

Mail one original and three copies and a check for \$50 to:

Public Utility Commission of Texas

Attention: Central Records

P.O. Box 13326

1701 N. Congress Avenue

Austin, TX 78711-3326

**Texas NEW Permit Application
to Operate Automatic Dial
Project #36556
2009**

Application Directions: Completely answer questions 1-12 and submit the original and THREE copies to the address in the upper left corner of this application. Some are multi-part questions. Failure to fully respond will delay processing. The answer "N/A" or "not applicable" in response to any question on this form and the affidavit page will be considered non-responsive and the application form may be rejected. Enclose two computer disks, as directed in response to Question 12. Be sure to enclose your check for \$50 made out to "Public Utility Commission of Texas" to obtain this permit. **FAXES WILL NOT BE ACCEPTED**

Person to contact for questions about this application:

NAME _____

STREET/P.O. BOX _____

CITY, STATE, ZIP _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS _____

Agent for service of process in Texas if different from contact person listed above. This is someone who can receive official mail, or a summons. If you do not have a registered agent, you may act as your own agent if you are a Texas resident. If the agent for service of process is the same as above, please state.

NAME _____

Title: _____

STREET/P.O. BOX _____

CITY, STATE, ZIP _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS _____

ADAD definition: Any automated equipment used for telephone solicitation or collection that (1) is capable of storing numbers to be called, or has a random or sequential number generator capable of producing numbers to be called; AND (2) alone or in conjunction with other equipment, can convey a prerecorded or synthesized voice message to the number called without the use of a live operator. *PUC SUBST. R. § 26.5(8).*

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1. Name of ADAD permit holder. (NOTE: State the name, and only one name, in which the applicant wants to be issued a permit by the commission. This name will appear on the commission's web site list of permit holders. If the applicant is a corporation, the commission will register and issue its permit under either the corporate or assumed name. If the applicant is an unincorporated business entity or sole proprietor, the commission will issue its permit under the assumed name unless no assumed name is provided)

NAME: _____

2(a). Form of business. Check one:

- | | |
|--|--|
| <input type="checkbox"/> Corporation* | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Other, please explain. |

***(b). State of incorporation, or registration (example: Delaware)** _____

3. (a) Provide identification numbers now assigned. Not all may be applicable.

- Texas Comptroller's Taxpayer Number (11 digits) _____
- Federal Employer's Identification Number (9 digits) _____
- Social Security Number (9 digits) [Provide only if no other identification numbers assigned.] **

**** (b) Are you submitting your social security number confidentially?**

- Yes If yes, follow instructions on page 5 for submitting confidential information.
- No

**** If requesting confidentiality, DO NOT** write your social security number on this form. If you want your social security number to remain confidential, it must be filed as confidential in a sealed envelope. Two identical sealed envelope filings are required. Labeling on the outside of each sealed envelope should read the permit holder name (response to #1) and the contents of the envelope.

4. List all assumed names or D/B/As under which the applicant does business. If this space is insufficient, attach a separate sheet to the application.

ASSUMED NAMES/DBAs: _____

5. Provide Assumed Business or Professional Name Certificate. Provide the certificate number and date issued. If a certificate is filed in the office of the county clerk, identify the county where the certificate is filed. If operating in more than one county provide the assumed name and response to (a), (b), and (c) for each county. Use additional sheets if necessary. **In part (a) check only one.**

- (a) Filed with the Secretary of State, or;
- Filed with the office of the county clerk in the county of _____
- (b) Date issued _____
- (c) Certificate number _____

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6. Principal Office Address:

Street/ PO Box _____

City, State, Zip _____

7. Address where regulatory mail and bills from the telecommunications company will be sent.

Street/P.O. Box _____

City, State, Zip _____

8. Person for the PUC to contact with questions or complaints relating to this permit:

Name _____ Title _____

Office number: _____ Fax number: _____

Website address _____

Email address _____

9. Business Organization Information. List ALL directors, officers, or partners and for EACH director, officer, or partner give the title, business address, phone number, fax number, and email address. Attach additional sheets if necessary. _____

10. Number of ADADs owned/operated by the applicant: _____

11. For each ADAD, identified as ADAD A, ADAD B, ADAD C, etc. for the purposes of this application, respond completely to (a), (b), (c), and (d) on a separate sheet or sheets, as necessary:

ADAD A:

(a) Name of the Local Exchange Carrier (LEC) and long distance carrier providing connection to network:

(b) The physical address where the ADAD is located:

Street and building address _____

City, State, Zip _____

(c) Manufacturer _____

(d) Model Number or computer program or card. If another format, explain. _____

(e) Federal Registration Number issued to the ADAD manufacturer or programmer either by the Federal Communications Commission (FCC) or Administrative Council Terminal Attachments (ACTA).

Registration Number: _____

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12. (a) On TWO identical computer disks, provide the telephone number or numbers assigned to each ADAD identified in **Question 11, and the county where the ADAD is located. The tab delimited electronic files (Notepad or Excel files **ONLY**) should be named ADAD A, ADAD B, ADAD C, etc. (if there are 5 or less numbers, you may provide this information on an additional sheet of paper along with this registration). **MAKE SURE THE DISKETTES/CDS ARE PROTECTED FOR MAILING TO AVOID DAMAGE.****

(b) Are you submitting your ADAD numbers and county locations confidentially?

Yes If yes, follow instructions on page 5 for submitting confidential information.

No

10 DIGIT TELEPHONE NUMBER	COUNTY LOCATION

IMPORTANT INFORMATION

Required notification of ADAD telephone number (s) or physical address changes:

Under §26.125 (c) (2), a permit holder is required to notify the commission, by certified mail, in the required format, of telephone number or physical address changes no later than 48 hours before the hour at which the ADAD will begin operation with the new telephone number(s) or new address. **REQUIRED FORMAT: Fully answer question 11 and supply 2 computer disks as described in question 12 of this permit application form.**

PERMIT RENEWALS

A permit approved by the PUC is valid for one year after its date of issuance. An application for a renewal permit must be filed at least 90 days prior to the expiration date of the current permit. Failure to timely file a renewal application will render the permit invalid and reapplication for a new permit, accompanied by a fee, may be required.

Certain information collected by the Public Utility Commission (commission) from an individual about the individual may be made available to third parties. Information submitted to us electronically, by fax or through the mail, will be disclosed to staff to assist us in fulfilling our official duties. The information may also be sent to others as required by law or regulation and to other governmental agencies involved in the administration or enforcement of the matter. The information will not be disclosed to third parties, except as required to perform official duties unless the commission receives a request and discloses the information pursuant to the "Open Records Act", Chapter 552, Tex. Gov't Code. The commission will not market any information that it collects. With few exceptions, you are entitled to be informed about the information that the commission collects about you. Under the Open Records Act you are entitled to receive and review this information. Please direct such a request to open.records@puc.state.tx.us. Under § 559.004 of the Texas Government Code, you are entitled to have the commission correct any information about you that is incorrect. If you determine that the commission has recorded information about you incorrectly, you may request a correction by filing your request at customer.service@puc.state.tx.us.

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Instructions for Submitting Social Security Numbers and/or Payphone Numbers Confidentially

- Two separate copies must be submitted, each in a sealed 10 X 13 Clasp Envelope
- The labeling must follow the example in the PUC Procedural Rule §22.71(d), all information must be on the labels, and all edges be securely taped to the front of the envelopes
- Multiple pages must be stapled or in a pressboard folder
- Each page must be marked "Confidential"
- The pages must be sequentially numbered even if there is only one page being submitted in each envelope
- Submissions over 10 pages must be copied double sided

Submit this filing and all confidential material to the address listed in the upper left corner of this application.

**SAMPLE LABEL FOR CONFIDENTIAL
ENVELOPES**

CONFIDENTIAL

DOCKET NO. _____

STYLE: _____

SUBMITTING PARTY: _____

BRIEF DESCRIPTION OF CONTENTS: _____

BATE STAMP OR SEQUENTIAL PAGE NUMBER RANGE:

_____ TO _____

ENVELOPE # _____ OF _____

ADDITIONAL INFORMATION REQUIRED BY PROTECTIVE ORDER:

DATE SUBMITTED TO COMMISSION: _____

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AFFIDAVIT

State of _____

County of _____

By my signature on this application statement, I swear or affirm that I have personal knowledge of the facts stated on this application to operate one or more Automatic Dial Announcing Devices (ADADs) in the State of Texas or operate ADADs directed to residents of Texas. I further swear or affirm that all the statements and representations made in this application permit are true and correct. I understand and will comply with all requirements of law applicable to an operator of ADADs and telemarketers or telephone solicitors in compliance with Public Utility Regulatory Act, TEX.UTIL CODE Ann. §§ 55.121-55.138, Texas Telemarketing Disclosure and Privacy Act, TEX BUS. & COM. CODE §§ 43.001-43.253, and P.U.C. SUBST. R. §26.125 and §26.126, and other applicable state and federal laws.

I understand that failure to comply may result in administrative penalties of up to \$1,000 a day and revocation of this permit. I am authorized to make the statements and representations on behalf of the ADAD Permit Applicant.

Applicant Signature Title

SWORN TO AND SUBSCRIBED before me on the _____ day of _____, 20____.

Notary Public in and for the State of _____

My commission expires _____

Signature or notary stamp _____