

OFFICIAL FILE

Docket No. 00-0707 ORIGINAL

PACIFIC CENTREX SERVICES, INC.

APPLICATION FOR A CERTIFICATE OF INTEREXCHANGE AND LOCAL AUTHORITY TO OPERATE AS A RESELLER OR FACILITIES BASED CARRIER OF TELECOMMUNICATIONS SERVICES WITHIN THE STATE OF ILLINOIS

00-0707

CHIEF CLERK'S OFFICE  
NOV 6 10 15 AM '00  
ILLINOIS  
COMMUNICATIONS COMMISSION

APPLICATION FOR CERTIFICATE TO BECOME A TELECOMMUNICATIONS CARRIER

GENERAL

1. Applicant's Name (including d/b/a, if any) FEIN # 95-4735860

Pacific Centrex Services, Inc.

Address: Street 6855 Tujunga Avenue

City North Hollywood State/Zip CA 91605

2. Authority Requested: (Mark all that apply)  13-403  13-404  13-405

3. Request for waiver/variances: In applications for 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.

Part 710  Part 735  Section 735.180  Other

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

Applicant intends to provide service throughout the State of Illinois.

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) consumer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement





20. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation?  X  YES   NO

**FINANCIAL**

21. 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.

Attached as Exhibit D.

**TECHNICAL**

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

If YES, please list:  DTI, Coppercom, Alcatel

If NO, which facility provider(s) services does Applicant use?

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

Applicant will be providing facilities based and resold long distance services and local services.

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

YES  X  NO\*

25. 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 "O" 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

N/A

  
\_\_\_\_\_  
(Signature of Applicant)

\* Applicant will be available during normal business hours to assist with customer service problems.

VERIFICATION

This application shall be verified under oath.

State of California )  
County of Los Angeles ) ss  
)

M. Devin Semler makes oath and says that he is President  
of Pacific Centrex Services, 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 herein.

[Signature]  
(Signature of Affiant)

Subscribed and sworn before me a Notary Public/ Jimi Jean Sutton, Notary Public  
in the State and County above named, this 2nd day of August 2000.

[Signature]  
(Signature of person authorized to administer oath)

