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Docket
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If applicant is unable to do so, file one original verified application with the Chief Clerk.)

No. _____

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

Metro Teleconnect Companies, Inc. :
: **03-0394**
Application for a Certificate of Authority :
To Provide Resold Interexchange :
Telecommunications Services :
Throughout the State of Illinois :

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

GENERAL

1. Applicant Name (including d/b/a, if any):

Metro Teleconnect Companies, Inc. FEIN # 25-1756682
2105 Herr Street
Harrisburg, PA 17103

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

Metro Teleconnect is currently authorized to provide resold and facilities-based local telecommunications services in Illinois. See Case Nos. 01-0420 and 02-0801. This application requests authority to provide resold interexchange services.

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.

- X 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

Please see **Attachment A**. Metro Teleconnect previously requested these waivers in its prior applications, which requests were granted by the Commission in Case Nos. 01-0420 and 02-0801.

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.

N/A.

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

Applicant seeks statewide authority to provide resold interexchange services.

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

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Please see **Attachment B**.

7. *Please check type of organization*

Individual

Corporation

Partnership

Date corporation was formed: January 25, 1995

In what state?

Pennsylvania

Other (Specify)

8. *Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.*

Please see **Attachment C**.

9. *List jurisdictions in which Applicant is offering service(s).*

Applicant is authorized to provide facilities-based and/or resold local exchange telecommunication service in Alabama, Arkansas, Connecticut, Delaware, the District of Columbia, Florida, Illinois, Indiana, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, New Hampshire, New Jersey, New York (operating as Cellular Rentals, Inc.), North Carolina, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia (through its wholly-owned subsidiary Metro Teleconnect, Inc.) and West Virginia. Applicant is authorized, by certification, registration, or deregulation, to provide resold interexchange services in Arkansas, Michigan, New Jersey, New York, Rhode Island, Vermont, and Virginia.

10. *Has the Applicant, or any principal in 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?*

 X YES _____ NO

If YES, please list: Please see **Attachment D**.

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.

See **Attachment A**.

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.*

Please see **Attachment E**.

15. *List officers of Applicant.*

Chad Hazam, President and Director
Karis Llewellyn-Hazam, Vice President and Director
David Hill, Secretary and Director
Jerry Bankes, Chief Financial Officer

Each of these individuals may be reached at:

Metro Teleconnect Companies, Inc.
2150 Herr Street
Harrisburg, Pennsylvania 17103
Telephone: (717) 564-0603
Facsimile: (717) 564-9429

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?*

X YES _____ NO

If YES, list entity.

Mr. Hazam previously held an ownership interest in two telecommunications resellers: Metro Teleconnect, Inc. and Reitz Rentals, Inc. d/b/a SouthWest TeleConnect. Both of these telecommunications resellers transferred their customers and discontinued the provision of service, after receiving authority from applicable regulatory agencies to do so.

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's billing complies with the provisions of 83 Ill. Admin. Code 735.70. Applicant bills its customers on a monthly basis. The billing statement includes the Company's name, address, and a toll-free telephone number for the Company's billing and customer service department. The Company's billing statement clearly identifies the total due, outstanding previous balance (if any), and the following dates: the billing date, the period of time for which the charges apply, the due date, the date after which payments are deemed late, and the date after which the account is subject to termination. The statement itemizes charges for the Company's services, taxes, surcharges, and fees.

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?)*

Applicant will resolve all service, billing, and repair complaints from customers promptly. Customers with complaints or billing inquiries may contact Applicant's customer service department via the toll-free number 1-800-695-6955. This toll-free number is printed on all customer bills. Alternatively, customers may write to Applicant at the address listed above. Applicant commits to resolving all customer complaints in a reasonable, timely manner, and in compliance with the procedure set forth in 83 Ill. Admin. Code 735.190.

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?*

Customers may contact the Company via its toll-free number, 1-800-695-6955, which is printed on all customer bills.

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.*

To ensure that its customers have affirmatively selected the Company or any additional services, Applicant will not switch a new customer's interexchange carrier or provide additional telecommunications services until it has obtained a Letter of Agency from the new customer in accordance with Section 13-902 of the Illinois Public Utilities Act and Section 64.110 of Rules of the Federal Communications Commission, 47 C.F.R. 64.1100.

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; Applicant is requesting interexchange authority.

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.*

Please see **Attachment F**. Because Metro Teleconnect is privately held and does not publicly disclose its financial information, this financial documentations has been provided under separate cover, clearly marked "Confidential – Filed Under Seal," and it is respectfully requested that this information not be made part of the public record.

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

To provide its interexchange service, Applicant will resell the service of authorized long distance carriers.

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).*

Applicant proposes to provide interexchange telecommunications services to residential consumers.

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

(during normal business hours) YES NO

Customers who contact the Company's toll-free Customer Service Department for assistance with service problems during non-working hours are instructed to leave a message. Messages left during non-working hours are relayed to Metro Teleconnect technical personnel.

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

Not applicable.



Signature of Applicant

VERIFICATION

This application shall be verified under oath.

OATH

State of Pennsylvania)
County of Dauphin) ss

Thomas Gregson makes oath and says that he is the Director of Operations of Metro Teleconnect Companies, 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 therein.

Thomas Gregson
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public

Mercine M. Heisse
(Title of person authorized to administer oaths)

Notarial Seal
Mercine M. Heisse, Notary Public
Susquehanna Twp., Dauphin County
My Commission Expires May 1, 2006
Member, Pennsylvania Association of Notaries

in the State and County above named, this 28 day of May, 2005.

Mercine M. Heisse
(Signature of person authorized to administer oath)

LIST OF ATTACHMENTS

ATTACHMENT A	Waiver Requests
ATTACHMENT B	Designated Contact Persons
ATTACHMENT C	Certificate to Transact Business and Articles of Incorporation
ATTACHMENT D	Names under which Applicant Has Provided Service
ATTACHMENT E	Managerial and Technical Expertise
ATTACHMENT F	Financial Statements CONFIDENTIAL – FILED UNDER SEPARATE COVER