for the purposed of expanding its authority in Arizona. Transtelco plans no changes to its current tariff on file with the Commission and for that reason is not submitting a proposed tariff with this application.

**Prior to submitting the required financial information, issuance of a protective order by staff is respectfully requested. Please send the document to the attention of the undersigned at Rnorton@tminc.com.**

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Any questions you may have regarding this filing should be directed to my attention at 407-740-3004 or via email to rnorton@tminc.com. Thank you for your assistance in this matter.

Sincerely,

Robin Norton  
Consultant to Transtelco, Inc.

cc: Julio Acevedo - Transtelco  
file: Transtelco - Arizona - Local  
tms: AZI1200

Arizona Corporation Commission  
**DOCKETED**

JUL 16 2012

DOCKETED BY

Enclosures

**ARIZONA CORPORATION COMMISSION**

**Application and Petition for Certificate of Convenience and Necessity to Provide  
Intrastate Telecommunications Services**

Mail original plus 13 copies of completed application to:

For Docket Control Only:  
(Please Stamp Here)

Docket Control Center  
Arizona Corporation Commission  
1200 West Washington Street  
Phoenix, Arizona 85007-2927

Please indicate if you have current applications pending  
in Arizona as an Interexchange reseller, AOS provider,  
or as the provider of other telecommunication services.

Type of Service: \_\_\_\_\_

Docket No.: \_\_\_\_\_ Date: \_\_\_\_\_ Date Docketed: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Docket No.: \_\_\_\_\_ Date: \_\_\_\_\_ Date Docketed: \_\_\_\_\_

**A. COMPANY AND TELECOMMUNICATION SERVICE INFORMATION**

(A-1) Please indicate the type of telecommunications services that you want to provide in Arizona and mark the appropriate box(s).

- Resold Long Distance Telecommunications Services (Answer Sections A, B).
- Resold Local Exchange Telecommunications Services (Answer Sections A, B, C).
- Facilities-Based Long Distance Telecommunications Services (Answer Sections A, B, D).
- Facilities-Based Local Exchange Telecommunications Services (Answer Sections A, B, C, D, E)
- Alternative Operator Services Telecommunications Services (Answer Sections A, B)
- Other \_\_\_\_\_ (Please attach complete description)

(A-2) The name, address, telephone number (including area code), facsimile number (including area code), e-mail address, and World Wide Web address (if one is available for consumer access) of the Applicant:

Transtelco, Inc.  
500 West Overland Avenue Suite 310  
El Paso, Texas 79901  
Phone: 915-534-8100  
Fax: 915-534-9001  
[www.transtelco.net](http://www.transtelco.net)

(A-3) The d/b/a ("Doing Business As") name if the Applicant is doing business under a name different from that listed in Item (A-2):

**Not Applicable.**

(A-4) The name, address, telephone number (including area code), facsimile number (including area code), and E-mail address of the Applicant's Management Contact:

Julio Acevedo

500 West Overland Avenue Suite 310 EI Paso, Texas 79901

Phone: 915-534-8100

Fax: 915-534-9001

E-mail: [jaj@transtelco.net](mailto:jaj@transtelco.net)

(A-5) The name, address, telephone number (including area code), facsimile number (including area code), and E-mail address of the Applicant's Attorney and/or Consultant:

Robin Norton, Consultant to Transtelco, Inc.

2600 Maitland Center Parkway, Suite 300

Maitland, FL 32751

Telephone : (407) 740-3004

Fax Number:(407)740-0613

[Rnorton@tminc.com](mailto:Rnorton@tminc.com)

(A-6) The name, address, telephone number (including area code), facsimile number (including area code), and E-mail address of the Applicant's Complaint Contact Person:

Miguel Fernandez

500 West Overland Avenue Suite 310 EI Paso, Texas 79901

Phone: 915-534-8100

Fax: 915-534-9001

E-mail: [mfs@transtelco.net](mailto:mfs@transtelco.net)

(A-7) What type of legal entity is the Applicant? Mark the appropriate box(s) and category.

Sole proprietorship

Partnership:  Limited,  General,  Arizona,  Foreign

Limited Liability Company:  Arizona,  Foreign

Corporation:  "S",  "C",  Non-profit

Other, specify: \_\_\_\_\_

(A-8) Please include "Attachment A":

Attachment "A" must include the following information:

1. A copy of the Applicant's Certificate of Good Standing as a domestic or foreign corporation, LLC, or other entity in Arizona.
2. A list of the names of all owners, partners, limited liability company managers (or if a member managed LLC, all members), or corporation officers and directors (specify).
3. Indicate percentages of ownership of each person listed in A-8.2.

**See Attachment A for Certificate of Good Standing in Arizona and listings of the Applicant's Officers and Directors.**

(A-9) Include your Tariff as "Attachment B".

Your Tariff must include the following information:

1. Proposed Rates and Charges for each service offered (reference by Tariff page number).
2. Tariff Maximum Rate and Prices to be charged (reference by Tariff page number).
3. Terms and Conditions Applicable to provision of Service (reference by Tariff page number).
4. Deposits, Advances, and/or Prepayments Applicable to provision of Service (reference by Tariff page number).
5. The proposed fee that will be charged for returned checks (reference by Tariff page number).

**See Attachment B.**

(A-10) Indicate the geographic market to be served:

- Statewide. (Applicant adopts statewide map of Arizona provided with this application).

**See Attachment F.**

- Other. Describe and provide a detailed map depicting the area.

(A-11) Indicate if the Applicant or any of its officers, directors, partners, or managers has been or are currently involved in any formal or informal complaint proceedings before any state or federal regulatory commission, administrative agency, or law enforcement agency.

Describe in detail any such involvement. Please make sure you provide the following information:

1. States in which the Applicant has been or is involved in proceedings.
2. Detailed explanations of the Substance of the Complaints.
3. Commission Orders that resolved any and all Complaints.
4. Actions taken by the Applicant to remedy and/or prevent the Complaints from re-occurring.

**Neither applicant, nor any of its officers, directors, partners or managers are or have been involved in any formal or informal complaint proceedings before any federal or state regulatory commission, administrative agency or law enforcement agency since the inception of the company.**

(A-12) Indicate if the Applicant or any of its officers, directors, partners, or managers has been or are currently involved in any civil or criminal investigation, or had judgments entered in any civil matter, judgments levied by any administrative or regulatory agency, or been convicted of any criminal acts within the last ten (10) years.

Describe in detail any such judgments or convictions. Please make sure you provide the following information:

1. States involved in the judgments and/or convictions.
2. Reasons for the investigation and/or judgment.
3. Copy of the Court order, if applicable.

**None of the Applicant's officers directors, partners or managers have been involved in any civil or criminal investigation or had judgments entered in any civil matter, judgments levied by any administrative or regulatory agency, or been convicted of any criminal acts within the last ten (10) years.**

(A-13) Indicate if the Applicant's customers will be able to access alternative toll service providers or resellers via 1+101XXXX access.

Yes

No

(A-14) Is Applicant willing to post a Performance Bond? Please check appropriate box(s).

For Long Distance Resellers, a \$10,000 bond will be recommended for those resellers who collect advances, prepayments or deposits.

Yes

No

If "No", continue to question (A-15).

For Local Exchange Resellers, a \$25,000 bond will be recommended.

Yes

No

If "No", continue to question (A-15).

For Facilities-Based Providers of Long Distance, a \$100,000 bond will be recommended.

Yes

No

If "No", continue to question (A-15).

For Facilities-Based Providers of Local Exchange, a \$100,000 bond will be recommended.

Yes

No

If any box in (A-14) is marked "No", continue to question (A-15).

Note: Amounts are cumulative if the Applicant is applying for more than one type of service.

(A-15) If any box in (A-14) is marked "No", provide the following information. Clarify and explain the Applicant's deposit policy (reference by tariff page number). Provide a detailed explanation of why the Applicant's superior financial position limits any risk to Arizona consumers.

(A-16) Submit copies of affidavits of publication that the Applicant has, as required, published legal notice of the Application in all counties where the Applicant is requesting authority to provide service.

Note: For Resellers, the Applicant must complete and submit an Affidavit of Publication Form as Attachment "C" before Staff prepares and issues its report. Refer to the Commission's website for Legal Notice Material (Newspaper Information, Sample Legal Notice and Affidavit of Publication). For Facilities-Based Service Providers, the Hearing Division will advise the Applicant of the date of the hearing and the publication of legal notice. Do not publish legal notice or file affidavits of publication until you are advised to do so by the Hearing Division.

**See Attachment C**

(A-17) Indicate if the Applicant is a switchless reseller of the type of telecommunications services that the Applicant will or intends to resell in Arizona:

Yes

No

If "Yes", provide the name of the company or companies whose telecommunications services the Applicant resells.

**Applicant is already certified as a CLEC reseller. A resale agreement with Qwest is on file with the Commission. (T-01051B-12-0029)**

(A-18) List the States in which the Applicant has had an application approved or denied to offer telecommunications services similar to those that the Applicant will or intends to offer in Arizona:

Note: If the Applicant is currently approved to provide telecommunications services that the Applicant intends to provide in Arizona in less than six states, excluding Arizona, list the Public Utility Commission ("PUC") of each state that granted the authorization. For each PUC listed provide the name of the contact person, their phone number, mailing address including zip code, and e-mail address.

**The Applicant has never had an application to offer telecommunications services denied. Also see Attachment G. The Company's California CPCN was recently revoked on the basis of late filing of certain surcharge reports. Applicant is in the process of reinstating its authority.**

(A-19) List the States in which the Applicant currently offers telecommunications services similar to those that the Applicant will or intends to offer in Arizona.

Note: If the Applicant currently provides telecommunication services that the Applicant intends to provide in Arizona in six or more states, excluding Arizona, list the states. If the Applicant does not currently provide telecommunications services that the Applicant intends to provide in Arizona in five or less states, list the key personnel employed by the Applicant. Indicate each employee's name, position, description of their work experience, and years of service in the telecommunications services industry.

**See Attachment G.**

(A-20) List the names and addresses of any alternative providers of the service that are also affiliates of the telecommunications company, as defined in R14-2-801.

**None.**

(A-21) Check here if you wish to adopt as your petition a statement that the service has already been classified as competitive by Commission Decision:

Decision # 64178 Resold Long Distance

Decision # 64178 Resold LEC

Decision # 64178 Facilities Based Long Distance

Decision # 64178 Facilities Based LEC

**B. FINANCIAL INFORMATION**

(B-1) Indicate if the Applicant has financial statements for the two (2) most recent years.

Yes  No

If "No," explain why and give the date on which the Applicant began operations.

Included are the most recent balance sheet and income statements, which demonstrate that the Applicant has sufficient resources to initiate operations and provide the services for which it seeks authority.

(B-2) Include "Attachment D".

Provide the Applicant's financial information for the two (2) most recent years.

1. A copy of the Applicant's balance sheet.
2. A copy of the Applicant's income statement.
3. A copy of the Applicant's audit report.
4. A copy of the Applicant's retained earnings balance.
5. A copy of all related notes to the financial statements and information.

Note: Make sure "most recent years" includes current calendar year or current year reporting period.

**See Attachment D. Since Transtelco is a private company, it does not have an audit report.**

(B-3) Indicate if the Applicant will rely on the financial resources of its Parent Company, if applicable.

**Not applicable.**

(B-4) The Applicant must provide the following information.

1. Provide the projected total revenue expected to be generated by the provision of telecommunications services to Arizona customers for the first twelve months following certification, adjusted to reflect the maximum rates for which the Applicant requested approval. Adjusted revenues may be calculated as the number of units sold times the maximum charge per unit.
2. Provide the operating expenses expected to be incurred during the first twelve months of providing telecommunications services to Arizona customers following certification.
3. Provide the net book value (original cost less accumulated depreciation) of all Arizona jurisdictional assets expected to be used in the provision of telecommunications service to Arizona customers at the end of the first twelve months of operation. Assets are not limited to plant and equipment. Items such as office equipment and office supplies should be included in this list.
4. If the projected value of all assets is zero, please specifically state this in your response.
5. If the projected fair value of the assets is different than the projected net book value, also provide the corresponding projected fair value amounts.

**See Attachment E.**

**C. RESOLD AND/OR FACILITIES-BASED LOCAL EXCHANGE TELECOMMUNICATIONS SERVICES**

(C-1) Indicate if the Applicant has a resale agreement in operation,

Yes  No

If "Yes", please reference the resale agreement by Commission Docket Number or Commission Decision Number.

**D. FACILITIES-BASED LONG DISTANCE AND/OR FACILITIES BASED LOCAL EXCHANGE TELECOMMUNICATIONS SERVICES**

(D-1) Indicate if the Applicant is currently selling facilities-based long distance telecommunications services AND/OR facilities-based local exchange telecommunications services in Arizona. This item applies to an Applicant requesting a geographic expansion of their CC&N:

Yes  No

If "Yes," provide the following information:

1. The date or approximate date that the Applicant began selling facilities-based long distance telecommunications services AND/OR facilities-based local exchange telecommunications services in Arizona.
2. Identify the types of facilities-based long distance telecommunications services AND/OR facilities-based local exchange telecommunications services that the Applicant sells in Arizona.

If "No," indicate the date when the Applicant will begin to sell facilities-based long distance telecommunications AND/OR facilities-based local exchange telecommunications services in Arizona.

**Not applicable.**

**E. FACILITIES-BASED LOCAL EXCHANGE TELECOMMUNICATIONS SERVICES**

(E-1) Indicate whether the Applicant will abide by the quality of service standards that were approved by the Commission in Commission Decision Number 59421:

Yes  No

(E-2) Indicate whether the Applicant will provide all customers with 911 and E911 service, where available, and will coordinate with incumbent local exchange carriers ("ILECs") and emergency service providers to provide this service:

Yes  No

(E-3) Indicate that the Applicant's switch is "fully equal access capable" (i.e., would provide equal access to facilities-based long distance companies) pursuant to A.A.C. R14-2-1111 (A):

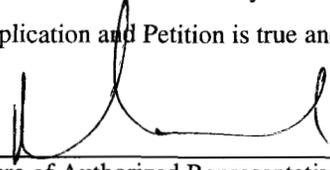
Yes  No

**Applicant will not utilize its own switching facilities but where applicable will rely on the switching facilities of its underlying carriers, which are fully equal-access capable.**

STATE OF TEXAS  
COUNTY EL PASO

§  
§  
§

I certify that if the applicant is an Arizona corporation, a current copy of the Articles of Incorporation is on file with the Arizona Corporation Commission and the applicant holds a Certificate of Good Standing from the Commission. If the company is a foreign corporation or partnership, I certify that the company has authority to transact business in Arizona. I certify that all appropriate city, county, and/or State agency approvals have been obtained. Upon signing of this application, I attest that I have read the Commission's rules and regulations relating to the regulations of telecommunications services (A.A.C. Title 14, Chapter 2, Article 11) and that the company will abide by Arizona state law including the Arizona Corporation Commission Rules. I agree that the Commission's rules apply in the event there is a conflict between those rules and the company's tariff, unless otherwise ordered by the Commission. I certify that to the best of my knowledge the information provided in this Application and Petition is true and correct.



(Signature of Authorized Representative)

07/09/2012

(Date)

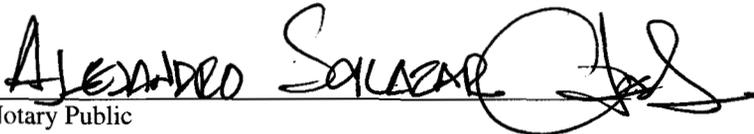
MIGUEL FERNANDEZ

(Print Name of Authorized Representative)

CEO

(Title)

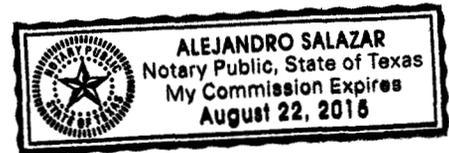
SUBSCRIBED AND SWORN to before me this 07 day of JULY, 2012.



Notary Public

August 22, 2015

My Commission Expires:



**APPLICATION OF  
TRANSTELCO, INC.**

**ATTACHMENT A**  
Certificate of Good Standing  
Ownership  
Corporate Officers and Directors

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**  
CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Ernest G. Johnson, Executive Director of the Arizona Corporation Commission, do hereby certify that

**\*\*\*TRANSTELCO, INC.\*\*\***

a foreign corporation organized under the laws of Texas did obtain authority to transact business in the State of Arizona on the 16th day of July 2009.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation has not had its authority revoked for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed an Application for Withdrawal as of the date of this certificate.

This certificate relates only to the legal authority of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 26th Day of June, 2012, A. D.



A handwritten signature in black ink, appearing to read "E.G. Johnson", written over a horizontal line.

Executive Director

By: \_\_\_\_\_ 780189

**OWNERSHIP**

<b><u>Ownership</u></b>	<b><u>Percent Ownership</u></b>	<b><u>Address</u></b>
<b>Transtelco Holdings, Inc.</b>	<b>100%</b>	<b>500 W Overland Ave Ste 310 El Paso, TX 79901</b>

**OFFICERS & DIRECTORS**

All officers and directors may be reached at the Company's headquarters address:

500 W Overland Ave Ste 310  
El Paso, TX 79901

<b><u>Officers/Directors</u></b>	<b><u>Title</u></b>
<b>Miguel Fernandez</b>	<b>CEO and President</b>
<b>Rodrigo Fernandez</b>	<b>CFO and Secretary</b>
<b>Arturo Iglesias</b>	<b>CTO and Treasurer</b>

**APPLICATION OF  
TRANSTELCO, INC.**

**ATTACHMENT B**  
Tariff

The Applicant's tariff is approved and is currently on file with the Corporation Commission pursuant to Docket No. T-20697A-09-0395/Decision No. 71633 issued on April 14, 2012.

**APPLICATION OF  
TRANSTELCO, INC.**

**ATTACHMENT C**  
Affidavit of Publication Form

Applicant will file the Affidavit of Publication after this application is filed and Applicant is advised of the hearing date and the Publication of legal notice.

**APPLICATION OF  
TRANSTELCO, INC.**

**ATTACHMENT D**  
Financial Statements

Financial statements will be submitted separately under seal following the issuance of a protective order.

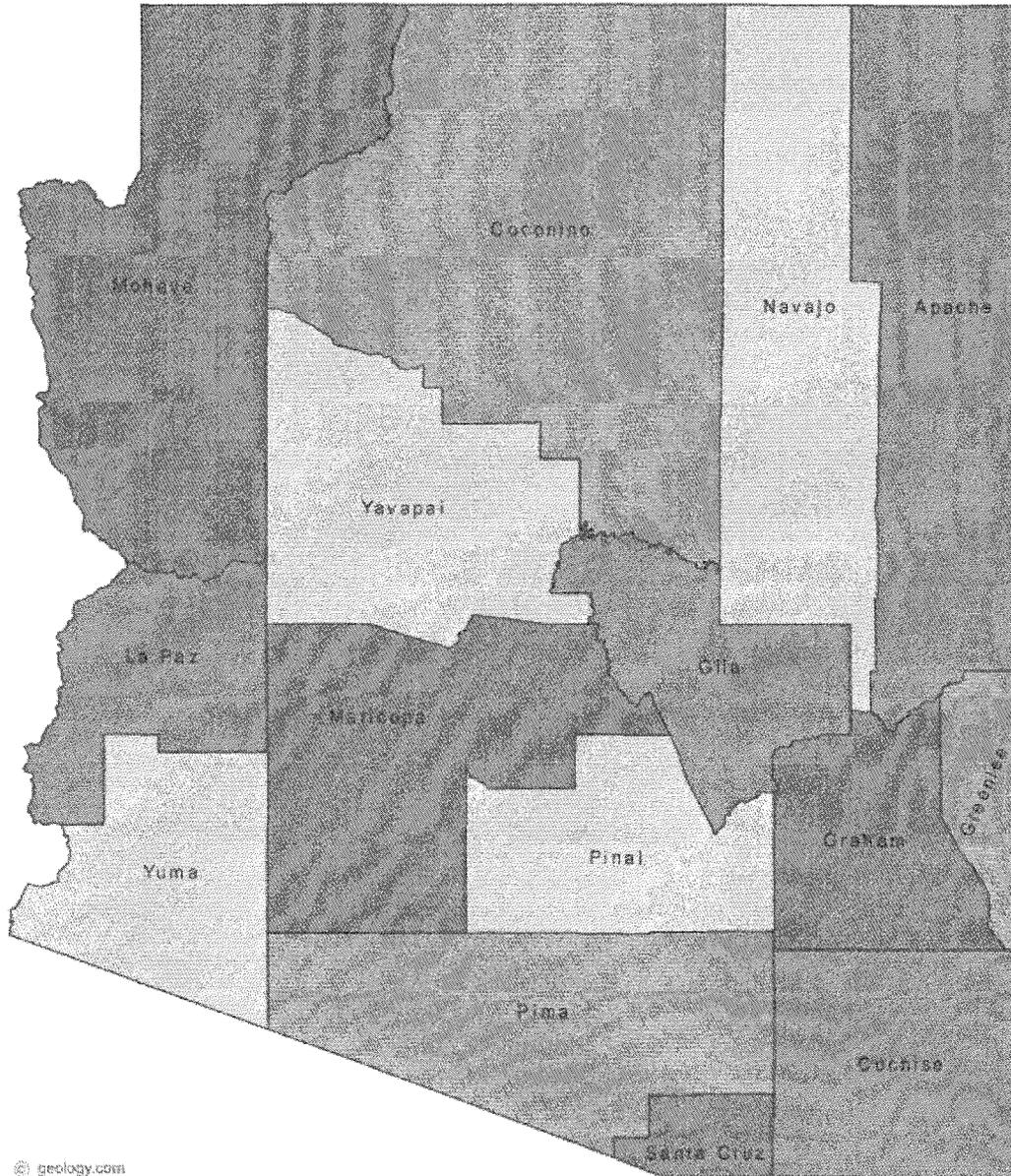
**APPLICATION OF  
TRANSTELCO, INC.**

**ATTACHMENT E**  
Financial Projections

1. Projected total revenue for the first 12 months: \$182,000.00
2. Operating expenses during the first 12 months: \$109,440.00
3. Net book value of Arizona jurisdictional assets used to provide service in Arizona: \$0
4. See response to Item 3.
5. Not Applicable.

**APPLICATION OF  
TRANSTELCO, INC.**

**ATTACHMENT F**  
Arizona Map



**APPLICATION OF  
TRANSTELCO, INC.**

**ATTACHMENT G**  
Certification Status

Applicant currently is a certified CLEC in Arizona, Texas and New Mexico. Applicant was granted a CCN to provide resold local and long distance services in Arizona in Decision No. 71633/Docket number T-20697A-09-0395. Applicant has never had any other applications denied. Applicant currently does business in Texas only.

Applicant's key personnel are as follows:

Miguel Fernandez ~ CEO and President

Rodrigo Fernandez ~ CFO

Arturo Iglesias ~ CTO