

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

2009 NOV 16 A 10: 56 AM

Docket No. 09-6559  
CHIEF CLERK'S OFFICE  
ICC Office Use Only

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

(Applicant's Name)	:	Innovative Security Information Systems, Inc.
	:	
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.	:	Application for a certification of service authority to provide pay telephone service within the State of Illinois

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

GENERAL

1. Applicant's Name(including d/b/a, if any) Innovative Security Information Systems, Inc. FEIN # 20-2201234

Address: Street 1800 West Road Drive

City Springfield, State/Zip IL 62711

2. Authority Requested: (Mark all that apply)

<input type="checkbox"/>	13-403 Facilities Based Interexchange
<input type="checkbox"/>	13-404 Resale of Local and/or Interexchange
<input type="checkbox"/>	13-405 Facilities Based Local

Non-Coin  
Pay Telephone Service Provider

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.

NA  Part 710 Uniform System of Accounts for Telecommunications Carriers

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





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?

217/787-1443, FAX: 217/787-6160, 888/8864739

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?

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. ATTACHED

#### **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:

Please see response to Question 14.

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

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).

Inmate Collect Call Phone Service Provider - Pay Phone Service Provider offering local and long distance

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?   X   YES        NO

  
\_\_\_\_\_

(Signature of Applicant)

Innovative Security Information Systems, Inc.  
Marsha L. Norris, President

**VERIFICATION**

This application shall be verified under oath.

**OATH**

State of ILLINOIS )  
 )ss  
County of SANGAMON )

MARSHA L. NORRIS makes oath and says that she is PRESIDENT  
(Insert here the name of affiant) (Insert the official title of the affiant)

of INNOVATIVE SECURITY INFORMATION SYSTEMS, INC.  
(Insert here the exact legal title or name of the Applicant)

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.

*Marsha L. Norris*  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ \_\_\_\_\_  
(Title of person authorized to administer oaths)

in the State and County above named, this 10<sup>th</sup> day of November, 2009.



*Kristy M Stone*  
(Signature of person authorized to administer oath)