

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

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

Docket No. 09-0333
ICC Office Use Only

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

Communication Telefonicas Latinas Corp :
:
Application for a certificate of :
interexchange authority :
to operate as a reseller :
of telecommunications :
services throughout the :
State of Illinois. :

ILLINOIS
COMMERCE COMMISSION
2009 JUL 21 A 9 37 AM
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 # 26-4217398

Communication Telefonicas Latinas Corp

Address: Street 3050 Royal Boulevard, South
Suite 115

City Alpharetta State/Zip Georgia 30022

2. Authority Requested: (Mark all that apply) ___13-403 Facilities Based Interexchange

X 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.

Because all of the services the Applicant proposes to provide are competitive telecommunications services under Section 13-502(b) of the Public Utilities Act, the Applicant submits that certain provisions of the Public Utilities Act and the Illinois Administrative Code are inapplicable to the Applicant. Accordingly, in order to reduce the

economic burdens of regulation, the Applicant requests that a waiver of the following provisions be granted:

- (1) Part 710 of 83 Illinois Administrative Code concerning Uniform System of Accounts for Telecommunications Carriers;
- (2) Part 735 of 83 Illinois Administrative Code regarding 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.

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:
 - (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?

Statewide

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

For each of the above, contact Rodney A. Harrison, President, 3050 Royal Boulevard South, Suite 115, Alpharetta, GA 30022, (866) 814-9381, (866) 814-9379, Rodney@Applicantcorp.net

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

X

Corporation

____ Partnership

Date corporation was formed: February 5, 2009
in what state? Georgia

____ 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).

None at the time of the filing of this application.

10. Has the Applicant, or any principal of 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 judgments 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 X NO

If YES, please list. _____

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

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

Applicant requests, pursuant to 83 Illinois Administrative Code 250, that it be granted approval to maintain books and records at its principal place of business in Georgia.

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.

Rodney A. Harrison, President

16. 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.)

Applicant will use LEC billing to bill its customers. LEC billing means that Applicant will use an intermediary billing agent that will in turn interface with the local exchange carriers serving the end user with local exchange telephone service. Applicant's intermediate billing agent is BSG Clearing Solutions. BSG Clearing Solutions will obtain customer billing records from Applicant and will in turn provide these to the appropriate LEC for the ultimate billing interface with end users who are Applicant's customers. The LECs that will do the final billing and collection charges for the services rendered by Applicant will be ANI Networks and Qwest Communications. Other LECs may become involved in billing to the extent that any Applicant's customers are located outside the local exchange service territories of these major LECs.

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?)

Customer complaints will be handled entirely in-house by Applicant's customer service staff. Customers may reach Applicant toll free by calling (866) 814-9380. In the event of a billing dispute between the customer and the Applicant, the customer shall notify Applicant of its disagreement within thirty (30) days of receiving its bill. The customer may request, and Applicant will provide, a detailed review of the disputed amount. In this event, the undisputed amount of any subsequent billing must be paid on a timely basis. If, after investigation by a manager of Applicant, there is still a disagreement about the disputed amount the customer will be notified by Applicant that an appeal to the state public utilities commission may be made. Customers may access Applicant's customer service to initiate service complaints or to receive updates on reported problems or pending customer service complaints during regular business hours – Monday through Friday 9am - 7pm. Customers may also call this number to leave a message after hours. Customers may also contact Inquiries regarding service or billing may also be made in writing. The Company's tariff advises customers that they have the right to contact the Illinois Commerce Commission for resolution of customer service and billing issues and provides the address and toll-free telephone number of the Commission.

19. 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?

(866) 814-9380

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?

X YES NO

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

Applicant adheres to all federal and state specific anti-slamming rules, including independent third-party verification of customer preferred carrier changes. Customers will not have their services

switched to Applicant's services without a written letter of authorization for new service and changes in service. Applicant will also employ third party verification for all customers who seek to change their presubscribed carrier to Applicant. All affected employees are aware of these procedures and will be immediately disciplined if the procedures are not followed.

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.) NOT APPLICABLE

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

X 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 X 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?

ANI Networks and 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

28. 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 N/A

A handwritten signature consisting of several overlapping, slanted strokes, appearing to be a stylized name or set of initials.

(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

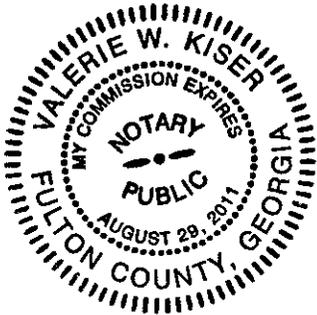
State of Georgia _____)
County of Fulton _____)ss

Rodney A. Harrison makes oath and says that he is President of Communication Telefonicas Latinas Corp, 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.

[Handwritten Signature]
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Valerie W. Kiser
(Title of person authorized to administer oaths)

in the State and County above named, this 7 day of July, 09.



Valerie W. Kiser
(Signature of person authorized to administer oath)