

**REQUEST TO ESTABLISH DOCKET**  
(PLEASE TYPE)

Date May 2, 2001

Docket No. 010666-R

- 1. Division Name/Staff Name Competitive Services/Isler
- 2. OPR Competitive Services/Isler
- 3. OCR Legal Services

4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate No. 7051 Issued to Wayne Kurta for Violation of Rule 25-4.0161, 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)

<u>Wayne Kurta</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:  
 Documentation is attached.  
 Documentation will be provided with recommendation.

I:\PSC\RAR\WP\ESTDKT.  
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE  
**05579 MAY-20**  
FPC-RECORDS REPORTING

STATE OF FLORIDA

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

March 6, 2001

Mr. Wayne Kurta  
9231 Carma Drive  
Boynton Beach, FL 33437-1244

**Re: Certificate No. 7051 (TG553)**

Dear Mr. Kurta:

The Commission received your 2000 RAF return, along with your check for \$50, and a note requesting cancellation of your pay telephone certificate. There are two types of cancellations. One is voluntary and is requested by the certificate holder. A voluntary cancellation is granted if the company is in good standing with the Commission and does not have a past due balance. The other type is an involuntary cancellation. An involuntary cancellation is granted when a company is not in good standing with the Commission.


The Regulatory Assessment Fee (RAF) is owed for a calendar year if the certificate was active for any one day during that year, even if the company had no revenues or had any payphones in operation. This means that you owe the 2001 RAF (return enclosed). Also, since your check for the 2000 RAF was postmarked after the January 30 due date, on February 26, you owe an additional \$3.00 penalty and interest. You can either go ahead and pay the 2001 RAF when you pay the \$3.00 penalty and interest balance or, provide a date certain that the 2001 payment will be made.

I am enclosing a copy of Rule 25-24.514, Florida Administrative Code, which deals with cancellations. Please review this information and respond by March 21, 2001. It should be noted that if a company does not pay all outstanding charges, the unpaid balance is turned over to the Comptroller's Office for further collection efforts.

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](mailto:pisler@psc.state.fl.us).

Mr. Wayne Kurta  
Page 2  
March 6, 2001

Sincerely,

A handwritten signature in black ink that reads "Paula J. Isler". The signature is written in a cursive style with a large initial 'P' and 'I'.

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

Enclosures

## Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2001 TO 12/31/2001

### Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG553  
Wayne Kurta  
9231 Carma Drive  
Boynton Beach, FL 33437-1244

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

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

\$ \_\_\_\_\_ 0603002  
003001

\$ \_\_\_\_\_ P  
0603002  
004011

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

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

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

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	<b>\$ _____</b>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>

**AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50**

**THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED**

9. Number of pay telephones in operation at close of period covered by this Return \_\_\_\_\_

\* These amounts must be intrastate only and must be verifiable.

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 official 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. _____	

**25-24.514 Cancellation of a Certificate.**

(1) The Commission may cancel a company's certificate for any of the following reasons:

- (a) Violation of the terms and conditions under which the authority was originally granted;
- (b) Violation of Commission rules or orders;
- (c) Violation of Florida Statutes; or,
- (d) Failure to provide service for a period of six (6) months.

(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.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History--New 1-5-87.

# Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

*J.P. Iskierka  
RJK*

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2000 TO  
12/31/2000

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

TG553	01 FEB 28 AM 10:36
Wayne Kurta	MAIL ROOM
9231 Carma Drive	
Boynton Beach, FL 33437-1244	
DEPOSIT	DATE
D032	MAR 05 2001

FOR PSC USE ONLY	
Check # <u>3279</u>	
\$ <u>50.00</u>	0603002 003001
\$ _____	P 0603002 004011
\$ _____	I
Postmark Date: <u>2/26/01</u>	
Initials of Preparer: <u>mc</u>	

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 0 )
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
8.	TOTAL AMOUNT DUE	\$ 50.00

*Co. was out of business. Is no longer operating  
Please cancel my certificate*

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

\* These amounts must be intrastate only and must be verifiable.

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 official duty shall be guilty of a misdemeanor of the second degree.

Wayne Kurta  
(Signature of Company Official)

owner (Title) 2/26/01 (Date)

Wayne Kurta  
(Preparer of Form - Please Print Name)

Telephone Number (561) 5603 Fax Number ( )

F.B.I. No. 65-0927475