

## **Instructions**

**This PDF form can be filled out, printed, and saved from within Adobe Acrobat or Adobe Reader. To avoid possible loss of data it is advised that the form be saved to your personal computer, completed, saved frequently, then printed and submitted to the TRA.**

- 1) Save the PDF form to your PC by clicking the Save button (diskette icon) on the Adobe toolbar.**
- 2) Close the browser window. Note - you can fill out the form in the browser. Be advised that if the browser crashes, you may lose your work. Save a copy frequently!**
- 3) If you chose to work from the saved copy, load the form back into Adobe Acrobat or Adobe Reader from the previously saved location.**
- 4) Complete the form by filling in the boxes, radio buttons, and check boxes. Save the form frequently! Some questions may require attaching separate paperwork.**
- 5) When completed, print out the form and send it, any extra paperwork, and other necessary documents to the Tennessee Regulatory Authority. Also include the \$50 filing fee and thirteen copies.**

**TENNESSEE REGULATORY AUTHORITY  
TELECOMMUNICATIONS DIVISION**

**RESELLER APPLICATION REQUIREMENTS**

I. Reseller Requirements

- A. Completed Reseller Application (All blanks must be completed)
- B. Copy of License transact business in the State of Tennessee
- C. Copy of Articles of Incorporation, partnership agreement or by-Laws of the service provider
- D. Sample Bill Copy (if directly billing customers)
- E. Tariff (inclusive of rates and services)
- F. IntraLATA Toll Dialing Parity Plan
- G. Most recent Financial Information
  - 1. Income Statement and Balance Sheet, or
  - 2. Income Tax Return

H. Surety Bond or Letter of Credit

**TCA § 65-4-125 amendment states that by September 1, 2000, all telecommunications service providers subject to the control and jurisdiction of the authority, except those owners or operators of public telephone service who pay annual inspection and supervision fees pursuant to Tennessee Code Annotated, § 65-4-301(b), or any telecommunications service provider that owns and operates equipment facilities in Tennessee with a value of more that five million (\$5,000,000), shall file with the authority a corporate surety bond or irrevocable letter of credit in the amount of twenty thousand dollars (\$20,000) to secure the payment of any monetary sanction imposed in any enforcement proceeding, brought under this title or the Consumer Telemarketing Protection Act of 1990, by or on behalf of the authority.**

Will your company's equipment or facilities in Tennessee be in excess of \$5,000,000? If not, please provide a corporate surety bond or irrevocable letter of credit in the amount of twenty thousand dollars (\$20,000).

- I. Small and Minority Owned Telecommunications Business Participation Plan Pursuant to Tennessee Code Annotated § 65-5-212

II. Other Filing Information

- A. Sample Forms of Bond and Letter of Credit
- B. IntraLATA Toll Dialing Parity Plan Checklist
- C. Sample Small & Minority Owned Telecommunications Business Participation Plan (Company name and personally identifiable information have been redacted)



PS-0373 Rev 1/09

**APPLICATION FOR CERTIFICATE  
TO PROVIDE OPERATOR SERVICES AND/OR  
RESELL  
TELECOMMUNICATION SERVICES IN TENNESSEE  
SECTION A**

**Application is hereby made for a certificate of authority pursuant to TRA Rule 1220-4-2-.57 to provide telecommunications services in the State of Tennessee.**

Part I : General Information

A. Name of Applicant \_\_\_\_\_

Full exact name of person, corporation, partnership, sole proprietorship, or other entity, for which application is made.

\_\_\_\_\_  
Legal name of applicant, if different from above.

\_\_\_\_\_  
Address City State Zip

Tenn. Secretary of State Certificate of Authority ID \_\_\_\_\_

Federal Taxpayer ID Number \_\_\_\_\_

Any trade name(s), assumed name(s) or fictitious name(s) used by applicant:  
\_\_\_\_\_  
\_\_\_\_\_

If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for each affiliate(s), as well as for the applicant.

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(Use additional pages if necessary)

**\*\*\*IMPORTANT INFORMATION\*\*\***

**If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information on all parts of this application as well as for the applicant. Provide this information on a separate attachment, if necessary.**

**THIS SECTION FOR TRA USE ONLY**

Docket Number. \_\_\_\_\_

Company ID Number \_\_\_\_\_

Date Approved \_\_\_\_\_

Evaluator \_\_\_\_\_

B. Describe other businesses or business transactions, if any, at the same location as the principal business address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Provide the name, business address and a chronological summary of the employment history and business experience over the preceding eight years of:

- (a) The proprietor, if the applicant is an individual;
- (b) Every member, if the applicant is a partnership;
- (c) Each Executive Officer, Director and each Key Stockholder if the applicant is a joint stock association or a corporation. (Note: If the applicant is a publicly traded corporation or a subsidiary of such a corporation it does not need to provide this information.)
- (d) Any person in a position to exercise control over or direction of, the business of the applicant, regardless of the form of organization of the applicant.

Information to be included:

NAME TITLE  
BUSINESS ADDRESS PHONE NO.  
EMPLOYMENT HISTORY (with details of duties/responsibilities for each position held)

**Provide the above requested information on separate attachments.**

D. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity?

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **If yes, please explain fully.**

E. Has the Tennessee Regulatory Authority, or any other agency of the State of Tennessee, any federal agency or any agency of any other state ever initiated a regulatory action or order against the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust)?

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **If yes, please explain fully.**

(1) Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust), been enjoined or restrained by order by any court or state or federal regulatory or law enforcement entity from engaging in any conduct or practice related to the telecommunications business?

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **If yes, please explain fully.**

F. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business who has ceased providing telecommunications services in any state?

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **If yes, please explain fully and describe the circumstances. (Use additional pages if necessary)**

G. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust) been convicted of any crime or crimes, or charged in court with any fraudulent or dishonest acts in any transaction of any kind, or confined in any penal institution? If so, list such persons, give details, state results and final outcome. **(Use additional pages if necessary)**

(1) Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust) been indicted, convicted, pled guilty or pled nolo contendere to a felony in Tennessee or elsewhere?

\_\_\_\_\_ YES \_\_\_\_\_ NO **If yes, please explain fully.**

H. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday.

\_\_\_\_\_ ( ) - \_\_\_\_\_ ( ) - \_\_\_\_\_  
Name Phone No. Fax No.

(800) \_\_\_\_\_ e-mail Address \_\_\_\_\_

(1) Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday.

\_\_\_\_\_ ( ) - \_\_\_\_\_ ( ) - \_\_\_\_\_  
Name Phone No. Fax No.

(800) \_\_\_\_\_ e-mail Address \_\_\_\_\_

I. List a toll-free telephone number and mailing address that consumers can call or write to report service problems and/or request refunds or adjustments.

\_\_\_\_\_ PHONE NUMBER ALTERNATE PHONE NUMBER

\_\_\_\_\_ ADDRESS CITY ST ZIPCODE

(J) Provide the name and address of the registered agent for service of process:

\_\_\_\_\_  
\_\_\_\_\_

(K) Identify all authorized agents in the state, if any by name, address, business and home phone numbers and any other businesses conducted by the agent at the same location: (use additional sheets if necessary)

Part II:

A. Check the type of telecommunication services you plan to provide in Tennessee.

\_\_\_ Resell Interexchange long distance services

\_\_\_ Operator Services

\_\_\_ Resell local services

\_\_\_ Other (describe) \_\_\_\_\_

B. If providing operator services, list company name, address and contact person for all reseller carriers you serve in Tennessee. **Provide the above information on Appendix I.**

- C. List the state(s) where the applicant, its parent company, and all affiliates is authorized to operate in at this time. For each such state, describe applicant's current activities along with a history of operations there. (Use additional pages if necessary.)

---

---

For the above states, list the number and types of complaint(s) filed against applicant, and the complaint(s)' current status. Provide this information on a separate attachment, if necessary.

**If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information for all as well as for the applicant. Provide this information on a separate attachment, if necessary.**

- D. List any states that the applicant or any affiliate, parent company, or constituency corporation operating under any trade name, assumed name, or fictitious name, has been denied authority to provide service. (Use additional pages if necessary)

---

---

---

- E Areas in Tennessee to be served.

---

- F What type of customers will the applicant serve?

- a. Business \_\_\_\_\_  
b. Residential \_\_\_\_\_  
c. Aggregators \_\_\_\_\_  
(e.g. Hotels, Payphones)  
d. Other (specify) \_\_\_\_\_

- G Does the applicant allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over its network? If yes, specify amount. \_\_\_\_\_

- H Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? Yes \_\_\_\_\_ No \_\_\_\_\_

- I Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II<sup>1</sup>.

- J What is the applicant's 10XXX or 800 access code, if applicable? \_\_\_\_\_

- K Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? \_\_\_\_\_

---

---

---

<sup>1</sup>Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the applicant's request to be rejected.

L. Whose facility-based network(s) will the applicant be reselling?

\_\_\_\_\_  
\_\_\_\_\_

M. Will the applicant be utilizing the local telephone company's billing system or billing customers directly<sup>1</sup>? \_\_\_\_\_

N. Describe briefly how the applicant plans to market their services in Tennessee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

O. If independent telemarketers are to be used, list the name, contact person, address phone number and federal taxpayer ID for each company.

COMPANY NAME CONTACT ADDRESS CITY ST ZIP PHONE

COMPANY NAME CONTACT ADDRESS CITY ST ZIP PHONE

COMPANY NAME CONTACT ADDRESS CITY ST ZIP PHONE

P. Describe the methods and procedures by which the applicant will use to switch a consumer's preferred interexchange service, and to prevent unauthorized switching of a consumer's interexchange service. Use additional pages if necessary. If you have written procedures or company guidelines, attach copies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q. Applicant has the ability and agrees to honor the form of call blocking that the consumer has subscribed to with their local telephone company. **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

R. Applicant gives permission to the local telephone company to provide the Authority a periodic sample of the reseller's intrastate toll calls. The purpose of this analysis is to audit the reseller's rates to assure they are at or below the dominant carrier's tariffed rates. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

S. Is the Applicant aware of the requirement to insure that any telephone call made between two points in the same county in Tennessee shall be classified as toll-free and not billed to any customer pursuant to Tennessee Code Annotated § 65-21-114? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

T. Is the Applicant aware of the TAR Code data base maintained by BellSouth, its use to insure compliance with T.C.A. § 65-21-114 and the procedures used to enter telephone numbers in that data base? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

U. How does the Applicant intend to comply with T.C.A. § 65-21-114? In your response, please explain technically, what procedures the Applicant will use to insure it will not bill for any county wide calls in Tennessee. **Use additional pages if necessary.**

\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup>A copy of a bill is required if the applicant is going to bill the customer directly.

Part III: Organization Structure

A. Applicant's organizational structure

\_\_\_\_\_ Corporation

\_\_\_\_\_ Publicly Traded Corporation

\_\_\_\_\_ Subsidiary of a Publicly Traded Corporation

\_\_\_\_\_ Limited Liability Corporation **Attach a copy of the articles of organization and operating agreement along with amendments.**

\_\_\_\_\_ Other Form of Corporation

List type \_\_\_\_\_ (Example S Corporation)  
**Attach a copy of the charter, bylaws and/or certificate of incorporation.**

\_\_\_\_\_ Association **Attach a copy of the charter, bylaws and/or certificate of incorporation and Letter of Authorization from Tennessee Secretary of State**

\_\_\_\_\_ Joint Stock Association **Attach a copy of the charter, bylaws and/or certificate of incorporation. and Letter of Authorization from Tennessee Secretary of State.**

\_\_\_\_\_ Trust **Attach a copy of the trust agreement and Letter of Authorization from Tennessee Secretary of State.**

\_\_\_\_\_ Individual **Attach a copy of the Letter of Authorization from Tennessee Secretary of State**

**SECTION (a)-(g) is to be completed if applicant is a Corporation Association or Trust**

(a) The date and state of formation/incorporation: \_\_\_\_\_

(1) Parent Company, if applicable \_\_\_\_\_

(b) Attach a certificate of good standing from the state in which the applicant was incorporated/formed.

(1) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.

(d) Describe the corporate structure of the applicant, including the identity of any parent or subsidiary of the applicant. Disclose whether any parent or subsidiary is publicly traded on any stock exchange.

(e) Provide the history of material litigation and criminal convictions of every current director, executive officer, or key shareholder of the applicant for the ten-year period prior to the date of this application.

(f) If applicable, attach a copy of the instrument creating the trust and all amendments thereto:

B. \_\_\_\_\_ Proprietorship

\_\_\_\_\_ Partnership

- \_\_\_\_\_ General Attach a copy of the partnership agreement along with any amendments.
- \_\_\_\_\_ Limited Attach a copy of the certificate of limited partnership and the partnership agreement along with any amendments.
- \_\_\_\_\_ Other (Explain on separate sheet)

All of the above will be required to submit a valid business license.

- (a) Identify the place and date of the applicant's qualifications to provide telecommunications services in this state.
- (b) List the full name, social security number and address of the owners, if a sole proprietorship, or all partners identifying the percentage of ownership:  
**ATTACH ADDITIONAL PAGES AS NECESSARY**

C. Number of employees: \_\_\_\_\_.

Employer Identification Number (E.I.N.) \_\_\_\_\_

Part IV: Financial Information

A. Address where business records are kept: \_\_\_\_\_  
street

\_\_\_\_\_

CITY	STATE	ZIP CODE	PHONE NUMBER
------	-------	----------	--------------

B. Attach a copy of the applicant's most recent unconsolidated and consolidated audited financial statements for the immediately preceding three-year period. Provide in detail the applicant's financial condition, including balance sheet and income statement, or a copy of IRS form 1120 or 1065 filed by your business for the previous year. Attach, if available, a copy of your company's 10K and/or stockholder reports.

- (1) Fiscal year end: Month \_\_\_\_\_ Day \_\_\_\_\_
- (2) Date of most recent audited, unconsolidated financial statement of Applicant:  
 \_\_\_\_\_
- (3) If applicable, name and address of independent certified public accountant:  
 \_\_\_\_\_  
 \_\_\_\_\_
- (4) Period covered by financial statement attached: \_\_\_\_\_

C. Does the applicant currently have an internal auditor and/or internal audit program? \_\_\_\_\_

If so, Name of internal auditor \_\_\_\_\_.

D. If applicable, provide a history of applicant's material litigation and criminal convictions for the ten-year period prior to the date this application is made. Material litigation is defined as any litigation that, according to generally accepted accounting principles, is deemed significant to a person's financial health and would be required to be referenced in annual audited financial statements, reports to shareholders or similar documents.

Part VI: Rule Compliance Agreement

- A. Attach a copy of a Small and Minority-Owned Telecommunications Business Participation Plan Pursuant to Tennessee Code Annotated § 65-5-112.
- B. Have you read and understand the Tennessee Regulatory Authority's (TRA) Rules and Regulations for Resellers, 1220-4-2 located at the TRA's website <http://www.tn.gov/tra> *electronic file room* in its entirety?  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**
- C. Do you understand the penalties for non-compliance, and all associated fees to provide such service? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Mail the completed application and a check for \$50.00 to: Tennessee Regulatory Authority, 460 James Robertson Pkwy, Nashville, TN 37243. Should you have any questions, call (615) 741-2904 ext 220.

The Reseller or Operator Service Provider applicant, hereby, affirms the following:

Will comply with the TRA Reseller Rules and all other applicable Authority Rules and state laws, including T.C.A. Section 65-5-112 located at the TRA's website <http://www.tn.gov/tra> *electronic file room* under the External Site of Lexis Law Publishing.

**Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this RESELLER APPLICATION and all attachments and appendices are true and correct to the best of my knowledge and belief. I further understand that omissions or inaccuracies may result in denial of the APPLICATION and grounds for revocation of Certificate of Authority.**

For Individual and Partners:

Signature	Signature
<b>PRINTED NAME</b>	<b>PRINTED NAME</b>
Signature	Signature
<b>PRINTED NAME</b>	<b>PRINTED NAME</b>

For Corporations  
and Other Organizations

	<b>(NAME OF CORPORATION)</b>
BY:	<b>SIGNATURE</b>
	<b>PRINTED NAME</b>
	<b>Title</b>
ATTEST:	
	<b>Title</b>

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me, a Notary Public

\_\_\_\_\_

known to me to be the person(s) named in, and who executed the foregoing application, being duly sworn according to law, deposes and says that the statements and representations set forth in the above application are true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public

seal

## Appendix I

Reseller Name                      Address                      Contact Person                      Phone Number

**Appendix II  
Informational Tariff Sheet**

<u>Description of Service</u>	<u>Applicant proposed Price change to consumer</u>	<u>Dominant Carriers<sup>3</sup> Price for similar service</u>
-------------------------------	--	--

1.

2.

3.

---

<sup>3</sup>Dominant Carrier (South Central Bell or AT&T, whichever is appropriate). A copy of these companies' rates are found on Appendix V.

# **INTRALATA TOLL DIALING PARITY PLAN CHECKLIST**

## **THE PLAN SHOULD:**

1. Include the proposed implementation date. (FCC ORDER 96-333, 38)
2. Include a list of exchanges in which intraLATA toll dialing parity will be provided. (FCC ORDER 96-333, 38)
3. Include a method to be used to enable new and existing customers to select alternate providers of telephone toll service. (FCC ORDER 96-333, 38)
4. Accomplish intraLATA toll dialing parity by a means other than automatically assigning toll customers to itself or any other carrier. (FCC ORDER 96-333, 41 & 81)
5. State the PIC method to be used (2-PIC, MULTIPIC, etc.-2 PIC minimum) (FCC ORDER 96-333, 49)
6. Include customer education procedures (FCC ORDER 96-333, 80)
7. Identify the LATA with which it is proposed to associate. (FCC ORDER 96-333, 38)
8. State whether a PIC change charge waiver period is proposed and for how long. (Tennessee Regulatory Authority)
9. Include anti-slamming procedures. (Tennessee Regulatory Authority)
10. Include statements concerning nondiscriminatory access to telephone numbers, operator services, directory assistance, and directory listings. (If applicable)
11. Include a statement that the carrier will comply with all rules of the FCC and the TRA.

SAMPLE

RESELLER, INC.

SMALL AND MINORITY-OWNED TELECOMMUNICATIONS  
BUSINESS PARTICIPATION PLAN

# SAMPLE

Pursuant to T.C.A. §65-5-212, as amended, Reseller, Inc. (“ResellerI”) submits this small and minority-owned Telecommunications business participation plan (the “Plan”) along with its Application for a Certificate of Public Convenience and Necessity to resell intrastate and local exchange services in Tennessee.

## I. **PURPOSE**

The purpose of §65-5-212 is to provide opportunities for small and minority-owned businesses to provide goods and services to Telecommunications service providers. ResellerI is committed to the goals of §65-5-212 and to taking steps to support the participation of small and minority-owned Telecommunications businesses in the Telecommunications industry. ResellerI will endeavor to provide opportunities for small and minority-owned Telecommunications businesses to compete for contracts and subcontracts for goods and services. As part of its procurement process, ResellerI will make efforts to identify and inform minority-owned and small businesses that are qualified and capable of providing goods and services to ResellerI of such opportunities.

ResellerI’S representatives have already contacted the Department of Economic and Community Development, the administrator of the small and minority-owned Telecommunications assistance program, to obtain a list of qualified vendors. Moreover, ResellerI will seek to increase awareness of such opportunities so that companies not

# SAMPLE

otherwise identified will have sufficient information to participate in the procurement process.

## II. DEFINITIONS

As defined in §65-5-212.

*Minority-Owned Business.* Minority-owned business shall mean a business which is solely owned, or at least fifty-one percent (51%) of the assets or outstanding stock of which is owned, by an individual who personally manages and controls daily operations of such business, and who is impeded from normal entry into the economic mainstream because of race, religion, sex or national origin and such business has annual gross receipts of less than four million dollars (\$4,000,000).

*Small Business.* Small Business shall mean a business with annual gross receipts of less than four million dollars (\$4,000,000).

## III. ADMINISTRATION

ResellerI's Plan will be overseen and administered by the individual named below, hereinafter referred to as the Administrator, who will be responsible for carrying out and promoting ResellerI's full efforts to provide equal opportunities for small and minority-owned businesses. The Administrator of the Plan will be:

Norman Trace  
Reseller, Inc.  
7500 Lakewood Drive  
Riverton, Wyoming 47600-0700  
Telephone: 304-777-1026  
Facsimile: 304-777-1030

The Administrator's responsibilities will include:

(1) Maintaining an updated Plan in full compliance with §65-5-212 and the rules and orders of the Tennessee Regulatory Authority.

## SAMPLE

(2) Establishing and developing policies and procedures necessary for the successful implementation of the Plan.

(3) Preparing and submitting such forms as may be required by the Tennessee Regulatory Authority, including the filing of required annual updates.

(4) Serving as the primary liaison to and cooperate with the Tennessee Regulatory Authority, other agencies of the State of Tennessee, and small and minority-owned businesses to locate and use qualified small and minority-owned businesses as defined in §65-5-212.

(5) Searching for and developing opportunities to use small and minority-owned businesses and encouraging such businesses to participate in and bid on contracts and subcontracts.

(6) Providing records and reports and cooperate in any authorized surveys as required by the Tennessee Regulatory Authority.

(7) Establishing a record-keeping system to track qualified small and minority-owned businesses and efforts to use such businesses.

(8) Providing information and educational activities to persons within CLECI and training such persons to seek out, encourage, and promote the use of small and minority-owned businesses.

In performance of these duties, the Administrator will utilize a number of resources, including:

Chambers of Commerce  
The Tennessee Department of Economic and Community Development  
The United States Department of Commerce  
    Small Business Administration  
    Office of Minority Business  
The National Minority Supplier Development Counsel  
The National Association of Women Business Owners  
The National Association of Minority Contractors  
Historically Black Colleges, Universities, and Minority Institutions

The efforts to promote and ensure equal opportunities for small and minority-owned businesses are primarily spelled out in the Administrator's duties above.

Additional efforts to provide opportunities to small and minority-owned businesses will include offering, where appropriate and feasible, small and minority-owned businesses

## SAMPLE

(2) Establishing and developing policies and procedures necessary for the successful implementation of the Plan.

(3) Preparing and submitting such forms as may be required by the Tennessee Regulatory Authority, including the filing of required annual updates.

(4) Serving as the primary liaison to and cooperate with the Tennessee Regulatory Authority, other agencies of the State of Tennessee, and small and minority-owned businesses to locate and use qualified small and minority-owned businesses as defined in §65-5-212.

(5) Searching for and developing opportunities to use small and minority-owned businesses and encouraging such businesses to participate in and bid on contracts and subcontracts.

(6) Providing records and reports and cooperate in any authorized surveys as required by the Tennessee Regulatory Authority.

(7) Establishing a record-keeping system to track qualified small and minority-owned businesses and efforts to use such businesses.

(8) Providing information and educational activities to persons within ResellerI and training such persons to seek out, encourage, and promote the use of small and minority-owned businesses.

In performance of these duties, the Administrator will utilize a number of resources, including:

Chambers of Commerce  
The Tennessee Department of Economic and Community Development  
The United States Department of Commerce  
    Small Business Administration  
    Office of Minority Business  
The National Minority Supplier Development Counsel  
The National Association of Women Business Owners  
The National Association of Minority Contractors  
Historically Black Colleges, Universities, and Minority Institutions

The efforts to promote and ensure equal opportunities for small and minority-owned businesses are primarily spelled out in the Administrator's duties above.

Additional efforts to provide opportunities to small and minority-owned businesses will include offering, where appropriate and feasible, small and minority-owned businesses

# SAMPLE

assistance with technical, insurance, bonding, licensing, production, and deadline requirements.

## **IV. RECORDS AND COMPLIANCE REPORTS**

ResellerI will maintain records of qualified small and minority-owned business and efforts to use the goods and services of such businesses. In addition, ResellerI will maintain records of educational and training activities conducted or attended and of the internal procurement procedures adopted to support this plan.

ResellerI will submit records and reports required by the Tennessee Regulatory Authority concerning the Plan. Moreover, ResellerI will cooperate fully with any surveys and studies required by the Tennessee Regulatory Authority.

Reseller, Inc.

By: \_\_\_\_\_  
Norman Trace  
Vice President

Dated: January 10, 2000

# TENNESSEE REGULATORY AUTHORITY

## TENNESSEE TELECOMMUNICATIONS SERVICE PROVIDER'S SURETY BOND

Bond #: \_\_\_\_\_

**WHEREAS**, \_\_\_\_\_ (the "Principal"), has applied to the Tennessee Regulatory Authority for authority to provide telecommunications services in the State of Tennessee; and

**WHEREAS**, under the provisions of Title 65, Chapter 4, Section 125(j) of the Tennessee Code Annotated, as amended, the Principal is required to file this bond in order to obtain such authority and to secure the payment of any monetary sanction imposed in any enforcement proceeding brought under Title 65 of the Tennessee Code Annotated or the Consumer Telemarketing Act of 1990 by or on behalf of the Tennessee Regulatory Authority (the "TRA"); and

**WHEREAS**, \_\_\_\_\_ (the "Surety"), a corporation licensed to do business in the State of Tennessee and duly authorized by the Tennessee Commissioner of Insurance to engage in the surety business in this state pursuant to Title 56, Chapter 2 of the Tennessee Code Annotated, has agreed to issue this bond in order to permit the Principal to comply with the provisions of Title 65, Chapter 4, Section 125(j) of the Tennessee Code Annotated;

**NOW THEREFORE, BE IT KNOWN**, that we the Principal and the Surety are held and firmly bound to the STATE OF TENNESSEE, in accordance with the provisions of Tennessee Code Annotated, Title 65, Chapter 4, Section 125(j), in the full amount of twenty thousand dollars (\$20,000.00) lawful money of the United States of America to be used for the full and prompt payment of any monetary sanction imposed against the Principal, its representatives, successors or assigns, in any enforcement proceeding brought under Title 65 of Tennessee Code Annotated or the Consumer Telemarketing Act of 1990, by or on behalf of the TRA, for which obligation we bind ourselves, our representatives, successors and assigns, each jointly and severally, firmly and unequivocally by these presents.

This bond shall become effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, and shall be continuous; provided, however, that each annual renewal period or portion thereof shall constitute a new bond term. Regardless of the number of years this bond may remain in force, the liability of the Surety shall not be cumulative, and the aggregate liability of the Surety for any and all claims, suits or actions under this bond shall not exceed Twenty Thousand Dollars (\$20,000.00). The Surety may cancel this bond by giving thirty (30) days written notice of such cancellation to the TRA and Principal by certified mail, it being understood that the Surety shall not be relieved of liability that may have accrued under this bond prior to the date of cancellation.

**PRINCIPAL**

**SURETY**

\_\_\_\_\_  
Name of Company authorized by the TRA

\_\_\_\_\_  
Name of Surety

\_\_\_\_\_  
Company ID # as assigned by TRA

\_\_\_\_\_  
Address of Surety

SIGNATURE OF PRINCIPAL

SIGNATURE OF SURETY AGENT

\_\_\_\_\_  
Name:  
Title:

\_\_\_\_\_  
Name:  
Title:

Address of Surety Agent:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS BOND IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 125, CHAPTER 4, TITLE 65 OF THE TENNESSEE CODE ANNOTATED AS AMENDED BY CHAPTER NO. 586, 2000 PUBLIC ACTS. SHOULD THERE BE ANY CONFLICT WITH THE TERMS HEREOF AND THE STATUTE OR REGULATIONS PROMULGATED THEREUNDER, THE STATUTE OR REGULATIONS SHALL PREVAIL. (POWER OF ATTORNEY FROM AN APPROVED INSURANCE COMPANY MUST BE ATTACHED.)**

**ACKNOWLEDGMENT OF PRINCIPAL**

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

Before me, a Notary Public of the State and County aforesaid, personally appeared \_\_\_\_\_ with whom I am personally acquainted and who, upon oath, acknowledged himself to be the individual who executed the foregoing bond on behalf of \_\_\_\_\_, and he acknowledged to me that he executed the same.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**ACKNOWLEDGMENT OF SURETY**

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

Before me, a Notary Public of the State and County aforesaid, personally appeared \_\_\_\_\_ with whom I am personally acquainted and who, upon oath, acknowledged himself to be the individual who executed the foregoing bond on behalf of \_\_\_\_\_, the within named Surety, a corporation licensed to do business in the State of Tennessee and duly authorized by the Tennessee Commissioner of Insurance to engage in the surety business in this state pursuant to Title 56, Chapter 2 of the Tennessee Code Annotated, and that he as such an individual being authorized to do so, executed the foregoing bond, by signing the name of the corporation by himself and as such individual.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

\_\_\_\_\_, 2000

\_\_\_\_\_  
Notary Public

**APPROVAL AND INDORSEMENT**

This is to certify that I have examined the foregoing bond and found the same to be sufficient and in conformity to law, that the sureties on the same are good and worth the penalty thereof, and that the same has been filed with the Tennessee Regulatory Authority, State of Tennessee, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name:  
Title:

# IRREVOCABLE LETTER OF CREDIT

Tennessee Regulatory Authority  
460 James Robertson Parkway  
Nashville, Tennessee 37243-0505

REFERENCE: Name of Company authorized by TRA: \_\_\_\_\_  
\_\_\_\_\_  
Company ID # as assigned by the TRA: \_\_\_\_\_  
Irrevocable Letter of Credit Number: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Sir/Madam:

You have requested of **[Name of Lending Institution]** (the "Lender") that we establish an irrevocable letter of credit which will remain available on behalf of **[Applicant]** (the "Company") who has applied to the Tennessee Regulatory Authority (the "TRA") for authority to provide telecommunications services in the state of Tennessee. The purpose of this letter of credit is to secure payment of any monetary sanction imposed against the Company, its representatives, successors or assigns, in any enforcement proceeding brought under Title 65 of Tennessee Code Annotated or the Consumer Telemarketing Act of 1990, by or on behalf of the TRA.

We hereby establish and issue, in favor of the TRA, an irrevocable letter of credit in the amount of twenty thousand dollars (\$20,000.00) lawful money of the United States of America. The TRA may draw upon this letter of credit, at any time and from time to time, by delivering a Letter of Credit Notice, substantially in the form set forth below (a "Notice"), which Notice shall specify the amount (the "Draw Amount") to be drawn and the bank account (the "Bank Account") to which the Draw Amount should be delivered and shall be signed by an official designated and duly authorized by the TRA, to Lender at the address listed below, or to such other address as the Lender shall notify the TRA in writing by certified mail. Promptly after the delivery of each Notice, the Lender hereby covenants and agrees to deliver, by wire transfer of immediately available funds, the Draw Amount to the Bank Account.

This letter of credit shall be deemed automatically renewed without amendment for successive one-year periods and may be canceled by the Lender by giving thirty (30) days advanced written notice by certified mail of such cancellation to the TRA and the Company, it being understood that the Lender shall not be relieved of liability that may have accrued under this letter of credit prior to the date of cancellation.

The Lender hereby represents and warrants that it is qualified and authorized to issue this letter of credit and is a bank designated by the Treasurer of the State of Tennessee as an authorized depository bank for the deposit of state funds.

Except as otherwise expressly stated, this letter of credit is subject to the Uniform Customs and Practice for Documentary Credit (1993 Revision) International Chamber of Commerce Publication No. 500, or any revisions thereto.

Yours Very Truly,

**[Name of Lending Institution]**

\_\_\_\_\_  
**Name:**  
**Title:**

**Address of Lender:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL AND INDORSEMENT**

This is to certify that I have examined the foregoing letter of credit and found the same to be sufficient and in conformity to law and that the same has been filed with the Tennessee Regulatory Authority, State of Tennessee, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name:  
Title:

**FORM OF  
LETTER OF CREDIT NOTICE**

[Name of Lender]  
[Address]

Re: Irrevocable Letter of Credit No. [ ]

Dear Sir or Madam:

You are hereby notified, and the undersigned hereby certifies, that the undersigned is an official designated and duly authorized by the TRA to deliver this notice and that a monetary sanction in the amount of \$ \_\_\_\_\_ (the "Draw Amount") has been imposed against [**Applicant**] its representatives, successors or assigns, in an enforcement proceeding brought under Title 65 of Tennessee Code Annotated or the Consumer Telemarketing Act of 1990, by or on behalf of the TRA.

Pursuant to that certain Irrevocable Letter of Credit referenced above, we hereby request that you deliver payment of the Draw Amount to the bank account listed below by wire transfer of immediately available funds:

Name of Bank Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
ABA Routing Number: \_\_\_\_\_  
Reference: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_

Please confirm receipt of this Notice and the Federal Reserve wire confirmation number of the delivery of the Draw Amount by sending a facsimile to the person at the number listed above.

Sincerely,

**TENNESSEE REGULATORY AUTHORITY**

\_\_\_\_\_  
Name:  
Title: