

Docket No. \_\_\_\_\_  
ICC Office Use Only

Plintron Technologies USA LLC  
:  
Application for a certificate of  
:  
*wireless*  
:  
Authority to operate as a *reseller*  
:  
of  
:  
telecommunications services  
:  
*statewide* in the  
:  
State of Illinois.  
:

16-0355

APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER

I. GENERAL (To be completed by All Applicants)

1. Applicant's Name (including d/b/a, if any) FEIN # 99-0385574  
Plintron Technologies USA LLC

Address: Street 1800 136th Place NE, Suite 5  
City Bellevue State/Zip WA 98005

Note: Assumed business names must be provided if and only if registered with the Illinois Secretary of State's Office. None.

2. Authority Requested: (Mark all that apply)

Interexchange Service (Authorities: See Sections 13-401, 13-403 and 13-404 of the IPUA)

- Facilities Based Prepaid Interexchange Service
- Facilities Based Non-Prepaid Interexchange Service
- Resold Prepaid Interexchange Service
- Resold Non-Prepaid Interexchange Service
- Interexchange Public Pay Telephone Service

Local Exchange Service (Authorities: See Sections 13-401, 13-404, and 13-405 of the IPUA)

- Facilities Based Prepaid Local Exchange Service
- Facilities Based Non-Prepaid Local Exchange Service
- Resold Prepaid Local Exchange Service
- Resold Non-Prepaid Local Exchange Service
- Local Exchange Public Pay Telephone Service

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Cellular Radio/Wireless Telephone Service (Authorities: See Section 13-401 of the IPUA)

- FCC Permitted or Licensed Prepaid Cellular Radio/Wireless Telephone Service
- FCC Permitted or Licensed Non-Prepaid Cellular Radio/Wireless Telephone Svc.
- Resold Prepaid Cellular Radio/Wireless Telephone Service
- Resold Non-Prepaid Cellular Radio/Wireless Telephone Service

Other Telecommunications Services (Specify) (Authorities: See Section 13-401 of the IPUA)

Plintron Technologies USA LLC intends to resell MVNO and other wireless services  
to other telecommunication carriers on a wholesale-only basis.

3. For each service that the Applicant is requesting authority to provide, please specify the area or areas of the State for which the applicant is seeking authority to provide such service and the services (as designed in question 2 above) that will be provided in each area.

Applicant seeks statewide authority to offer their wholesale-only services.

4. Contact Information - Please provide contact information, including name(s), address(es), telephone number(s), and e-mail address(es), for personnel or entities responsible for the areas below:

- a) Issues related to processing this application; Matt Dean, PO Box 720128, Oklahoma City, OK 73172-0128; 405-755-8177 x103; mdean@telecompliance.net
- b) Designated agent  
CT CORPORATION SYSTEM; 208 SO LASALLE ST, SUITE 814; CHICAGO, IL 60604  
PHONE - UNKNOWN; FAX - 312-345-4343; EMAIL - UNKNOWN
- c) Business Operations  
The address for items i) through vi) is:  
1800 136th Place NE, Suite 5  
Bellevue, WA 98005
  - i) Consumer issues; Richard Pelly, richardpelly@plintronamericas.com, 206-650-6600
  - ii) Customer complaint resolution; Richard Pelly, richardpelly@plintronamericas.com, 206-650-6600
  - iii) Technical and service quality issues; Richard Pelly, richardpelly@plintronamericas.com, 206-650-6600
  - iv) "Tariff" and pricing issues; Richard Pelly, richardpelly@plintronamericas.com, 206-650-6600
  - v) 9-1-1 issues; Richard Pelly, richardpelly@plintronamericas.com, 206-650-6600
  - vi) Security/law enforcement issues; Richard Pelly, richardpelly@plintronamericas.com, 206-650-6600
  - vii) Regulatory issues. Judith A Riley, PO Box 720128, Oklahoma City, OK 73172-0128; 405-755-8177 x100  
jriley@telecompliance.net

*Note: The name and contact information above must be kept current. Changes in the applicants Designated Agent(s) should be directed to the Chief Clerk's Office of the ICC at 217-782-7434. All other changes should be directed to the Telecommunications Division of the ICC at 217-524-5073.*

5. How is the Applicant organized?

Individual

Partnership

Corporation:

Date Corporation was formed: \_\_\_\_\_

State of incorporation: \_\_\_\_\_

Other (Specify) LLC

6. Please attach a copy of articles of incorporation. Applicants that are not Illinois corporations should also submit a copy of its Certificate of Authority to Transact Business in Illinois as issued by the Secretary of State. Attached

7. Has the Applicant been issued by the Federal Communications Commission a construction permit or an operating license to construct or operate a cellular radio system in the areas, or a portion of the area, for which the Applicant seeks a Certificate of Service Authority?

YES  NO

If YES, please provide all relevant license or permit numbers:

FCC Registration Number - 0024565319

8. Does applicant represent that it will comply with all current and future applicable Illinois and Federal laws, rules, and regulations?

YES  NO

**II. MANAGERIAL (To be completed by All Applicants except Cellular Radio/Wireless Applicants)**

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

2. Please attach a current organization chart.

3. List officers of Applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the Applicant currently, or has it in the past, held a certificate from the Illinois Commerce Commission?

YES  NO

5. Does the Applicant currently, or has it in the past, provided service under any other name in Illinois?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide all other names under which service is being or has been provided.

\_\_\_\_\_

6. Is any affiliate of the Applicant providing, or has any affiliate provided, service in Illinois?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide the names of all affiliates under which service is being or has been provided in Illinois.

\_\_\_\_\_

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

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, describe fully. \_\_\_\_\_

\_\_\_\_\_

8. Have there been any complaints or judgments levied against the Applicant in Illinois in this or another name?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, describe fully. \_\_\_\_\_

\_\_\_\_\_

9. List jurisdictions other than Illinois in which the Applicant is offering service(s).

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, describe fully. \_\_\_\_\_

\_\_\_\_\_

11. Have there been any complaints or judgments levied against the Applicant in any jurisdiction other than Illinois in this or another name?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, describe fully. \_\_\_\_\_

\_\_\_\_\_

12. 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, please list, by officer, each entity in which the officer has an ownership or other interest.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. 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.)

\_\_\_\_\_

\_\_\_\_\_

14. 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, and the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission.)

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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

16. What telephone number(s) would a customer use to contact the Applicant?

\_\_\_\_\_

17. If granted authority to operate as provider of anything other than a Pay Telephone service, will the applicant file tariffs prior to providing service in Illinois and within 2 years of Application approval?

\_\_\_\_\_ YES \_\_\_\_\_ NO

18. How many employees does the Applicant employ? \_\_\_\_\_

19. Has the Applicant reviewed all ICC rules applicable to the services it seeks to provide?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Note: See <http://www.ilga.gov/commission/jcar/admincode/083/083parts.html> for the ICC's Title 83: Public Utility Rules.

20. Will the Applicant abide by all ICC rules applicable to the services it seeks to provide?

\_\_\_\_\_ YES \_\_\_\_\_ NO

21. If granted the authority to operate as a telecommunications provider, will the Applicant comply with all the applicable filing requirements listed in Appendix A?

\_\_\_\_\_ YES \_\_\_\_\_ NO

22. If granted the authority to operate as a telecommunications provider, will the applicant remit all applicable taxes, contributions, or other assessments specified in Appendix A?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**III. FINANCIAL (To be completed by All Applicants except Cellular Radio/Wireless Applicants)**

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

2. Does the Applicant have a financial relationship with any other companies?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide the names of all companies with which the Applicant has a financial relationship and a brief explanation of the relationship.

\_\_\_\_\_  
\_\_\_\_\_

3. Will the Applicant keep its books and records in Illinois? \_\_\_\_\_ YES \_\_\_\_\_ NO

*Note: If the Applicant will not keep its books and records in Illinois, then the Applicant must request a waiver of Code Part 250.*

4. Has the applicant or any other company with which the Applicant has a financial arrangement filed for bankruptcy within the last 7 years?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please explain: \_\_\_\_\_

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**IV. TECHNICAL (To be completed by All Applicants except Cellular Radio/Wireless Applicants)**

1. 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).

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2. Does Applicant utilize its own equipment and/or facilities? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide a brief description of the facilities Applicant owns and intends to utilize.

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If YES, please explain what services will be offered with these facilities and where the Applicant will utilize its own facilities.

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

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If YES, and if the Applicant is a switch based provider, please provide an attachment that includes the following information regarding each switch: (i) switch type, (ii) address, (iii) CLLI code, (iv) location of remotes or POIs, and (v) any tandems to which the switch is homed.

3. Does Applicant lease equipment and/or facilities? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide a brief description of the facilities the Applicant leases and the entity or entities from which such equipment or facilities are leased.

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If YES, please explain what services will be provided with these facilities and where the Applicant will utilize these leased facilities.

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If YES, please include evidence that Applicant possesses the necessary technical resources to maintain and operate said facilities.

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4. Does Applicant resell services? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide a brief description of the entity or entities from which wholesale service is purchased.

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If YES, please explain what services will be provided through resale and where the Applicant will provide resold services.

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5. Does the Applicant provide its own repair service?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, please provide the name of the entity or entities providing repair service for the Applicant.

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

\_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, please provide the hours of assistance.

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7. If Applicant intends to provide Public Pay Telephone 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
8. If Applicant intends to provide Public Pay Telephone service, please explain the method the Applicant will used to comply with Section 771.330 of the ICC's rules.

*Note: See <http://www.ilga.gov/commission/jcar/admincode/083/08300771sections.html> for the ICC's Pay Telephone Service Provider rules.*

**V. WAIVERS (To be completed by All Applicants except Cellular Radio/Wireless Applicants)**

*Note: If Applicant is seeking any waivers or variances of Commission rules and regulations in this proceeding, then, other than when explained below, please attach an explanation of why the Applicant is seeking any waiver or variance.*

*Local Exchange Service authority applicants under Sections 13-401, 13-404 and/or 13-405 generally seek waivers of Part 710, Section 735.180 of Part 735 and Part 250. Additionally, a waiver from Parts 730.115 and 732.60 may be requested for those applicants that will only be providing data services.*

*Interexchange Service authority applicants under Sections 13-401, 13-403 and 13-404 generally request waivers of Parts 710, 735 and 250 of Title 83 of the Illinois Administrative Code*

*Public Pay Telephone Service authority applicants under Sections 13-401, 13-403, 13-404, and/or 13-405 generally request waivers of Parts 710, 735 and 250 of Title 83 of the Illinois Administrative Code*

**Local Exchange Service** Please indicate which waivers Applicant is requesting.

- \_\_\_\_\_ Part 710 Uniform System of Accounts for Telecommunications Carriers
- \_\_\_\_\_ Part 735.180 Directories (within 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)
- \_\_\_\_\_ Part 730.115 and 732.60 Service Quality and Customer Credit Quarterly Reporting – Waiver is available for carriers providing Data Services only. (ref. 13-517c)
- \_\_\_\_\_ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)
- \_\_\_\_\_ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

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Interexchange Service Please indicate which waivers Applicant is requesting.

- \_\_\_\_\_ 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
- \_\_\_\_\_ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)
- \_\_\_\_\_ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

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Local and Interexchange Public Pay Telephone Service Please indicate which waivers Applicant is requesting.

- \_\_\_\_\_ 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
- \_\_\_\_\_ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)
- \_\_\_\_\_ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

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1. If the Applicant is requesting a waiver of Part 710, what circumstances warrant a departure from the prescribed Uniform System of Accounts ("USOA")?

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2. If the Applicant is requesting a waiver of Part 710, then will records be maintained in accordance with Generally Accepted Accounting Principles ("GAAP")?

\_\_\_\_\_ YES \_\_\_\_\_ NO

3. If the Applicant is requesting a waiver of Part 710, then will applicants accounting system provide an equivalent portrayal of operating results and financial condition as the USOA?

\_\_\_\_\_ YES \_\_\_\_\_ NO

4. If the Applicant is requesting a waiver of Part 710, then will applicant maintain its records in sufficient detail to facilitate the calculation of all applicable taxes and surcharges?

\_\_\_\_\_ YES \_\_\_\_\_ NO

5. If the Applicant is requesting a waiver of Part 710, then does the accounting system currently in use by Applicant provide sufficiently detailed data for the preparation of Illinois Gross Receipts Tax returns?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, What specific accounts or sub-accounts provide this data?

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6. If the Applicant is requesting a waiver of Part 710, then will the Applicant provide annual audited statements when required or requested subsequent to granting of the waiver?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*Note: See <http://www.icc.illinois.gov/forms/results.aspx?st=3&t=2> for Annual Reports instructions for detail.*

7. If the Applicant is requesting a waiver of Part 710, does the Applicant understand that the requested waiver of Part 710 will not excuse it from compliance with future Commission rules or amendments to Part 710 otherwise applicable to the Company?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**VI. TELEPHONE ASSISTANCE PROGRAMS (To be completed by Local Exchange Service Applicants)**

1. Has the Applicant signed and returned the ITAC Membership Application and Agreement to Commission Staff?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*Note: See <http://www.icc.illinois.gov/telecommunications/Certification.aspx> for application forms.*

2. Will the Applicant's billing system be able to distinguish between resale and facilities based service for the collection of the ITAC line charge?

\_\_\_\_\_ YES \_\_\_\_\_ NO

3. Has the Applicant signed and returned the Universal Telephone Access Corporation (UTAC) - Membership Application to Commission Staff?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*Note: See <http://www.icc.illinois.gov/telecommunications/Certification.aspx> for application forms.*

4. Will the Applicant solicit, collect, and remit the voluntary contributions from its telephone subscribers to support the Telephone Assistance Programs?

\_\_\_\_\_ YES \_\_\_\_\_ NO

5. Does the Applicant realize that it will not be able to receive any of the federal reimbursements for the Lifeline and Link-Up Programs if it is not an eligible carrier?

\_\_\_\_\_ YES \_\_\_\_\_ NO

6. Does the Applicant plan on filing to become an Eligible Telecommunications Carrier?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**VII. 911 SERVICE (To be completed by Local Exchange Service Applicants)**

1. Will the Applicant ensure that 911 traffic is handled in accordance with the 83 Illinois Administrative Code Part 725 and the Emergency Telephone System Act?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*Note: See <http://www.icc.illinois.gov/911/> for links to the Emergency Telephone System Act and other 911 related rules and regulations.*

2. Who will be responsible for building and maintaining the 911 database for your local exchange customers?
3. How often will the Applicant update the 911 database with customer information?
4. Please explain the procedures the Applicant will use to collect 911 surcharges and transmit them to the local 911 systems.

**VIII. PREPAID SERVICE (To be completed by Local Exchange Service Applicants that Provide Prepaid Service)**

1. Will customers have the ability to sign up with any long distance company they choose?  
 YES  NO
2. Will customers have the ability to use dial around long distance companies?  
 YES  NO
3. Will customers have access to the Illinois Relay Service?  
 YES  NO
4. Will customers be able to make 1-800 calls for free?  
 YES  NO
5. Will the Applicant offer operator services?  
 YES  NO
6. Please describe how applicant plans to collect the monthly fee to be paid in advance.
7. Will customers' monthly bills show a breakdown of services, features, surcharges, taxes, etc.?  
 YES  NO
8. Will customers pay an installation fee?  
 YES  NO  
 If YES, will payment arrangements be offered for the installation fee?  
 YES  NO
9. Will telephone service be in the Applicant's name or the customer's name?  
 YES  NO  
 If YES, please describe how information will appear in data bases, such as 9-1-1, directory assistance, etc.?  


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10. Will applicant offer prepaid service as a monthly service or as a usage service?  
 Monthly  Usage
11. Will applicant provide a warning when the remaining value of service is about to cease?  
 YES  NO  
 If YES, is the customer given more than one notice of the remaining value of service?  
 YES  NO

If YES, how much advance notice is given to the customer of the remaining value of service?

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12. If the customer is in the middle of a call will they be disconnected when the remaining value of service has expired?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, are customers made aware of potentially being disconnected during a call when the remaining value of service expires?

\_\_\_\_\_ YES \_\_\_\_\_ NO

13. When does the timing of a call start? \_\_\_\_\_

14. If the person called does not answer, is any time deducted from the customer's account?

\_\_\_\_\_ YES \_\_\_\_\_ NO

15. Will there be any other instances in which the Company would disconnect a customer, other than running out of prepaid time?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please explain. \_\_\_\_\_

16. When a customer runs out of time is their phone immediately disconnected or on suspension?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, will they still be able to receive calls?

\_\_\_\_\_ YES \_\_\_\_\_ NO

17. Are the Applicant's services available to TTY callers?

\_\_\_\_\_ YES \_\_\_\_\_ NO

18. How will the Applicant handle a complaint from a customer who disputes the amount of time used or remaining?

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19. The Public Utilities Act requires a local calling area that has no time or duration charges. How will the Applicant define each customer's untimed local calling area?

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Plintron Technologies USA LLC

By: Matthew Dean  
Regulatory Agent

Matt W. Dean  
Telecom Professionals, Inc.  
P.O. Box 720128, Oklahoma City, OK 73172-0128  
405-755-8177 x103 mdean@telecompliance.net

VERIFICATION

This application shall be verified under oath.

OATH

State of Oklahoma )  
 ) ss  
County of Oklahoma )

Matthew W. Dean makes oath and says that he is Regulatory Agent  
(Insert here the name of affiant) (Insert the official title of the affiant)

of Plintron Technologies USA LLC  
(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.

Matthew W. Dean  
(Signature of affiant)

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

in the State and County above named, this 15th day of June, 2016.

Carrie L. Cobbs  
(Signature of person authorized to administer oaths)

