

**BEFORE THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF HAWAII**

In the Matter of the Application of)
)
_____)
(Applicant's Name))
)
)
For a Certificate of Authority.)
_____)

For Commission Use Only
Docket #: _____

(Applicant's Name)

Application for a Certificate of Authority;
Verification;
and
Certificate of Service

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OF THE STATE OF HAWAII**

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 (Applicant's Name))
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I. INTRODUCTORY STATEMENT.

- A. Applicant's legal name as registered with the State of Hawaii Department of Commerce and Consumer Affairs.

- B. Provide the name of any affiliated business organization(s) that operates in Hawaii.

- C. Provide a description of the relationship between Applicant and the affiliated business organization(s) including whether the affiliated business organization(s) is a public utility regulated in Hawaii.

II. APPLICANT'S NAME, TRADE NAME, PRINCIPAL PLACE OF BUSINESS, AND CONTACT INFORMATION.

Legal name of entity _____

Trade Name/(DBA) _____

Address _____

City _____ State _____ Zip Code _____

Business Phone (____) _____ Facsimile Number (____) _____

E-mail _____

III. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS WHERE CORRESPONDENCE OR COMMUNICATIONS PERTAINING TO THE APPLICATION SHOULD BE DIRECTED.

Name _____

Address _____

City _____ State _____ Zip Code _____

Business Phone (____) _____ Facsimile Number (____) _____

E-mail _____

If Applicant is represented by an attorney, please complete:

Name _____

Address _____

City _____ State _____ Zip Code _____

Business Phone (____) _____ Facsimile Number (____) _____

E-mail _____

If Applicant is represented by a consultant, please complete:

Name _____

Address _____

City _____ State _____ Zip Code _____

Business Phone (____) _____ Facsimile Number (____) _____

E-mail _____

- IV. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS WHERE QUESTIONS CONCERNING THE ONGOING OPERATIONS OF APPLICANT FOLLOWING ISSUANCE OF CERTIFICATE OF AUTHORITY SHOULD BE DIRECTED.

Name _____

Address _____

City _____ State _____ Zip Code _____

Business Phone (____) _____ Facsimile Number (____) _____

E-mail _____

- V. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS WHERE QUESTIONS REGARDING CUSTOMER SERVICE OR PROBLEMS SHOULD BE DIRECTED.

Name _____

Address _____

City _____ State _____ Zip Code _____

Business Phone (____) _____ Facsimile Number (____) _____

E-mail _____

VI. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS OF THE CONTACT PERSON FOR THE HAWAII TELECOMMUNICATIONS RELAY SERVICE FUND.

Name_____

Address_____

City_____ State_____ Zip Code_____

Business Phone (____) _____ Facsimile Number (____) _____

E-mail_____

VII. GENERAL DESCRIPTION OF APPLICANT.

Include a general description of Applicant (e.g., Applicant is a Nevada corporation authorized to do business in the State of Hawaii as a foreign corporation).

- A. An applicant who is a corporation or partnership must attach as an Exhibit a file-stamped copy of its articles of incorporation or partnership agreement.
- B. If the corporation, partnership, limited liability company or limited liability partnership was formed under laws other than the laws of the State of Hawaii, Applicant must also attach as an Exhibit a copy of its current certificate of authority to transact business in the State of Hawaii.

VIII. TYPE OF TELECOMMUNICATIONS SERVICE TO BE OFFERED (HAR § 6-80-17(c)(1)(A)).

Include a detailed description of the type of telecommunications services proposed to be offered.

IX. GEOGRAPHICAL SCOPE OF CARRIER'S PROPOSED OPERATION (HAR § 6-80-17(c)(1)(B)).

Provide a detailed description of Applicant's proposed geographical scope of the carrier's proposed operations.

X. TYPE OF EQUIPMENT TO BE EMPLOYED (HAR § 6-80-17(c)(1)(C)).

Provide a description of the types of equipment to be employed by Applicant in the provision of its service, if applicable.

XI. RATES, CHARGES, AND REGULATIONS GOVERNING SERVICE (HAR § 6-80-17(c)(1)(D)).

Provide as an Exhibit a proposed tariff of the rates and/or charges to be imposed and the rules and regulations that will govern the proposed service. The proposed tariff must conform with the provisions of (HAR § 6-80-39).

XII. APPLICANT'S TECHNICAL, FINANCIAL, AND MANAGERIAL ABILITY TO RENDER PROPOSED SERVICE (HAR § 6-80-17(c)(1)(E) AND HAR § 6-80-18(a)(1)).

Provide information and/or documentation indicating Applicant's technical, financial, and managerial ability to render the proposed service. Include, at the very minimum and as Exhibits, a copy of Applicant's most recent audited financial statement (if more than three months have lapsed since last audited statement, include a current, unaudited financial statement) and copies of resumes of Applicant's executive officers. See HAR § 6-61-75 for financial statement requirements.

XIII. APPLICANT'S FITNESS, WILLINGNESS, AND ABILITY TO RENDER PROPOSED SERVICE AND CONFORM WITH TERMS, CONDITIONS, AND RULES OF THE PUBLIC UTILITIES COMMISSION (HAR § 6-80-18(a)(2)).

Provide information and/or documentation indicating that Applicant is fit, willing, and able to properly perform the proposed telecommunications service and to conform to the terms, conditions, and rules prescribed or adopted by the Public Utilities Commission.

XIV. PUBLIC INTEREST CONSIDERATIONS (HAR § 6-80-18(a)(3)).

Provide information and/or documentation indicating that Applicant's proposed telecommunications services is, or will be, in the public interest.

XV. WHEREFORE, Applicant prays that the PUBLIC UTILITIES COMMISSION enter an order granting it a certificate of authority in accordance with HAR §§ 6-80-17(c) and 6-80-18(a).

APPLICANT certifies that in such capacity, he/she is qualified and authorized to file and verify this application; and that he/she has carefully examined all the statements and matters contained in the application; that all such statements made and matters set forth therein are true and correct to the best of his/her knowledge, information, and belief. Applicant further states that the application is made in good faith and with the intention of presenting evidence in support of each statement in the application.

DATED this _____ day of _____, 20____.

(Signature of Applicant)

(Print Name)

(Title)

(Company)

Written notices of changes in the foregoing information must be filed with the Commission within thirty (30) days from the date the change becomes effective.

CERTIFICATE OF SERVICE

I hereby certify that two (2) copies of the foregoing application, together with this Certificate of Service, have been served by United States mail, postage prepaid, to:

DIVISION OF CONSUMER ADVOCACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. Box 541
Honolulu, HI 96809

DATED this _____ day of _____, 20_____.

(Signature of Applicant)