## REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

Docket No. 010286-TK

1. Division Name/Staff Name <u>Competitive Services/Isler</u>

2. OPR Competitive Services/Isler

3. OCR Legal Services

Date March 5, 2001

4. Suggested Docket Title <u>Cancellation by Florida Public Service Commission of Alternative Local Exchange</u> <u>Telecommunications Certificate No. 7371 Issued to Consumer Credit Assistance, Inc. for Violation of Rule 25-</u> 4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies

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)

Steven Hoffman

2. Interested Persons and their representatives (if any)

6. Check one:

\_\_\_\_XX\_ Documentation is attached.

\_\_\_\_ Documentation will be provided with recommendation.

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PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

02889 MAR-55

FPSC-RECORDS/REPORTING

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Commissioners: E. LEON JACOBS, JR., CHAIRMAN J. TERRY DEASON LILA A. JABER BRAULIO L. BAEZ MICHAEL A. PALECKI



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

## Public Service Commission

January 17, 2001

Mr. Steven Hoffman, President Consumer Credit Assistance, Inc. 1850 Lee Road, #330 Winter Park, FL 32789-2107

## Re: Consumer Credit Assistance, Inc. Certificate No. 7371

Dear Mr. Hoffman:

The Commission received your 2000 Regulatory Assessment Fee return with what appears to be a request for cancellation of your certificate. The 2000 return did not include a check for at least the minimum. The form had a hand-written note which stated "No longer active."

There are two types of cancellation. The first is voluntary and is requested by the certificate holder. The Commission grants voluntary cancellations if a company is in good standing and has no outstanding balance of the Regulatory Assessment Fee. The other is involuntary. This is where the Commission cancels a certificate for a rule violation, such as not paying the Regulatory Assessment Fee. If the Commission cancels a certificate involuntarily, any unpaid fees, including penalty and interest charges, are forwarded to the Comptroller's Office for collection attempts. I'm enclosing a copy of Rule 25-24.820, Florida Administrative Code, for your review.

The Regulatory Assessment Fee is owed if a certificate is active for any day during a calendar year. Since we received your request for cancellation in January 2, 2001, I will make December 31, 2000 the effective date of the cancellation. However, you must first write the Commission a letter specifically requesting cancellation of your certificate, if that is what you want, and include payment for at least the \$50 fee. Your letter and payment must be postmarked by January 30, 2001 to receive an effective date in 2000. If your payment is postmarked after January 30, penalty and interest charges will apply.

Please let me know by January 30 how you wish to proceed. If you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, and by internet e-mail at pisler@psc.state.fl.us.

Mr. Steven Hoffman, President Page 2 January 17, 2001

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Sincerely,

Paula Je John

Paula J. Isler, Research Assistant Bureau of Service Evaluation & Compliance

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Enclosure

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## 25-24.820 Revocation of a Certificate.

(1) The Commission may on its own motion, after notice and opportunity for hearing, revoke a company's certificate for any of the following reasons:

(a) Violation of a term or condition under which the authority was originally granted;

(b) Violation of Commission rule or order;

(c) Violation of Florida Statute; or

(d) Violation of a price list standard.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request. Cancellation of a certificate shall be ordered subject to the holder providing the required information.

(a) A statement of intent and date certain to pay regulatory assessment fee.

(b) A statement of why the certificate is proposed to be canceled.

(c) A statement as to how customer deposits and final bills will be handled.

(d) Proof of individual customer notice regarding discontinuance of service.

Specific Authority 350.127(2) FS. Law Implemented 364.335, 364.345 FS. History--New 12-27-95. Alternative Local Exchange Company Regulatory Assessment Fee Return Must be filed on or before 01/30/2001

STATUS:	Florida Public Service Commission (See Filing Lastructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return Amended Return	TX406 01 JAN - 2 11 Or 3 Consumer Credit Assistance, Inc. 1850 Lee Road, #330 diam. Winter Park, FL 32789-2107	\$0603006 003001 \$P 0603006 004011
PERIOD COVERED: 03/29/2000 TO 12/31/2000		Postmark Date Initials of Preparer
	Please Complete Below If Official Mailing Address Has Changed	L

	(Name of Company)	(Address)	(City/State) (Zip)
LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	s \	s \
2.	Long Distance Services (IntraLATA only)*		
3.	Access Services		
4.	Private Line Services		
5.	Leased Facilities & Circuits Services		
6.	Miscellaneous Services		
0.			
7.	TOTAL REVENUES		s ()
8.		inications Companies* (see "2. Fees" on back)	
9.		atory Assessment Fee Calculation (Line 7 less Line 8)	
10.	Regulatory Assessment Fee Due (Multiply	-	
11.	Penalty for Late Payment (see "3. Failure		
12.	Interest for Late Payment (see "3. Failure		
12.	TOTAL AMOUNT DUE		· · · · · · · · · · · · · · · · · · ·
13.	IOTAL AMOUNT DOL	1	
<ul> <li>These</li> <li>Other</li> </ul>	amounts must be intrastate only and must be long distance revenue must be listed on the	verifiable. nterexchange Regulatory Assessment Fee Return.	orgeR ARTIVS
	AS PROVIDED IN SECTION	364.336, FLORIDA STATUTES, THE MINIMUM AN	NUAL FEE IS \$50
) Facil	ines-Based Provider Nのゴール	CURRENT COMPANY STATUS () Reseller ) Other: 3 / S / Me. S	-
		BILLING INFORMATION	
'ompiete l	below if billing agent if other than yourself.		
	(Name)	(Address: City/State/Zip)	() (Telephone)

o you lease telecommunications' facilities? ( ) YES ( ) NO 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 ormation is a true and confect statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with formation is a true topic servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree. e intent to misle d a (Title) Telephone Number (407)644-4620 (Date (Signature of Company Official) CRMON Fax Number ( 0 Please Print Name) Preparer of Form F.E.I. No.