# PUBLIC UTILITIES COMMISSION OF OHIO

# PUBLIC COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDER

PUBLIC COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDER  563 REGISTRATION FORM ISSUED: December 21, 1995  In the Matter of the Application of The Reduction of a Centrex Non-recurring Charge  PUBLIC COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDER  563 REGISTRATION FORM ISSUED: December 21, 1995	AND CHARACTERS OF SECTION									
Name of Registrant SBC Ohio										
Registrant's Address 150 E. Gay Street Columbus, Ohio 43215										
Contact Person Robert Wentz (Phone - (614) 223-7950										
Date March 10, 2003 TRF Docket NoCT-TRF										
90-5032-TP-TRF										
I. Indicate the reason for submitting this form (check only one) (NOTES: 1. If a waiver is filed in conjunction with an automatic case, see I.D.2.b. of the 563 guidelines for the applicable automatic time frame; and 2. The number of copies noted below must be accompanied by an original filing. Facsimiles are not acceptable.):										
<ol> <li>(ABN) Withdrawal or Abandonment of all Services (14-day notice, 13 copies)</li> <li>(ACE) New Operating Authority (30-day approval, 10 copies)</li> <li>IXC</li> <li>AOS</li> <li>CAP</li> <li>Cellular</li> <li>Paging</li> <li>Other</li> </ol>										
<ul> <li>3. (AMT) Merger (14-day notice, 13 copies)</li> <li>4. (ATR) Transfer or Transaction Affecting Operating Authority (14-day notice, 7 copies)</li> </ul>										
5. (ARJ) All Other Requests for Relief from Jurisdiction (NOT automatic, 10 copies)										
6. (MTW) "Me Too" Waiver (30-day approval, 10 copies)										
7. (RRJ) Interexchange Switchless Rebiller Request for Relief from Jurisdiction (30-										
day approval, 10 copies)  8. (WVR) Request for Waiver from Portion(s) of 563 pursuant to I.D.3. of the 563										
guidelines. (NOT automatic, 10 copies)										
9. (ZAC) Contract (0-day notice, 10 copies)										
10. (ZCN) Change of Name (0-day notice, 10 copies)										
11. (ZCO) Change in Ownership (0-day notice, 10 copies)										
12. (ZTA) Introduction of new tariffed service(s), textual revision, correction of error, addition of service area(s), etc. (0-day notice, 10 copies)										
13. (UNC) Unclassified (explain) (NOT automatic, 10 copies)										
14. Other (explain) (NOT automatic, 10 copies)										
THE FOLLOWING ARE TRF FILINGS ONLY, NOT NEW CASES (0-day notice, 3 copies)  15. Introduction or Extension of Promotional Offering										
16. New Price List Rate for Existing Service.										
☐ 17. Designation of Registrant's Process Agent(s)										
II. Indicate which of the following exhibits have been filed. The numbers (corresponding to the list above) indicate, at a minimum, the types of cases in which the exhibit is required:										
<ul> <li>□ A copy of registrant's proposed informational tariff. (2)</li> <li>□ Statement affirming that the registrant has notified the Ohio Department of Taxation of its intent to conduct operations as a telephone utility in the State of Ohio. (2)</li> <li>□ List of names, addresses, and phone numbers of officers and directors, or partners. (2-4)</li> <li>□ Brief description of service(s) proposed, as well as the targeted market(s). (2)</li> <li>□ Copy of tariff sheet(s) &amp; price list(s) superseded, marked as Exhibit A. (1,3-4,6,8,10,12-16)</li> </ul>										

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business rechnician April Date Processed \$1003

	ū	If increase to residential MTS, DA, or traditional operator surcharges, specify which						
		notice procedure will be utilized: real time; or annual. (12, 16)						
		Copy of real time notice which has been provided to customers. (1,3,10-12,16)						
		Copy of annual notice which will be sent to customers is: included with this						
	_	filing; or will be filed with the Commission (month) (year). (16)						
		Description of and rationale for proposed tariff changes, including a complete description						
		of the service(s) proposed or affected. Specify for each service affected whether it is						
		business, residence, or both as well as whether it is a switched or dedicated service. Include this information in either the cover letter or label as						
		"Exhibit C". (3,6,8,12-15)						
		Delineation of any deaveraged message toll service, if applicable. (6, 12-16)						
	ū	Statement explaining rationale for proposal. (1,3-5,10-11)						
	Q	List of Ohio counties specifically involved or affected (1-6,8,10,16)						
		Certification from Ohio Secretary of State as to party's proper standing (domestic or						
		foreign corporation, authorized use of fictitious name, etc.). (2-4,7,10) (In transfer of						
	_	certificate cases, the transferee's good standing must be established).						
		Justification for waiver of specific element(s) of 563. (6,8)						
		Responses to questions contained in Appendix A, Attachment 4 to the 563 guidelines (7)						
		For radio common carriers, a statement affirming that registrant has obtained all						
		necessary federal authority to conduct operations being proposed, and that copies have been furnished by cellular, paging, and mobile companies to this Commission of any Form						
		401, 463, and/or 489 which the applicant has filed with the Federal Communications						
		Commission. (2-4)						
		Other information requested by the Commission staff.						
III. Registrant hereby attests to its compliance with the following requirements in th Requirements Form, as well as all pertinent entries and orders issued by the Commis respect to these issues. Further, registrant hereby affirms that it will maintain wit docket an up-to-date, properly marked, copy of the Service Requirements Form ava public inspection.								
	•	datory requirements for all CTS providers:						
		Sales tax						
	•	x] Deposits						
		ce requirements for CTS providers of certain services (check all applicable):						
		Discounts for Persons with Communication Disabilities and the Telecommunication Relay Service						
	Ö	Emergency Services Calling Plan						
	Ö	Alternative Operator Service (AOS) requirements						
		Limitation of Liability						
		Termination Liability Language						
IV.	List 1	names, titles, and addresses of those persons authorized to make and/or verify filings at						
		ommission on behalf of the registrant:						
	Rob	ert Wentz						
	150 E. Gay Street							
	COL	umbus, Ohio 43215						
	NOT	E: An annual report is required to be filed with the Commission by each company on an annual basis. The annual report form will be sent for completion to the address and						
		individual(s) identified in this Section unless another address or individual is so						
		indicated.						

# **VERIFICATION**

I, Name/Title Robert Wentz/Manager - verify that I have utilized, verbatim, the Commission's 563 Registration Form issued December 21, 1995 and that all of the information submitted here, and all additional information submitted in connection with Case No. 90 - 5032 - CF - 772F is true and correct to the best of my knowledge.

(Signature) 3~10~03

\* A verification is required for every filing. It may be signed by counsel or a process agent designated by the Registrant, except that <u>initial</u> certification cases (ACE) must be signed by an officer of the registering entity.

Send your completed Registration Form, including all required attachments as well as the required number of copies, to:

Public Utilities Commission of Ohio Attention: Docketing Division 180 East Broad Street Columbus, OH 43215-3793 THE OHIO BELL TELEPHONE COMPANY

SBC Tariff P.U.C.O. NO. 20 PART 5 SECTION 1

PART 5 - Centrex Services SECTION 1 - Ameritech Centrex Service (ACS) 1st Revised Sheet No. 76 Cancels Original Sheet No. 76

#### 1. AMERITECH CENTREX SERVICE (cont'd)

## F. PRICES (cont'd)

## 1. Service Elements

Decemination /Billing Code/	<u>ئى</u>		Intercom Line	<del></del>
Description /Billing Code/	A	B		D
Totalian Idaa (GDV ID /				
Intercom Lines /CPXJB/				
/CPXJC/ /CPXJD/				
2 - 47	For	\$11.50	\$13.00	\$14.50
48 - 95	Future	11.50	13.00	14.50
96 - 199	Use	11.50	13.00	14.50
200 - 293		11.50	13.00	14.50
294 - 387		11.50	13.00	14,50
388 - 579		11.50	13.00	14.50
580 - above		11.50	13.00	14.50
Classroom Line Intercom				
Lines <sup>/1/</sup>		6.53	7.64	13.14
			Monthly I	Daimont

			Term Payment Plans		
Description	Nonrecurring	1	36	60	84
/Billing Code/	Charge	Month	Months	Months	Months
System Charges per system		· · · · · ·	<u> </u>		
2- 50 lines /CYA1X/	\$ 250.00(R)	\$5.00	\$5.00	\$5.00	\$5.00
51-100 lines /CYA2X/	400.00	5.00	5.00	5.00	5.00
101-200 lines /CYA3X/	575.00	5.00	5.00	5.00	5.00
201-500 lines /CYA4X/	1,000.00	5.00	5.00	5.00	5.00
501 or more lines					
/CYA5X/	1,500.00	5.00	5.00	5.00	5.00
or per OmniPresence Remote System, 2-6 OmniPresence remote lines /CYAXA/	100.00	5.00	5.00	5.00	5.00

/1/ Classroom Lines are available only for K-12 Schools, see Features.

Issued: March 10, 2003

Effective: March 10, 2003

In accordance with an Order issued by the Public Utilities Commission of Ohio, dated January 6, 2003, Case No. 02-3069-TP-ALT.

By Connie Browning, President, Cleveland, Ohio