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ILLINOIS COMMERCIAL COMMISSION

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. 04-0122
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

(Applicant's Name) :
:
Application for a certificate of :
(local or interexchange) authority :
to operate as a (reseller or facilities :
based carrier) of telecommunications :
services in (list specific area) in the :
State of Illinois. :

ILLINOIS
COMMERCIAL COMMISSION
2004 FEB 23 12:01
CHIEF CLERK'S OFFICE

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any) FEIN: #22-3419494

Pioneer Telecom, Inc

Address: Street 5940 Hamilton Boulevard

City Allentown State/Zip PA 18106

2. Authority Requested: (Mark all that apply) 13-403 Facilities Based Interexchange
 13-404 Resale of Local and/or Interexchange
 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

X Part 710 Uniform System of Accounts for Telecommunications Carriers

X Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

____ Section 735.180 Directories

____ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

Applicant will not provide Local Exchange Service

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Total state

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

____ Individual
____ Partnership

X Corporation
Date corporation was formed: January 4, 1996
In what state? New Jersey ____ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

9. List jurisdictions in which Applicant is offering service(s).

New Jersey, New York, Pennsylvania, Texas, Florida, California, New Hampshire, Texas

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

____ YES (Please provide details) X NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

____ YES X NO

If YES, describe fully

12. Has Applicant provided service under any other name?

YES NO

If YES, please list

13. Will the Applicant keep its books and records in Illinois? YES NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Pioneer hereby requests permission for waiver of Adm Code Part 250 requiring keeping and maintenance of PioneerTelecom, Inc.'s corporate books in Illinois. If necessary, Pioneer agrees to pay the expenses of an Illinois Commerce Commission employee or designee to travel to Allentown to audit Pioneer Telecom's books.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

15. List officers of Applicant.

William A Rock, President
William A. Rock, CFO

6. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? YES NO

If YES, list entity

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Service is billed monthly in paper form with a bill mailed to each customer. Calls are billed for a period beginning with the first day of the month and ending with calls placed on the last day of the month. All bills contain full call detail, e.g. date, time, duration, called number, and charges for each billed call rated in minutes. Each bill provides summaries of all charges, aggregated first by each telephone number and, then, in aggregate for all numbers. Each bill provides information on all taxes billed, any applicable service fees' and Universal Service Fund Charges. Each bill provides a customer service contact number.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Pioneer Telecom maintains a customer service office fully staffed from 8:00 AM EST to 6:00 PM EST at its business office location in Allentown, PA. Service representatives handle all billing, service, and repair issues. As required, repair issues are referred to Pioneer's underlying carrier, Qwest Communications and are tracked and followed by Pioneer until satisfactory customer resolution is achieved. Virtually all customer service calls are answered by a live service representative within three rings of the telephone. A voice mail service with an emergency paging feature is used to address after hour calls. Customers are generally notified by telephone if a response to a complaint or issue is required. In a small number of cases, Pioneer also sends letters of response to its customers.

All billing inquiries are handled by Pioneer's service representatives. Almost all billing issues are resolved within two days of inquiry. The vast majority are resolved during a customer's initial call.

Any issue that cannot be resolved, by a service representative, to a customer's satisfaction is referred to the President, William Rock. At no time in Pioneer's history has a customer ever felt it necessary to complain to a regulatory agency about unsatisfactory resolution of an issue/complaint.

9. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? YES NO

20. What telephone number(s) would a customer use to contact your company?

800-555-0396

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

YES NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Pioneer requires written letters of authorization for all new customers. Pioneer has an explicit policy applicable to its employees and agents, i.e., that slamming/cramming is unacceptable and would be cause for employment or agency termination.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

YES NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

YES NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? YES NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Qwest Communications

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

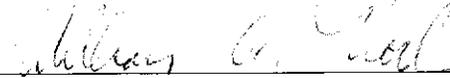
Long Distance Service. Specifically, 1+, 800 service and calling card service.

8. Will technical personnel be available at all times to assist customers with service problems?

X YES _____ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? _____ YES _____ NO

Applicant will not provide payphone service



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of PENNSYLVANIA)
County of LEHIGH)ss

William A. Rock makes oath and says that he is President of Pioneer Telecom Inc., that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

William A. Rock
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Murtaza S. Jaffer / Notary Public
(Title of person authorized to administer oaths)

in the State and County above named, this 19th day of February, 2004.

Murtaza S. Jaffer
(Signature of person authorized to administer oath)

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Murtaza S. Jaffer, Notary Public
Lower Macungie Twp., Lehigh County
My Commission Expires Sept. 23, 2007
Member, Pennsylvania Association Of Notaries