DIRECT LINE (202) 955-9669
E-MAIL: kbarker@kelleydrye.com

July 27, 2005

#### VIA E-FILING AND UPS

Ms. Lois Meerdink Competitive Provider Analyst Public Utility Commission of Oregon 550 Capitol Street, N.E., Suite 215 Salem, OR 97301-2551

Re:

Application of Navigator Telecommunications, LLC.

Dear Ms. Meerdink:

Enclosed for filing with the Pubic Utility Commission of Oregon, please find an original and one copy of Navigator Telecommunications, LLC.'s Application to provide facilities based and resold local and interexchange telecommunications services within the State of Oregon. A copy of this filing has been filed via the Commission's E-Filing System.

Enclosed please also find a duplicate copy of this filing and a self-addressed postage-paid envelope. Please date stamp this copy and return in the envelope provided. Please do not hesitate to call me if you have any questions and thank you for your assistance in this matter.

Respectfully submitted,

Katherine E. Barker Marshall

Enclosures

PUBLIC UTILITY COMMISSION OF OREGON 550 CAPITOL STREET NE, STE. 215 PO BOX 2148 SALEM, OREGON 97308-2148

# (503) 378-8959

No.

### **APPLICATION FOR CERTIFICATE OF AUTHORITY** TO PROVIDE TELECOMMUNICATIONS SERVICE IN OREGON

INSTRUCTIONS: Complete every applicable section of this application. Attach additional documents and/or sheets to

ha	as been p	processed. Upon accepta	ance o	of this application, the Co	mmiss	ion receives your application, and again when it ion will publish notice pursuant to ORS with original signature and all attachments.
CI	<b>∠</b> Co	tion for which application ompetitive Telecommunications Utility	cation		stance,	shared telecommunications service).
1.		egal Name of Applicant: igator Telecommunicat	ions,	LLC.		
	Applicant's Assumed Business Name(s) (if any) (e.g., dba, aka)  Must be registered with the Corporation Division.  Not Applicable					
	Applicant's Type of Legal Entity (e.g., corporation, limited partnership)  Limited Liability Company					
	8525 P.O.	ss Address 5 Riverwood Park Drive Box 13860 :h Little Rock AR 72113				
	Phone	501-954-4000	Fax	501-954-4002	Emai	contactus@navtel.com
2.	Name a	and Address of Person to	be Co	ontacted for Further Infor	mation	Regarding This Application:
	Kelle 1200	nerine E. Barker Marsha ey, Drye and Warren, Ll ) 19th Street NW, Suite Bhington DC 20036	_P			
	Phone	202-955-9669	Fax	202-955-9792	Email	kbarker@kelleydrye.com
3.		and Address of Person to tion to this person):	be Co	ontacted for Regulatory I	nforma	tion. (Commission will send requests for
	8525 P.O.	nael McAlister, General 5 Riverwood Park Drive Box 13860 :h Little Rock AR 72133		sel		
	Phone	501-954-4051	Fax	501-954-4002	Email	mike@navtel.com
4.	Are you	ed Interests: now or have you ever be? When? Describe affili				communications service that serves Oregon? If OAR 860-032-0001.

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5.	Pro	evious Certificates of Authority:					
List each certificate of authority previously granted by the Oregon PUC to Applicant and to each affiliated entity, a legal name, an assumed business name, or any other name. Include all certificates whether or not canceled.							
	ea	ch certificate include: name of entity, docket number, and order number.  Name of Entity  Docket N	Numbor	Order Number			
	a.	Not Applicable	Number	Order Number	1		
	b.	Treet applicable			1		
	c.				1		
	d.						
	•	AUTHORITY REQUESTED					
<u> </u>	Do	bes applicant request authority to provide the following services?					
	a.	Shared telecommunications service (STS). STS includes resale of long-distance ser the STS provider's user group, but not to customers outside the user group. If yes, applicant must complete items 10 and 11.	vice to	☐ Yes 🗹	] No		
		Local exchange (intraexchange) switched service (i.e., local dial tone). If yes, application must complete item 10.	ant	✓ Yes	] No		
		Local exchange (intraexchange) nonswitched, private line service (i.e., dedicated transmission service).		✓ Yes	] No		
		Interexchange, switched service (i.e., long-distance toll). If yes, applicant must compitem 10.	lete	✓ Yes	] No		
	e.	Interexchange, nonswitched, private line service (i.e., dedicated transmission service	.).	✓ Yes	] No		
7.		ow Services Will Initially Be Provided e following is required for public notice and information purposes and does not reques	st author	ity.			
		Will Applicant resell finished services of other Oregon certified carriers? (Resell mea resale of finished services, not unbundled network elements.)	ns	✓ Yes	] No		
	b.	Will applicant construct lines, loops, wires, fiber, or other transport facilities?			] No		
	c.	Will Applicant have its own switching equipment?		☐ Yes 🗷	] No		
		Will Applicant purchase (lease) unbundled network elements from other Oregon certicarriers?	fied	✓ Yes □	_		
		Will Applicant purchase or lease network components which are not unbundled network elements?	ork	✓ Yes	] No		
3.		eas for which Applicant seeks authority: Intraexchange Authority:					
		Alternative I: List every local exchange in which Applicant seeks to provide local exchange (intraexchange) service					
		Alternative II: List every incumbent local exchange carrier in whose exchanges Applicant seeks authority to provide local exchange (intraexchange) service.					
		Alternative III: If Applicant seeks authority to provide local exchange (intraexchange) service within every telephon exchange in Oregon, then specify "Statewide."					
		Statewide.					
		Interexchange Authority: Alternative I: List every local exchange in which Applicant seeks to provide interexch	iange sei	vice.			
		Alternative II: List every incumbent local exchange carrier in whose exchanges Appli interexchange service.	icant see	ks authority to p	provide		
		Alternative III: If Applicant seeks authority to provide interevolvance service in every	talanhan	a avabanda in			

Alternative III: If Applicant seeks authority to provide interexchange service in every telephone exchange in Oregon, then specify "Statewide."

Statewide.		

## 9. Describe special characteristics, limitations, or restrictions that will be part of Applicant's services:

Not Applicable.	

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10.	Op	perator Services:		
	a.	Operator service includes, but is not limited to, billing or completion of third-party billing calls, pe calls, collect calls, and credit card calls. See OAR 860-032-0001.	rson-to-person	
		Will Applicant directly offer operator services?	☐ Yes  ☑ No	
	b.	ORS 759.690(1)(d) defines "operator service provider" as a person who furnishes operator service under contract with a call aggregator. ORS 759.690(1)(a) defines a call aggregator as a person who furnishes a telephone for use by the public, i.e., transient use.		
		Will Applicant be an "operator service provider" as defined in ORS 759.690(1)(d)?	☐ Yes 🗹 No	
11.	Sh	nared Telecommunications Service:		
Shared Telecommunications Service (STS) service is defined in OAR 860-032-0001. STS includes resale of long-distance service to the STS provider's user group, but not to customers outside the user group.				
a. Provide the address of the building where shared service will be provided through privately owned customer premises equipment. If Applicant intends to serve a user group located in two or more buildings, include an electronic copy of a map clearly showing the locations to be served by the Applicant. The information on the must be precise and legible and include street names and the city where the building(s) is(are) located.				
		Not Applicable		
	b.	An STS site or location consists of one building, or it consists of a complex of buildings or a cam property. An STS provider may interconnect separate sites in order to aggregate toll traffic. An not interconnect separate sites in order to provide local exchange service between those sites.		
		If serving buildings at separate sites, will applicant interconnect the buildings in order to aggregate toll traffic?	☐ Yes ☐ No	
	c.	Describe the user group or association at the STS location.		

## NOTE: Applicant must apply to PUC for another certificate of authority in order to add subsequent STS sites.

#### Conditions of a certificate of authority:

Not Applicable.

As a condition of a certificate of authority, applicant must comply with all applicable Commission rules and state law, as well as conditions listed in the certificate.

For your convenience, following is a summary of some conditions from OAR 860-032-0001 et seq. (Division 32). Additional conditions may be specified in the certificate.

- a. Certificate holder shall provide only telecommunications services authorized by the certificate.
- b. Certificate holder shall, at a minimum, meet the standard level of service specified in OAR 860-032-0012. The standard level of service is 99 percent probability that a call will not be blocked during the certificate holder's busy hour of the day.
- c. Certificate holder's books and records shall be open to inspection by the Commission to the extent necessary to verify information required by the Commission's rules.
- d. Certificate holder shall maintain its books and records according to generally accepted accounting principles and the applicable rules of the Commission.
- e. Certificate holder shall pay all access charges and subsidies imposed pursuant to the Commission's rules.
- f. Certificate holder shall pay an annual fee to the Commission pursuant to the Commission's rules. This fee will be based on the certificate holder's annual gross retail intrastate revenues and will be no less than \$100 per calendar year. The certificate holder shall collect the fee by charging an equitable amount to each retail customer and describe the amount of the apportioned charge on each retail customer's bill, pursuant to the Commission's rules.
- g. The certificate holder shall pay a quarterly amount to the Oregon Universal Service Fund based on a Commission-approved surcharge percentage assessed on all retail telecommunications services sold in Oregon pursuant to ORS 759.425(4).
- h. Certificate holder shall respond in a timely manner to Commission inquiries.

Pursuant to Residential Service Protection statutes, Chapter 290, Oregon Laws 1987, and Dividion 22, certificate holder shall be responsible to ensure that the Residential Service Protection Fund surcharge is remitted to the Commission. This surcharge is assessed against each paying retail subscriber at a rate that is set annually by the Commission.

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Applicant understands that all services provided by Applicant must comply with all applicable Commission rules and state law, and with conditions of the certificate (check box at left).

Signature of Person Authorized to Represent Applicant	Title General Counsel	
Typewritten Name Michael McAlister	<b>Date</b> 7/27/05	

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