

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**  
COMMUNICATIONS LLC

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

**ORIGINAL**

Application for a certificate of :  
local service authority to operate :  
as a facilities and non-facilities based carrier :  
of telecommunications :  
services in the Ameritech service areas :  
in the State of Illinois. :

02-0658

ILLINOIS  
COMMERCE COMMISSION  
2002 OCT -3 A 10:56  
CHIEF CLERK'S OFFICE

**APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**

**GENERAL**

1. Applicant's Name (including d/b/a, if any) FEIN # 41-1974247  
New Access Communications LLC

Address: Street 120 South 6<sup>th</sup> Street, Suite 950

City Minneapolis State/Zip MN 55402

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.

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

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.



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.

**Applicant will locate principle business operations in Minnesota. Should Application be required to keep its books and records within the State of Illinois, a significant hardship would be imposed on the Applicant, resulting in a diversion of financial resources that otherwise could be utilized to increase network efficiency and service offerings which would directly benefit consumers. Moreover, no public benefit would balance this private hardship as the Applicant will readily provide any necessary information to the Commission on request. Therefore, Applicant requests that pursuant to 83 Ill. Adm Code Part 250, the Commission allow Applicant to continue to maintain its books and records in Minnesota.**

**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.

Attached as Exhibit C.

15. List officers of Applicant.

Attached as Exhibit D is a list of Officers and Governors.

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 X 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 bill its customers on a monthly basis using its own proprietary billing system.

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 Service Representative are available to handle service, billing, and repair complaints via a toll free number. If unable to reach resolution complaints will be escalated to Pam Rieck. If resolution is not possible the customer will be informed that they may seek assistance from the Illinois Commerce Commission.

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

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

Customers may contact the company toll free at 877-330-4937

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 confirms all orders to change long distance service in accordance with one of four verification processes established by the FCC.

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, 735, 755, 756, 757, 770, and 772?

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

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.

Attached as Exhibit E.

**TECHNICAL**

26. Does Applicant utilize its own equipment and/or facilities? X 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:

Applicant intends to utilize unbundled network elements to provide service to customers in Illinois.

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

Ameritech

Sprint

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).

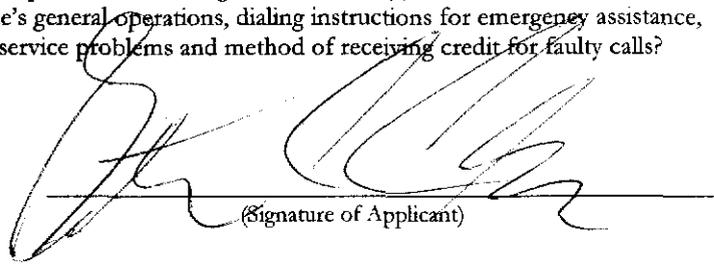
Facilities and non-facilities based local exchange service

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



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Minnesota)  
County of Hennipen)ss

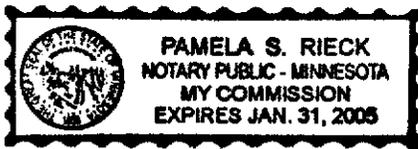
Steven C. Clay makes oath and says that he is Carrier Services President  
(Insert here the name of affiant) (Insert the official title of the affiant)  
of New Access Communications LLC  
(Insert here the exact legal title or name of the Applicant)

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.

[Handwritten Signature]  
(Signature of affiant)

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

in the State and County above named, this 26 day of September, 2002



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

## **EXHIBITS**

<b>Exhibit A</b>	<b>Contact Persons to Work with Staff</b>
<b>Exhibit B</b>	<b>Articles of Organization and Certificate of Authority</b>
<b>Exhibit C</b>	<b>Managerial and Technical Resources</b>
<b>Exhibit D</b>	<b>Officers and Board of Governors</b>
<b>Exhibit E</b>	<b>Financial Information</b>
<b>Exhibit F</b>	<b>ITAC and UTAC Membership Application and Agreement</b>
<b>Exhibit G</b>	<b>Testimony of Steven C. Clay</b>