

# ALTERNATIVE LOCAL EXCHANGE COMPANY

This Package Contains

CK1015  
\$250.00  
MC

- ✓ Florida Certificate/Service Matrix
- ✓ Form PSC/CMU-8 (11/95) Application Form for Certificate to Provide ALEC Services Within the State of Florida
- ✓ Form PSC/CMU-7 (Rev. 11/11/99) - ALEC Service Provider Regulatory Assessment Fee Return (For Information Use Only)
- ✓ Frequently Asked Questions
- ✓ Rules Governing ALEC Service
- ✓ FTRI, Monthly Surcharge Collection Report
- ✓ Sample Price List
- ✓ Glossary of Terms
- ✓ 911 County Coordinators
- ✓ Application to Collect Tax in Florida (DR-1 R. 5/98)
- ✓ Sales and Use Tax and Gross Receipts Tax on Telecommunications (brochure)

DEPOSIT	DATE
D085	JUN 29 2001

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

Initials of person who forwarded check:

*DM*

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION  
01 JUN 29 AM 10:39  
MAIL ROOM

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DOCUMENT NUMBER DATE

08073 JUN 29 5

RECORDS/REPORTING

## **PROFESSIONAL RESUME**

Jacob Gitman  
167 Collins Avenue, Apt. 803  
Sunny Isles Beach, Fl 33160  
Tel.305 945 9900

### **EDUCATION**

Moscow Mining Institute, Moscow, Russia  
1975 – 1981  
Post Graduate Course – Mining Research Institute, Russian Academy  
of Science, Moscow, Russia  
1981 – 1985  
Awarded Degree: Candidate of Technical Science from the Russian  
Academy of Science, 1986.  
Author of thirty-four published research works and four patents.

### **PROFESSIONAL EXPERIENCE**

1981 – 1988, Mining Research Institute, Moscow, Russia, -  
Research Worker in the fields of the: Physics of Rocks, New Methods  
and Technologies of Hard Rock Destruction, Underground and Open  
Mining. Implementation of the New Materials in Mining and  
Construction Industry.

1988 – 1991, R&D Center “Technologya”, Moscow, Russia.  
Vice President  
Investment and financing of new inventions and high tech  
developments; management of export/import operations, real estate  
development, construction, international banking.

Stanford University, California, The USA, 1991  
Science Exchange Program, Environmental Workshop

1992 – 1994, BSTI international, Inc. Miami, Florida, The USA,  
President, CEO  
Export of High tech equipment from the USA to CIS countries and  
South America;  
Mining and Engineering development projects.

1994, STG International, Inc.,  
Vice President, CEO  
Export/ Import operations worldwide, international investment and  
project financing, real estate development and construction.  
Representation of the East European mines, manufacturing companies  
and financial institutions in the USA.  
Official representative of the Westinghouse Corporation Electronic  
Division in the Ukraine. Export, installation and maintenance of the  
high tech telecommunication equipment and surveillance devices.

1998, Signet international, Inc.,  
President and Chairman  
Full scale Internet company. Specialization in Web sites design and  
hosting; Internet video hosting, Internet video conferencing, Internet  
video surveillance, Internet based GPS tracking systems, Voice over  
Internet Protocol

1999 - , VGM International, Inc.  
President, CEO.  
Voice over Internet protocol; Domestic and international long distance,  
Broadband, DSL, ISDN; Intercarriers agreements and settlements.

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**Languages:** English, Russian, Ukrainian, Polish.

**Personal Information:** Date of birth: 11.04.1957,  
Place of Birth: Kyrgyzstan, Former Soviet Union.  
Married, Have three sons.

**Donfred Gerton**  
**6810 W Longbow Ben**  
**Davie, FL 33331**  
**Tel (954) 434-9716**  
**E-Mail Donfred@hotmail.com**

**ABILITIES  
AND SKILLS**

- \* Strong organizational and communication skills
- \* Effective problem solver, able to deliver positive and Profitable results while working under pressure situations
- \* Excellent management skills consistently obtain high Productivity from employees.

**EDUCATION**

- \* Boston University, Boston MA
- \* Bachelor of Science in Economics & Minor in Marketing 1988

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**PROFESSIONAL  
EXPERIENCE**

\*1998 - 1999 Capital Quest Funding Corp. Elmsbury NY  
Mortgage Wholesaler, serve as a customer liaison, and develop a market in south Florida, maintains a lucrative operation, and obtains monthly quota.

\*1996 - 1998 Panache Beverages Corp., Randolph MA  
Structuring marketing & promotional packages for distributors  
Handle account receivable and payable, invoicing, billing

\*1992 - 1995 Centurion Financial Services, Avon MA  
Generate & process mortgage loan application, Commercial and residential

\*1990 - 1992 acquire a Real Estate Broker license  
Million Dollar producer in 1990,1991,1992

\*1988 - 1990 Century 21 Avon, MA  
Senior trainer, preparation and transmitting marketing material for Salesperson, set up workshop, train on how to overcome objection  
Generate new client via cold call; maintain clientele base in certain Demographics

**Computer  
Skills**

\*Familiar with PC,s Internet/Intranet, windows 95/98 WordPerfect Peachtree, Fortran, Cobol 1&2 Lotus, (Word Excel) Microsoft Organizer, Microsoft Access, Microsoft Mail, Microsoft office, Microsoft PowerPoint, Microsoft word, Microsoft works

**REFERENCE FURNISHE UPON REQUEST**

# ☆☆ NOTE ☆☆

## FLORIDA CERTIFICATE/SERVICE MATRIX

CERT  
TYPE

### SERVICES AUTHORIZED

	LOCAL SWITCHED	LOCAL PRIVATE LINE	INTERLATA PRIVATE LINE	INTRALATA PRIVATE LINE	INTRALATA SWITCHED TOLL	INTERLATA SWITCHED TOLL	EAS & ECS SWITCHED	EAS & ECS PRIVATE LINE	PAY TELEPHONE
LEC	√	√		√	√		√	√	
ALEC	√	√		√	√		√	√	
STS	√						√		
AAV		√	√	√				√	
IXC			√	√	√	√	√*	√	
PATS	√				√	√	√		√

**NOTE:** For your information, the above Matrix illustrates what certificates are needed if you intend to provide certain telecommunications services in Florida.

For example, to provide IntraLATA Private Line service you would need to be certificated as either an ALEC, LEC, AAV, or IXC, depending on what additional telecommunications service you intend to provide.

\* EAS and ECS switched services are considered to be local services, but IXCs may also carry calls between exchanges (interexchanges).

**\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\***

**DIVISION OF REGULATORY OVERSIGHT**  
**CERTIFICATION SECTION**

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE**  
**ALTERNATIVE LOCAL EXCHANGE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

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Instructions

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Page 12).
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250.00 to:

**Florida Public Service Commission**  
***Division of Records and Reporting***  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission**  
**Division of Regulatory Oversight**  
**Certification Section**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6480**

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## APPLICATION

1. This is an application for  (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

CARILINK INTERNATIONAL INC

3. Name under which the applicant will do business (fictitious name, etc.):

CARILINK INTERNATIONAL INC

4. Official mailing address (including street name & number, post office box, city, state, zip code):

13899 BISCAYNE BLVD

NORTH MIAMI BEACH FL 33181

SUITE 142



5. Florida address (including street name & number, post office box, city, state, zip code):

13899 BISCAYNE BLVD  
NORTH MIAMI BEACH FL 33181  
SUITE 142

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other \_\_\_\_\_
- Corporation
- Foreign Partnership
- Limited Partnership

7. If individual, provide:

Name: JACOB GITMAN / DON FROD GERTON

Title: PRESIDENT / VICE PRESIDENT

Address: 1111 KANE CONCOURSE / 13899 BISCAYNE BLVD SUITE 142

City/State/Zip: BAY HARBOR ISLAND FL 33154 / NORTH MIAMI BEACH FL 33181

Telephone No.: (305) 865-9988 / (305) 341-3474 Fax No.: (305) 865-9994 / (305) 341-3485

Internet E-Mail Address: JG@SIBNETUSA.NET / CARILINK@AOL.COM

Internet Website Address: WWW.MYCARILINK.COM

8. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

PO1000053989

9. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) The Florida Secretary of State corporate registration number:

\_\_\_\_\_

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) The Florida Secretary of State fictitious name registration number:

\_\_\_\_\_

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

\_\_\_\_\_

12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

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

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: \_\_\_\_\_

14. Provide **F.E.I. Number**(if applicable): APPLY FOR

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

N/A

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

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

16. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: DON FRED GERTON

Title: VICE PRESIDENT

Address: 13899 BISCAYNE BLVD

City/State/Zip: NORTH MIAMI BEACH FL 33181 SUITE 142

Telephone No.: (305) 341-3474 Fax No.: (305) 341-3485

Internet E-Mail Address: CARLINIK @ AOL.COM

Internet Website Address: WWW.MYCARLINIK.COM

(b) Official point of contact for the ongoing operations of the company:

Name: DON FRED GERTON

Title: VICE PRESIDENT

Address: 13899 BISCAYNE BLVD

City/State/Zip: NORTH MIAMI BEACH FL 33181

Telephone No.: (305) 341-3474 Fax No.: (305) 341-3485

Internet E-Mail Address: CARILINK@AOL.COM

Internet Website Address: WWW.MYCARILINK.COM

(c) Complaints/Inquiries from customers:

Name: DON FRED GERTON

Title: VICE PRESIDENT

Address: 13899 BISCAYNE BLVD

City/State/Zip: NORTH MIAMI BEACH FL 33181

Telephone No.: (305) 341-3474 Fax No.: (305) 341-3481

Internet E-Mail Address: CARILINK@AOL.COM

Internet Website Address: WWW.MYCARILINK.COM

17. **List the states in which the applicant:**

(a) has operated as an alternative local exchange company.

NONE

(b) has applications pending to be certificated as an alternative local exchange company.

N/A

(c) is certificated to operate as an alternative local exchange company.

N/A

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

N/A

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

N/A

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

N/A

**18. Submit the following:**

**A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.**

**B. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.**

### **C. Financial capability.**

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet:
2. income statement: and
3. statement of retained earnings.

**NOTE:** *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

THIS PAGE MUST BE COMPLETED AND SIGNED

APPLICANT ACKNOWLEDGMENT STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

JACOB GITMAN  
Print Name

[Signature]  
Signature

PRESIDENT  
Title

\_\_\_\_\_  
Date

(305) 865-9988 / (305) 341-3474  
Telephone No.

(305) 865-9994 / (305) 341-3485  
Fax No.

Address: 13899 BISCAYNE BLVD  
NORTH MIAMI BEACH FL  
33181 SUITE 142  
\_\_\_\_\_  
\_\_\_\_\_

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**AFFIDAVIT**

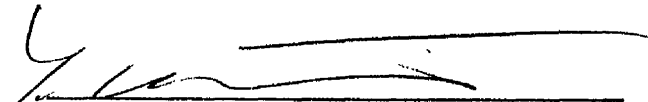
By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

**UTILITY OFFICIAL:**

JACOB GITMAN

Print Name



Signature

PRESIDENT

Title

\_\_\_\_\_

Date

(305) 865-9988 / (305) 341-3474

Telephone No.

(305) 865-9994 / (305) 341-3485

Fax No.

Address:

13899 BISCAYNE BLVD

NORTH MIAMI BEACH

FL 33181 SUITE 142



**INTRASTATE NETWORK (if available)**

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

**1. POP:** Addresses where located, and indicate if owned or leased.

- 1) 111 Kane Concept #2  
Bay Harbor Isles, FL 33154 - owned
- 3) 60, Hudson,                      4) - leased  
NY, NY    \_\_\_\_\_

**2. SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

- 1) 60, Hudson,                      2) \_\_\_\_\_  
NY, NY - Lucent, EX1000 - owned
- 3) London, Telehouse  
Cisco 8500 - owned.

**3. TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) <u>fiber</u>	<u>leased</u>
2) _____	_____
3) _____	_____
4) _____	_____

**CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT**

I, (Name) CARILINK INTERNATIONAL INC. (JACOB GITMAN)

(Title) PRESIDENT CARILINK INTERNATIONAL INC of (Name of Company)

13899 BISCAYNE BLVD NORTH MIAMI BEACH FL 33181  
and current holder of Florida Public Service Commission Certificate Number # \_\_\_\_\_

\_\_\_\_\_, have reviewed this application and join in the petitioner's request for a:

- (  ) sale
- (  ) transfer
- (  ) assignment

of the above-mentioned certificate.

**UTILITY OFFICIAL:**

JACOB GITMAN  
Print Name

\_\_\_\_\_  
Signature

PRESIDENT  
Title

\_\_\_\_\_  
Date

(305) 341-3474 / (305) 865-9988  
Telephone No.

(305) 865-9994 / (305) 341-3480  
Fax No.

Address: 13899 BISCAYNE BLVD  
NORTH MIAMI BEACH FL  
33181 SUITE 142

# Alternative Local Exchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**FIELD(1)**

**PERIOD COVERED:**

**FIELD(3)**

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603006  
003001

\$ \_\_\_\_\_ P  
0603006  
004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

Please Complete Below If Official Mailing Address Has Changed

\_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services		
2.	Long Distance Services (IntraLATA only)**		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
7.	<b>TOTAL REVENUES</b>	\$ _____	\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		
9.	<b>Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)</b>		\$ _____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		\$ _____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		\$ _____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		\$ _____
13.	<b>TOTAL AMOUNT DUE</b>		\$ _____

For Informational Use Only

\* These amounts must be intrastate only and must be verifiable.  
 \*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.  
**AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50**

**CURRENT COMPANY STATUS**

- Facilities-Based Provider
- Reseller
- Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent if other than yourself.

\_\_\_\_\_  
(Name) (Address: City/State/Zip) (Telephone)

**COMPANY INFORMATION**

Do you lease telecommunications' facilities?  YES  NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
(Signature of Company Official) (Title) (Date)

\_\_\_\_\_  
(Preparer of Form - Please Print Name)

Telephone Number ( ) Fax Number ( )  
 F.E.I. No. \_\_\_\_\_

FLORIDA PUBLIC SERVICE COMMISSION  
Instructions For Filing Regulatory Assessment Fee Return  
(Alternative Local Exchange Company)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND  
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before January 30 for the prior twelve-month period January 1 through December 31.*

However, when July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee Return may be filed or postmarked on the next business day, without penalty or interest.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts.

On Line 8, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. *Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals.* **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 11). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 12). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

*When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.*

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due:

*0.75% of the fee to be remitted for an extension of 15 days or less, or  
1.5% of the fee for an extension of 16 to 30 days.*

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Services at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.