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The Public Utilities Commission of Ohio
TELECOMMUNICATIONS APPLICATION FORM for
DETARIFFING AND RELATED ACTIONS

Per the Commission's 01/19/2011 "Implementation Order" in Case No. 10-1010-TP-ORD
(Effective: 01/20/2011 through 05/20/2011)

In the Matter of the Application of _____)

TRF Docket No. 90-9325

to Detariff Services and make other changes related to the)
Implementation of Case No. 10-1010-TP-ORD)

Case No. 115009-TP-ATA

NOTE: Unless you have reserved a Case No. leave the "Case No." fields BLANK.

Name of Registrant(s) Nextlink Wireless, Inc.

DBA(s) of Registrant(s) _____

Address of Registrant(s) 13865 Sunrise Valley Dr. Herndon, VA 20171

Company Web Address www.xo.com

Regulatory Contact Person(s) Kelly Faul

Phone 7035472536 Fax 7035472630

Regulatory Contact Person's Email Address kelly.faul@xo.com

Contact Person for Annual Report Sharon Adams

Phone 7035472615

Address (if different from above) _____

Consumer Contact Information Teresa Miller

Phone 214-261-7736

Address (if different from above) 9201 Central Expressway, Dallas, TX 75231

Part I - Tariffs

Please indicate the Carrier Type and the reason for submitting this form by checking the boxes below.

NOTE: All cases are ATA process cases, tariffs are effective the day they are filed, and remain in effect unless the Commission acts to suspend.

Carrier Type	<input type="checkbox"/> ILEC	<input checked="" type="checkbox"/> CLEC	<input type="checkbox"/> CTS
Tariff for Basic Local Exchange Service (BLES) and/or other services required to be tarified pursuant to 4901:1-6-11(A); detariffing of all other services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other changes required by Chapter 4901:1-6 (Describe in detail in Exhibit C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II - Exhibits

Note that the following exhibits are required for all filings using this form.

Included	Identified As:	Description of Required Exhibit:
<input type="checkbox"/>	Exhibit A	The existing affected tariff pages.
<input type="checkbox"/>	Exhibit B	The proposed revised tariff pages.
<input checked="" type="checkbox"/>	Exhibit C	Narrative summarizing all changes proposed in the application, and/or other information intended to assist Staff in the review of the Application.
<input type="checkbox"/>	Exhibit D	One-time customer notice of detariffing and related changes consistent with rule 4901:1-06-07
<input type="checkbox"/>	Exhibit E	Affidavit that the Customer Notice described in Exhibit C has been sent to Customers.

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.
technician ADL Date Processed SEP 08 2011

Part III. – Attestation

Registrant hereby attests to its compliance with pertinent entries and orders issued by the Commission.

AFFIDAVIT

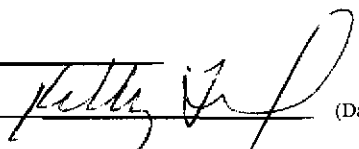
Compliance with Commission Rules

I am an officer/agent of the applicant corporation, Nextlink Wireless, Inc., and am authorized to make this statement on its behalf.
(Name)

I attest that these tariffs comply with all applicable rules for the state of Ohio. I understand that tariff notification filings do not imply Commission approval and that the Commission's rules, as modified and clarified from time to time, supersede any contradictory provisions in our tariff. We will fully comply with the rules of the state of Ohio and understand that noncompliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on (Date) 9/7/11 at (Location) Herndon, VA

*(Signature and Title) 

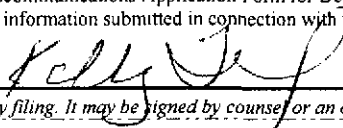
(Date) 9/7/11

- *This affidavit is required for every tariff-affecting filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant*

VERIFICATION

I, Kelly Faul

verify that I have utilized the Telecommunications Application Form for Detariffing and Related Actions 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 to the best of my knowledge.

*(Signature and Title) 

(Date) 9/7/11

**Verification is required for every filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant*

Send your completed Application 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**

Or

Make such filing electronically as directed in Case No 06-900-AU-WVR

EXHIBIT C
Summary of Filing



13865 Sunrise Valley Drive
Herndon, VA 20171

VIA OVERNIGHT

September 7, 2011

Public Utilities Commission of Ohio
Attention: Docketing Division
180 East Broad Street
Columbus, Ohio 43215-3793

Re: Nextlink Wireless, Inc, P.U.C.O. Tariff No. 2
Docket No. -TP-

To Whom It May Concern:

Per discussion with Cheryl Williams of Commission staff and pursuant to Case No. 10-1010-TP-ORD, please find enclosed original and three (3) copies of Nextlink Wireless, Inc. ("Nextlink") Telecommunications Application Form for Detariffing and Related Actions as well as Telecommunications Retail Service Offering Form for Non-BLES Carriers Form. These documents are being filed to indicate Nextlink as a non-BLES carrier.

Also, enclosed is an additional copy of this letter and a self-addressed stamped envelope. Please date stamp this copy and return in the enclosed envelope. If you have any questions, please contact me at 703-547-2635 or daniel.ostroff@xo.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'Daniel G. Ostroff'.

Daniel G. Ostroff
Senior Regulatory Analyst

Enclosures

The Public Utilities Commission of Ohio
TELECOMMUNICATIONS RETAIL SERVICE OFFERING FORM
For Non-BLES Carriers

Per the Commission's 01/19/2011 "Implementation Order" in Case No. 10-1010-TP-ORD
(Effective: 01/20/2011)

Company Name Nextlink Wireless, Inc.
Company Address 13865 Sunrise Valley Dr., Herndon, VA 20171
Company Web Address www.xo.com
Regulatory Contact Person Kelly Faul Phone 703-547-2536 Fax 703-547-2630
Regulatory Contact Person's Email Address kelly.faul@xo.com
Contact Person for Annual Report Sharon Adams Phone 703-547-2615 Fax 703-547-2630
Consumer Contact Information Teresa Miller Phone 214-261-7736 Fax _____
TRF Docket No. _____ -TP-TRF

I. Company Type (Check all applicable):

☒ Non-BLES CLEC ☐ IXC ☐ Other (explain) _____

II. Services offered (Check all applicable):

- ☐ Toll services (intrastate)
☐ Local Exchange Service (i.e., residential or business bundles)
☒ Other (explain) broadband, DS1 service

III. Tariffed Provisions/Services (To the extent offered, check all applicable and attach tariff pages):

- ☐ Toll Presubscription
☐ Intrastate Special and Switched Access Services to Carriers (facilities-based local carriers only)*
☐ N-1-1 Service
☐ Pole Attachment and Conduit Occupancy
☐ Pay Telephone Access Lines
☐ Inmate Operator Service
☐ Telephone Relay Service

*Access service tariffs shall be maintained separately and are subject to the Commission's carrier-to-carrier rules found in Chapter 4901:1-7, Ohio Administrative Code.

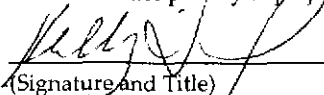
Part IV. – Attestation

Carrier hereby attests to its compliance with pertinent entries and orders issued by the Commission.

I am an officer/agent of the carrier/telephone company, Nextlink Wireless, Inc., and am authorized to make statements on it behalf.
(Name)

I understand that Telephone companies have certain responsibilities to its customers under the Telecommunications Rules (Ohio Adm. Code 4901:1-6). These responsibilities include: warm line service; not committing unfair or deceptive acts and practices; truth in billing requirements; and slamming and preferred carrier freeze requirements. We will comply with the rules of the state of Ohio and understand that non-compliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

I declare under penalty of perjury that the foregoing is true and correct.

 , Regulatory Affairs Director
(Signature and Title)

9/7/11

(Date)