

**The Public Utilities Commission of Ohio**  
**TELECOMMUNICATIONS SUPPLEMENTAL APPLICATION FORM**  
**for CARRIER CERTIFICATION**  
**(Effective: 01/20/2011)**

(Pursuant to Case No. 10-1010-TP-ORD)

**NOTE: This SUPPLEMENTAL form must be used WITH the  
TELECOMMUNICATIONS FILING FORM for ROUTINE PROCEEDINGS.**

In the Matter of the Application of \_\_\_\_\_ )  
to \_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )

Case No. \_\_\_\_\_ - \_\_\_\_\_ **-TP-** \_\_\_\_\_

Name of Registrant(s) \_\_\_\_\_  
DBA(s) of Registrant(s) \_\_\_\_\_  
Address of Registrant(s) \_\_\_\_\_

Motion for protective order included with filing? ☐ Yes ☐ No

Motion for waiver(s) filed affecting this case? ☐ Yes ☐ No [Note: waiver(s) tolls any automatic timeframe]

**List of Required Exhibits**

Tariffs: (Include all that apply)

☐ Interexchange Tariff

☐ Local Tariff

☐ CESTC Tariff

☐ Carrier-to-Carrier (Access) Tariff

Description of Services

NOTE: All Facilities-Based carriers must file an Access Tariff

☐ Service provisioned via Resale

☐ Service provisioned via Facilities

☐ Both Resold and Facilities-based

☐ Description of Proposed Services

☐ Statement about the provision of  
CTS services

☐ Description of the general  
geographic area served

☐ Explanation of how the proposed  
services in the proposed market  
area are in the public interest.

☐ Description of the class of customers (e.g., residence, business) that the  
applicant intends to serve

**Business Requirements**

**Evidence of Registration with:**

☐ Ohio Department of Taxation

☐ Ohio Secretary of State<sup>1</sup> &  
Certificate of Good Standing

**Documentation attesting to the applicant's financial viability, including the following:**

☐ An executive Summary describing the applicant's current financial condition, liquidity, and capital resources. Describe internally generated sources of cash and external funds available to support the applicant's operations that are the subject of this certification application.

☐ Copy of financial statements (actual and pro forma income statement and a balance sheet). Indicate if financial statements are based on a certain geographical area(s) or information in other jurisdictions

☐ Documentation to support the applicant's cash and funding sources.

**Documentation attesting to the applicant's managerial ability and corporate structure, including the following:**

☐ Documentation attesting to the applicant's technical and managerial expertise relative to the proposed service offering(s) and proposed service area

☐ List of names, addresses, and phone numbers of officers and directors, or partners.

☐ Documentation indicating the applicant's corporate structure and ownership

☐ Information regarding any similar operations in other states.

If this company has been previously certified in the State of Ohio, include that certification number \_\_\_\_\_

☐ Verification that the applicant will follow federal communications commission (FCC) accounting requirements, if applicable.

<sup>1</sup> Certification from Ohio Secretary of State (domestic or foreign corporation, authorized use of fictitious name, etc.), and Certificate of Good Standing is required.

**Documentation attesting to the applicant's proposed interactions with other Carriers**

- ☐ Explanation as to whether rates are derived through (check all applicable):
- ☐ interconnection agreement ☐ retail tariffs ☐ resale tariffs
- ☐ Explanation as to which service areas company currently has an approved interconnection or resale agreement.
- ☐ A notarized affidavit accompanied by bona fide letters requesting negotiation pursuant to Sections 251 and 252 of the Telecommunications Act of 1996 and a proposed timeline for construction, interconnection, and offering of services to end users.

**Documentation attesting to the applicant's proposed interactions with Customers**

- ☐ A sample copy of the customer bill and disconnection notice the applicant plans to utilize.
- ☐ Provide a copy of any customer application form required in order to establish residential service, if applicable.
- ☐ For CLECs, List of Ohio ILEC Exchanges the applicant intends to serve  
(Use spreadsheet from: [http://www.puc.state.oh.us/puco/forms/form.cfm?doc\\_id=357](http://www.puc.state.oh.us/puco/forms/form.cfm?doc_id=357))
- ☐ If Mirroring the entire ILEC local service areas, tariffs may incorporate by reference. If not mirroring the entire ILEC local exchange areas, the CLEC shall specifically define its local service areas in the tariff.

**Affidavit**

I am an authorized representative of the applicant corporation \_\_\_\_\_  
(Name)  
and I am authorized to make this statement on its behalf. I attest that I have utilized the Telecommunications Supplemental Application Form for Carrier Certification provided by the Commission, and that all of the information submitted here, and all additional information submitted in connection with this case, is true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title)

\_\_\_\_\_  
(Date)