

\*\*\*\*\*  
\* OFFICE USE ONLY: \*  
\* CERTIFICATION NUMBER \_\_\_\_\_ \*  
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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

**PAYPHONE SERVICE PROVIDER (PSP)**  
APPLICATION FOR CERTIFICATION

SECTION I: APPLICANT INFORMATION

\_\_\_\_\_  
NAME IN WHICH CERTIFICATION TO BE ISSUED

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
CONTACT PERSON *or* RESPONSIBLE PARTY'S NAME, TITLE & PHONE NUMBER

SECTION II: ORGANIZATION

Type of Organization (please check):

Individual ----- [ ]

Partnership ----- [ ]

Corporation ----- [ ]

Other (please specify) \_\_\_\_\_

If a Corporation:

Attach Articles of Incorporation and,

If *nonresident corporation*, attach copy of Certification of Good Standing issued by the South Carolina Secretary of State's office which indicates corporation's authority to do business in South Carolina.

SECTION III: FINANCIAL

Provide a statement, which describes the general financial status of the applicant (current assets, liabilities & etc.) **Attach to application.**

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

**PAYPHONE SERVICE PROVIDER (PSP)**

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SECTION IV: MAINTAINANCE & SERVICE

How does applicant intend to provide routine maintenance and service?

- Personally ----- [ ]
- Employee(s) ----- [ ]
- Via contract (Who? – Provide details on separate sheet) ----- [ ]

How does applicant intend to accommodate end user service needs (repairs, refunds, customer inquiries, etc.)?

- Personally ----- [ ]
- Employee(s) ----- [ ]
- Via contract (Who? – Provide details on separate sheet) ----- [ ]

SECTION V: AGREEMENT

\_\_\_\_\_  
RESPONSIBLE PARTY & TITLE (please type or print)

\_\_\_\_\_  
ADDRESS

APPLICANT UNDERSTANDS THAT THE FILING OF THIS APPLICATION DOES NOT CONSTITUTE AUTHORITY TO OPERATE. APPLICANT AGREES TO INFORM THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA OF ANY CHANGES IN THE ABOVE PROVIDED INFORMATION WITHIN 30 DAYS; AND FILE ANNUAL REPORT INFORMATION AS REQUIRED. THE APPLICANT ALSO AGREES TO REVIEW AND ADHERE TO ALL GUIDELINES SET FORTH BY THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA FOR PAYPHONE SERVICE PROVIDERS.

\_\_\_\_\_  
SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(NOTARY PUBLIC)

(SEAL)

Personal Identification Information

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Federal Employer Identification Number:** \_\_\_\_\_

**\*\*\*\*\* Confidential \*\*\*\*\***

**For Internal Use Only**

**RETURN TO**  
**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**101 EXECUTIVE CENTER DRIVE, SUITE 100**  
**COLUMBIA, SC 29210**