

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Docket No. 992031-TI

Date: December 29, 1999

- 1. Division Name/Staff Name: Communications/K. Biegalski
- 2. OPR: \_\_\_\_\_
- 3. OCR: K. Biegalski

4. Suggested Docket Title: Initiation of show cause proceedings against Digital Network Services, Inc. d/b/a Digital Network Operator Services, Inc. for apparent violation of Rule 25-4.043, Florida Administrative Code, Response to Commission Staff Inquiries

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

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

Digital Network Services, Inc. d/b/a Digital Network Operator Services, Inc.

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TI 484  
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2. Interested Persons and their representatives (if any)

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6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.

STATE OF FLORIDA

Commissioners:  
JOE GARCIA, CHAIRMAN  
J. TERRY DEASON  
SUSAN F. CLARK  
JULIA L. JOHNSON  
E. LEON JACOBS, JR.



DIVISION OF TELECOMMUNICATIONS  
WALTER D'HAESELEER  
DIRECTOR  
(850) 413-6600

## Public Service Commission

July 29, 1999

Mr. Eric Brown  
Digital Network Operator Services, Inc.  
400 East Centre Park, Suite 100  
DeSoto, TX 75115

**CERTIFIED**

Dear Mr. Brown:

Staff is in the process of investigating the tariffed rates of the certificated operator service providers in the State of Florida. As a result, it appears that the operator service provider rates on file with the Florida Public Service Commission are in excess of the rate caps as provided in Rule 25-24.630, Florida Administrative Code. For your convenience, I have attached a copy of the Rules Governing Operator Service Providers.

Because its tariffed rates appear to exceed the rate caps applicable to an operator service provider for intrastate 0+ or 0- calls made from a pay telephone or in a call aggregator context, Digital may have overcharged consumers from the time the rate caps became effective on February 1, 1999. Please investigate and provide a written response to the following questions by August 16, 1999:

1. Please identify all circumstances in which an overcharge may have occurred (i.e. payphones, hotels/motels, etc.).
2. Please identify if the apparent overcharges were 0+ and/or 0- calls.
3. How many, if any, consumers were charged more than the rate caps applicable February 1, 1999?
4. What is the total overcharge, if any, since February 1, 1999?
5. In consideration of Rule 25-4.114, Refunds, Florida Administrative Code, what is Digital's proposal to refund consumers should overcharges be determined?
6. When will Digital revise its tariff to comply with Rule 25-24.630, Rates and Billing Requirements, Florida Administrative Code?

Should you have any questions, please feel free to contact me at (850) 413-6546.

Sincerely,

A handwritten signature in black ink that reads "Kelly Biegalski".

Kelly Biegalski  
Regulatory Analyst  
Bureau of Service Evaluation

Enclosure

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Eric Brown  
Digital Network Operator Services, Inc.  
400 E. Centre Park, Suite 1200  
DeSota, TX 75115

4a. Article Number

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery

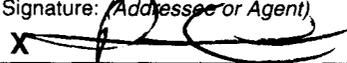
8-2-99

5. Received By: (Print Name)

Ian Carmichael

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X 

Thank you for using Return Receipt Service.