Georgia Public Service Commission

244 WASHINGTON STREET, SW
ATLANTA, GEORGIA 30334-5701

APPLICATION FOR LICENSE TO USE TELEPHONE SERVICE OBSERVING EQUIPMENT (TSOE)

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.

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APPLICATION FOR LICENSE TO USE TELEPHONE SERVICE OBSERVING EQUIPMENT (TSOE)

I. APPLICANT

NAME OF COMPANY	Georgia's Own Credit Union				
ADDRESS 1	100 Peachtree Street NW				
ADDRESS 2	Suite 2800				
CITY	Atlanta	STATE	Georgia	ZIP CODE	30303
TELEPHONE	800.533.2062	FAX			

EMPLOYEE DESIGNATED TO RECEIVE AND RESPOND TO COMMISSION REQUESTS:					
NAME	Allison Paine	TITLE	VP, General Counsel		
ADDRESS 1	100 Peachtree Street NW				
ADDRESS 2	Suite 2800				
CITY	Atlanta	STATE	Georgia	ZIP CODE	30303
TELEPHONE		FAX			
EMAIL ADDRESS	ampaine@georgiasown.org				

NOTE: FAILURE TO NOTIFY THE COMMISSION, IN WRITING, WHEN THERE IS A CHANGE IN THE CONTACT PERSON OR ADDRESS(ES) LISTED IN THIS APPLICATION WILL RESULT IN CANCELATION OF THE APPLICATION OR SUBSEQUENT LICENSE.

II. TELEPHONE SERVICE OBSERVING EQUIPMENT

LOCATION OF TSOE EQUIPMENT:					
ADDRESS 1	Cloud Based System provided by Talkdesk, Inc. No physical location.				
ADDRESS 2					
CITY		STATE		ZIP CODE	
TELEPHONE		FAX			

VENDOR PROVIDING TELEPHONE SERVICE OBSERVING EQUIPMENT:					
NAME OF VENDOR	Talkdesk, Inc.				
ADDRESS 1	440 N Barranca Avenue #4375				
ADDRESS 2					
CITY	Covina	STATE	CA	ZIP CODE	91723
TELEPHONE	844.332.2859				

LIST TELEPHONE NUMBER(S) SUBJECT TO OBSERVATION:			
1.	800.533.2062	11.	
2.	404.874.1166	12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

NUMBER OF STATIONS SUBJECT TO OBSERVATION:	53

LIST AT LEAST ONE PHONE NUMBER NOT SUBJECT TO OBSERVATION THAT EMPLOYEES CAN USE TO MAKE PERSONAL CALLS:	N/A. All calls via the Talkdesk system are business calls and subject to monitoring. Employees may use their personal phones, which are not Credit Union property and are not monitored, to make personal calls.

NUMBER OF SERVICE OBSERVING POSITIONS:	12

NAME AND TITLE OF EMPLOYEE(S) AUTHORIZED TO USE SERVICE OBSERVING POSITIONS:		
1.	Lisa Camba	VP, Member Services & Relations
2.	Haley Leaptrot	Director, Contact Center
3.	Breanna Coleman	Special Services Manager
4.	Cedric Horton	Member Services Manager
5.	Schely Henley	Quality Assurance Manager
6.	Jaclyn Davis-McGill	Senior Member Services Team Lead
7.	Lavonda Lamb	Senior Member Services Team Lead
8.	Bryson Kelly	Senior Member Services Team Lead
9.	Tierra Jones	Senior Virtual Banking Team Lead
10.	Jasmine Jones	Senior Member Services Team Lead
11.	Imani Jackson	Senior Member Services Team Lead
12.	Sharon Webb-Smith	Quality Assurance Specialist
13.		
14.		
15.		
16.		
17.		
18.		
20.		
21.		
23		

DETAILED EXPLANATION OF PURPOSE(S) FOR WHICH OBSERVING EQUIPMENT WILL BE USED:
Observing equipment will support training and coaching initiatives, real-time assistance with escalated calls, and ongoing quality management and performance monitoring efforts.

PLEASE READ COMMISSION RULE 515-8-1-.05: DUTIES OF USERS OF SERVICE OBSERVING EQUIPMENT (ATTACHED). DOES THE APPLICANT AGREE TO COMPLY WITH ALL PROVISIONS OF THIS RULE? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES	X	NO	

DOES THE APPLICANT AGREE TO PROVIDE A VERBAL NOTIFICATION TO ALL CALLERS THAT SERVICE IS SUBJECT TO OBSERVATION? (PLACE AN "X" IN THE APPROPRIATE BOX.)	YES	X	NO	
IF YES, PLEASE PROVIDE SCRIPT OF VERBAL NOTIFICATION THAT WILL BE USED:				
This call may be recorded or monitored for quality assurance purposes.				

NOTE: REPEAT THIS ENTIRE SECTION FOR EACH BUSINESS LOCATION WHERE TELEPHONE SERVICE OBSERVING EQUIPMENT WILL BE USED.

III. AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
NAME	James Darden				
TITLE	Corporate Counsel				
ADDRESS 1	100 Peachtree Street NW				
ADDRESS 2	Suite 2800				
CITY	Atlanta	STATE	GA	ZIP CODE	30303

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

11/5/26
DATE

SUBSCRIBED AND SWORN TO ME THIS
5th DAY OF November, 20 26.

Veronica Roberts
NOTARY PUBLIC

(SEAL)

VERONICA ROBERTS
NOTARY PUBLIC
GWINNETT COUNTY, GEORGIA
MY COMMISSION EXPIRES
FEBRUARY 6, 2030