# Georgia Public Service Commission

244 WASHINGTON STREET, SW
ATLANTA, GEORGIA 30334-5701

## APPLICATION FOR CERTIFICATE OF AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE SERVICE (CLEC)

Please file the completed application electronically at https://psc.ga.gov/alternative-efile/.

Please also mail one (1) hard copy of the application and any attachments to:

Ms. Sallie Tanner
Executive Secretary
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, GA 30334-5701

Questions regarding filing procedures should be directed to Sallie Tanner at (404) 463-7747 or stanner@psc.ga.gov.

Questions regarding the application should be directed to Erica Wilson at (404) 651-9402 or ewilson@psc.ga.gov.

# Georgia Public Service Commission

244 WASHINGTON STREET, SW
ATLANTA, GEORGIA 30334-5701

## APPLICATION FOR CERTIFICATE OF AUTHORITY TO PROVIDE COMPETITIVE LOCAL EXCHANGE SERVICE (CLEC)

### I. APPLICANT

| | | | | | |
|---|---|---|---|---|---|
| NAME OF COMPANY | Cablevision Lightpath LLC | | | | |
| ADDRESS 1 | 1111 Stewart Avenue | | | | |
| ADDRESS 2 | | | | | |
| CITY | Bethpage | STATE | NY | ZIP CODE | 11714 |
| TELEPHONE | 877-544-4872 | FAX | | | |

| EMPLOYEE DESIGNATED TO RECEIVE AND RESPOND TO COMMISSION REQUESTS: | | | | | |
|---|---|---|---|---|---|
| NAME | Christopher Yost | TITLE | General Counsel | | |
| ADDRESS 1 | 1111 Stewart Avenue | | | | |
| ADDRESS 2 | | | | | |
| CITY | Bethpage | STATE | NY | ZIP CODE | 11714 |
| TELEPHONE | 303-956-9050 | FAX | | | |
| EMAIL ADDRESS | christopher.yost@lightpathfiber.com | | | | |

**NOTE:** FAILURE TO NOTIFY THE COMMISSION, IN WRITING, WHEN THERE IS A CHANGE IN THE CONTACT PERSON OR ADDRESS(ES) LISTED IN THIS APPLICATION MAY RESULT IN CANCELLATION OF CERTIFICATE OF AUTHORITY.

## II. ATTORNEY OR AGENT

IF APPLICANT IS NOT A GEORGIA CORPORATION, GIVE NAME AND ADDRESS OF AN ATTORNEY OR AGENT IN THE STATE OF GEORGIA UPON WHOM PROCESS MAY BE SERVED IN ANY SUIT AGAINST APPLICANT.

| | | | | | |
|---|---|---|---|---|---|
| ATTORNEY NAME | Renee Patterson | | | | |
| NAME OF FIRM | Corporation Service Company | | | | |
| ADDRESS 1 | 2 Sun Court, Suite 400 | | | | |
| ADDRESS 2 | | | | | |
| CITY | Peachtree Corners | STATE | Georgia | ZIP CODE | 30092 |
| TELEPHONE | 1-800-927-9801 x62704 | FAX | | | |
| EMAIL ADDRESS | renee.patterson@cscglobal.com | | | | |

## III. ORGANIZATION

| STATE AND DATE OF INCORPORATION: | | | |
|---|---|---|---|
| STATE | Delaware | DATE | 1-30-1991 |

| LIST THE NAMES, TITLES, AND ADDRESSES (IF DIFFERENT FROM ABOVE) OF ALL OFFICERS OR PARTNERS: | | | |
|---|---|---|---|
| NAME | Chris Morley | ADDRESS | 1111 Stewart Avenue<br>Bethpage, NY 11714 |
| TITLE | Chief Executive Officer | | |
| NAME | Christopher Yost | ADDRESS | 1111 Stewart Avenue<br>Bethpage, NY 11714 |
| TITLE | General Counsel | | |
| NAME | | ADDRESS | |
| TITLE | | | |
| NAME | | ADDRESS | |
| TITLE | | | |
| NAME | | ADDRESS | |
| TITLE | | | |

| | |
|---|---|
| ATTACH A COPY OF THE CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS ISSUED BY THE GEORGIA SECRETARY OF STATE.<br><br>PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | Exhibit A |

| | |
|---|---|
| IF APPLICANT IS A SUBSIDIARY, PARENT, OR AFFILIATE OF ANY OTHER COMPANY, REGARDLESS OF TYPE OR INDUSTRY, ATTACH A CHART SHOWING THE RELATIONSHIP OF THE APPLICANT TO ALL AFFILIATED COMPANIES.<br><br>PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | Exhibit B |

| | |
|---|---|
| IF APPLICANT IS A SUBSIDIARY, PARENT, OR AFFILIATE OF ANY OTHER COMPANY, REGARDLESS OF TYPE OR INDUSTRY, ATTACH A CHART SHOWING THE RELATIONSHIP OF THE APPLICANT TO ALL AFFILIATED COMPANIES.<br><br>PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A").<br>IF NO AFFILIATED COMPANIES, SO STATE. | Exhibit B |

## IV. EXISTING AUTHORITY

| | | | | |
|---|---|---|---|---|
| DOES THE APPLICANT OR ANY AFFILATED COMPANY HAVE EXISTING CERTIFICATES OF AUTHORITY ISSUED BY THE GPSC? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | | NO | X |
| IF YES, PLEASE LIST THE NAME OF EACH COMPANY AND THE CERTIFICATE NUMBER(S): | | | | |
| | | | | |

| | | | | |
|---|---|---|---|---|
| DOES THE APPLICANT OR ANY AFFILIATED COMPANY HAVE EXISTING AUTHORITY GRANTED BY ANY STATE OR FEDERAL ENTITY? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | X | NO | |
| IF YES, PLEASE LIST THE NAME OF EACH COMPANY AND THE STATE OR FEDERAL ENTITY THAT GRANTED SUCH AUTHORITY: | | | | |
| Entity Name<br>Cablevision Lightpath LLC has certificates in the following two states: New York Public Service Commission and Florida Public Service Commission. Lightpath of New England, LLC holds a certificate from the Massachusetts Department of Telecommunications and Cable. Cablevision Lightpath CT, LLC holds a certificate from the Connecticut Public Utilities Regulatory Authority. Affiliates 4Connections, LLC and Cablevision Lightpath NJ, LLC also have certificates from the New Jersey Board of Public Utilities. | | | | |

| | | | | |
|---|---|---|---|---|
| HAS THE APPLICANT OR ANY AFFILIATED COMPANY HAD ANY PREVIOUS AUTHORITY REVOKED BY ANY STATE OR FEDERAL ENTITY? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | | NO | X |
| IF YES, PLEASE LIST THE NAME OF EACH COMPANY AND THE STATE OR FEDERAL THAT REVOKED SUCH AUTHORITY: | | | | |
| | | | | |
| ATTACH A COPY OF ALL ORDERS REVOKING AUTHORITY.<br>PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | | | | |

## V. COMPLIANCE WITH COMMISSION RULES AND ORDERS

| COMMISSION RULE 515-12-1-.34 CODE OF CONDUCT FOR WINBACK ACTIVITIES REQUIRES CLECS TO ANNUALLY FILE BY MARCH 31 OF EACH YEAR CUSTOMER SERVICE CONTACT INFORMATION AND COMPANY CONTACT ESCALATION. | | | | |
|---|---|---|---|---|
| DOES THE APPLICANT AGREE TO COMPLY WITH COMMISSION RULE 515.12-1.34? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | X | NO | |

| COMMISSION RULE 515-12-1-.37 FAMILY VIOLENCE SHELTER CONFIDENTIALITY REQUIRES CLECS TO SUBMIT AN AFFIDAVIT UPON CERTIFICATION AND ON JANUARY 31 OF EACH ODD-NUMBERED YEAR THEREAFTER AN AFFIDAVIT ATTESTING THAT THE CARRIER WILL COMPLY WITH THE REQUIREMENTS OF THE RULE. | | | | |
|---|---|---|---|---|
| DOES THE APPLICANT AGREE TO COMPLY WITH COMMISSION RULE 515.12-1.37? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | X | NO | |
| DOWNLOAD CURRENT FAMILY VIOLENCE SHELTER CONFIDENTIALITY PROTECTION AFFIDAVIT FROM THE GPSC WEBSITE.<br><br>ATTACH EXECUTED AND NOTARIZED AFFIDAVIT TO THE APPLICATION. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., EXHIBIT A). | Exhibit C | | | |

| COMMISSION RULE 515-12-1-.38 TELECOMMUNICATIONS RELAY SERVICE REQUIRES CLECS TO REMIT CONTRIBUTIONS ON A QUARTERLY BASIS TO THE TELECOMMUNICATIONS RELAY SERVICE FUND. | | | | |
|---|---|---|---|---|
| DOES THE APPLICANT AGREE TO COMPLY WITH COMMISSION RULE 515.12-1.38? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | X | NO | |

| COMMISSION RULE 515-12-1-.39 UNIVERSAL ACCESS FUND REQUIRES CLECS TO REMIT CONTRIBUTIONS ON A QUARTERLY BASIS TO THE UNIVERSAL ACCESS FUND. | | | | |
|---|---|---|---|---|
| DOES THE APPLICANT AGREE TO COMPLY WITH COMMISSION RULE 515.12-1.39? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | X | NO | |

| DOES THE APPLICANT AGREE TO COMPLY WITH ALL OTHER APPLICABLE COMMISSION RULES AND ORDERS? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | X | NO | |
|---|---|---|---|---|

## VI. COMPETIVE LOCAL EXCHANGE SERVICE

| | | |
|---|---|---|
| WHAT CUSTOMER CLASS(ES) DOES THE APPLICANT PROPOSE TO SERVE? (PLACE AN "X" IN THE APPROPRIATE BOXES.) | BUSINESS | X |
| | RESIDENTIAL | |
| | OTHER (LIST BELOW) | |

| | | |
|---|---|---|
| SELECT THE METHOD(S) BY WHICH SERVICE WILL BE PROVIDED. (PLACE AN "X" IN THE APPROPRIATE BOXES.) | RESALE | |
| | FACILITIES-BASED | X |

| | | |
|---|---|---|
| IF FACILITIES-BASED, PLEASE ANSWER THE FOLLOWING QUESTIONS. | | |
| WILL THE FACILITIES BE NEWLY CONSTRUCTED OR ACQUIRED THROUGH LEASE OR PURCHASE? (PLACE AN "X" IN THE APPROPRIATE BOXES.) | NEW CONSTRUCTION | X |
| | ACQUISITION | X |

IF NEW CONSTRUCTION, PLEASE DESCRIBE THE LOCATION AND TYPE OF FACILITIES THAT WILL BE CONSTRUCTED.

Fiber-based telecommunications services. Initial service in the greater Atlanta metro area, including Fulton, Cobb, Clayton, DeKalb, Rockdale, Newton, and Butts Counties.

IF ACQUISITION, PLEASE DESCRIBE THE LOCATION AND TYPE OF FACILITIES THAT WILL BE ACQUIRED.

Possible lease of facilities from other telecom providers in the greater Atlanta metro area, including Fulton, Cobb, Clayton, DeKalb, Rockdale, Newton, and Butts Counties.

PROVIDE A BREAKDOWN OF ANTICIPATED COSTS OF FACILITIES.

Lightpath does not have specific billed costs at this time but has allocated $40 million for Georgia.

| | | | | |
|---|---|---|---|---|
| TARIFFS FOR LOCAL EXCHANGE SERVICES ARE NO LONGER REQUIRED. DOES THE COMPANY WISH TO MAINTAIN A LOCAL EXCHANGE SERVICES TARIFF WITH THE COMMISSION? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | X | NO | |
| IF YES, PLEASE ATTACH A LOCAL EXCHANGE SERVICES TARIFF. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | Exhibit D | | | |

| | | | | |
|---|---|---|---|---|
| PURSUANT TO O.C.GA. § 46-5-166(E), PROVIDERS OF ACCESS SERVICES MUST FILE ACCESS SERVICES TARIFFS WITH THE COMMISSION. DOES THE APPLICANT INTEND TO PROVIDE ACCESS SERVICES? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | X | NO | |
| IF YES, PLEASE ATTACH AN ACCESS SERVICES TARIFF. PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | Exhibit D | | | |

## VII. TECHNICAL CAPABILITY

| | |
|---|---|
| ATTACH RESUMES AND/OR PROFILES OF THE APPLICANT'S MANAGEMENT TEAM. DESCRIBE EACH TEAM MEMBER'S TECHNICAL QUALIFICATIONS, INCLUDING ANY RELEVANT WORK EXPERIENCE, EDUCATION, AND TRAINING.<br><br>PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | Exhibit E |

## VIII. FINANCIAL CAPABILITY

| | |
|---|---|
| PROVIDE AUDITED FINANCIAL STATEMENTS FOR THE MOST RECENT FISCAL YEAR. IF AUDITED FINANCIAL STATEMENTS ARE UNAVAILABLE, PROVIDE UNAUDITED INCOME STATEMENT, BALANCE SHEET, AND STATEMENT OF CASH FLOWS FOR MOST RECENT FISCAL YEAR.<br><br>PLACE EXHIBIT NAME IN BOX TO RIGHT (e.g., "EXHIBIT A"). | Exhibit F |

| | | | | |
|---|---|---|---|---|
| IS APPLICANT PRESENTLY INVOLVED IN ANY LITIGATION? (PLACE AN "X" IN THE APPROPRIATE BOX.) | YES | X | NO | |

IF YES, PLEASE DESCRIBE EACH CASE IN DETAIL (PARTIES, SUBJECT MATTER, JURISDICTION, CASE NUMBER, ETC.):

Haid v. Cablevision Lightpath LLC et al.

SDNY No. 1:23-cv-07114

Lawsuit filed by former employee alleging age discrimination

## IX. AFFIDAVIT

| OFFICER OR ATTORNEY/ AGENT: | | | | | |
|---|---|---|---|---|---|
| NAME | | | | | |
| TITLE | | | | | |
| ADDRESS 1 | | | | | |
| ADDRESS 2 | | | | | |
| CITY | | STATE | | ZIP CODE | |

THE INDIVIDUAL NAMED ABOVE (HEREINAFTER, "APPLICANT") PERSONALLY APPEARED BEFORE THE UNDERSIGNED, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS. THE APPLICANT, AFTER FIRST BEING DULY SWORN, DEPOSES AND CERTIFIES THAT HE OR SHE HAS READ THE APPLICATION AND KNOWS THE CONTENTS THEREOF, AND THAT THE STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF.

APPLICANT FURTHER AGREES TO ABIDE BY ALL APPLICABLE LAWS UNDER THE STATE OF GEORGIA, AS CODIFIED IN THE OFFICIAL CODE OF GEORGIA ANNOTATED; ALL APPLICABLE RULES AND REGULATIONS OF THE GEORGIA PUBLIC SERVICE COMMISSION; AND ALL FINDINGS, CONCLUSIONS, TERMS, AND CONDITIONS SET FORTH IN PERTINENT COMMISSION ORDERS.

UNDER PENALTIES OF PERJURY, APPLICANT DECLARES THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION, INCLUDING ACCOMPANYING STATEMENTS AND ATTACHMENTS ARE TRUE, COMPLETE, AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IN, OR IN CONNECTION WITH, MY APPLICATION MAY BE CAUSE FOR DENIAL OR LOSS OF CERTIFICATE.

SIGNATURE OF AFFIANT

March 28, 2024
DATE

SUBSCRIBED AND SWORN TO ME THIS
28th DAY OF March, 2024.

NOTARY PUBLIC

(SEAL)

AMY E. ROWE
Notary Public
State of Colorado
Notary ID # 20104020272
My Commission Expires 05-22-2027

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