

FILED

APR 10 1998

MISSOURI  
PUBLIC SERVICE COMMISSION

Memorandum

TO: Missouri Public Service Commission Official Case File  
Case No. TA-98-377 File No. 9800717  
Applicant: National Telecom, Inc.

FROM: Philip M. Garcia *pg*  
Telecommunications Department *BW*  
*Wes Anderson 4-2-98 Penny G Baker 4/9/98*  
Utility Operations Div./Date General Counsel's Office/Date

SUBJECT: Staff Recommendation for Approval of National Telecom, Inc.'s  
Application For Certificate to Provide Interexchange  
Telecommunications Services

DATE: April 2, 1998

Date Assigned: 03/03/98

Staff Deadline: 04/09/98

The Telecommunications Department Staff (Staff) recommends the applicant be granted the following certificate(s), as indicated by check marks, to be effective on the same date the tariff becomes effective:

☒ certificate to provide interexchange telecommunications services.  
☐ certificate to provide local exchange telecommunications services.\*  
\*local exchange authority should be restricted to dedicated, private line services.

Staff recommends the applicant receive competitive classification. Furthermore, Staff recommends approval of the applicant's proposed tariff, PSC MO No. 1, with a proposed effective date of 04/18/98. In addition, Staff recommends approval of the waivers listed in the Notice.

Is there an attachment to this recommendation indicating any additional recommendations or special considerations? ☐ Yes ☒ No.

copies: Director - Utility Operations Division  
Director - Advisory & Public Affairs Division  
Director - Utility Services Division  
General Counsel  
Office of the Public Counsel  
Attorney for Applicant - Lance J.M. Steinhart

1.

### Application / Tariff Review Items

☒ No applications to intervene filed

**Application contains the following:**

- ☒ Proper Secretary of State authorization
- ☒ Request for classification as a competitive telecommunications company.
- ☒ All requested waivers are listed in the Notice and all requested waivers have been previously been granted to other competitive companies

**Proposed tariff:**

- ☒ Complies with PSC rules and statutes applicable to applicant.
- ☐ NA If operator services offered, operator services requirements are included.
- ☐ NA Includes "interexchange" tariff text if offers private line service w/o requesting a local certificate.
- ☐ NA If ICB pricing proposed, only for private line.
- ☐ NA If ICB pricing is offered, tariff includes standardized ICB text.
- ☒ Rate structures or service offerings are similar to existing IXC offerings.  
(In addition, tariff does not geographically de-average.)
- ☒ If promotional offering text is included, it is standardized promotion text.
- ☒ Waivers listed in tariff match those listed in application and Notice.

### Services Offered in Initial Tariff

- |  |   |                          |              |                                     |            |                                     |             |             |  |
|--|---|--------------------------|--------------|-------------------------------------|------------|-------------------------------------|-------------|-------------|--|
| <p><input checked="" type="checkbox"/> 1+</p> <p><input checked="" type="checkbox"/> 800/888/877 Services</p> <p><input type="checkbox"/> Directory Assistance</p> <p><input type="checkbox"/> Operator Services</p> | <table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Private Line</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Debit card</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Travel Card</td></tr> <tr><td colspan="2">Other _____</td></tr> </table> | <input type="checkbox"/> | Private Line | <input checked="" type="checkbox"/> | Debit card | <input checked="" type="checkbox"/> | Travel Card | Other _____ |  |
| <input type="checkbox"/>   | Private Line  |                          |              |                                     |            |                                     |             |             |  |
| <input checked="" type="checkbox"/>  | Debit card  |                          |              |                                     |            |                                     |             |             |  |
| <input checked="" type="checkbox"/>  | Travel Card   |                          |              |                                     |            |                                     |             |             |  |
| Other _____  |   |                          |              |                                     |            |                                     |             |             |  |

Has proposed effective date been extended?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
New effective date: _____		
Have substitute tariff sheets been filed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Date of substitute sheets:	April 1, 1998	

From	Initials	Date	Revised
Mr. Garcia	pg	04/02/98	
Mr. Voight	<i>GV</i>	<i>4-2-98</i>	
Mr. VanEschen	<i>VE</i>	<i>4/2/98</i>	
Mr. Henderson	<i>EH</i>	<i>4-2-98</i>	
Legal	<i>pg</i>	<i>4/9/98</i>	