

STATE OF FLORIDA

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

Public Service Commission

August 15, 2001

Via Facsimile

Mr. Michael Kent, Regulatory Counsel  
FairPoint Communications Solutions Corp.  
6324 Fairview Road, Suite 400  
Charlotte, NC 28210-3236

011060-TI

Dear Mr. Kent:

This is a follow up to our telephone conversation concerning Docket No. 011060-TI. As background, the Regulatory Assessment Fee (RAF) is due each year by January 30 for the previous year, unless the 30th falls on a weekend, then the due date is the next working day. For example, the 1999 fee was due January 31, 2000 and the 2000 fee was due by January 30, 2001. This docket was opened for nonpayment of the 2000 RAF, including statutory penalty and interest charges.

Commission records show that as of this date, the 2000 RAF has not been paid. The 2000 RAF return is attached. Please complete and return it along with payment for the past due amount in full. The RAF is .0015% of the company's total Florida gross revenues, or \$50.00, whichever is greater. However, if the company owes only the minimum amount and if payment is postmarked by August 28, 2001, the 2000 total is \$66.00 (\$50.00 fee, \$12.50 penalty, and \$3.50 interest). The interest charge continues to accrue until paid.

You indicated in our conversation that the company wishes to keep its certificate active. Therefore, the company should propose a settlement to resolve this docket. It should be noted that just paying the past due amount will not prevent the company's certificate from being cancelled. All settlement proposals should include the following information:

- Docket number;
- A check for the past due amount in full;
- A statement that the company has taken steps to prevent future late payments of the regulatory assessment fees and what those steps are;
- A waiver of objection to the administrative cancellation of the company's certificate in the event its offer is accepted and it fails to comply with the terms which it has

DOCUMENT NUMBER-DATE  
09976 AUG 15 2001  
FPSC-COMMISSION CLERK

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Internet E-mail: [contact@psc.state.fl.us](mailto:contact@psc.state.fl.us)

Mr. Michael Kent, Regulatory Counsel  
Page 2  
August 15, 2001

offered. If, however, there is a factual dispute as to the manner or level of compliance with any provision in the settlement, Commission staff will bring the matter to the Commission for consideration; and

- Make a specific monetary settlement. There is normally a \$500 fine for this rule violation. However, the Commission has accepted amounts less than the fine amount in other similar cases.

Any settlement offer/correspondence should be addressed to Ms. Blanca Bayó, Director, Division of the Commission Clerk & Administrative Services, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0850. The proposed settlement amount should **not** be paid at this time, instead only the past due regulatory assessment fee, plus penalty and interest charges should be paid. The settlement amount, if approved by the Commission, must be paid within 10 business days after the Commission Order is issued.

Please let me know what your decision is by August 30, 2001. 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).

Sincerely,



Paula J. Isler, Research Assistant  
Bureau of Service Quality

Enclosure

cc: Docket No. 011060-TI  
Division of Legal Services (K. Peña)

# Interexchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check# _____	
\$ _____	0603001
	003001
\$ _____	P
	0603001
	004011
\$ _____	I
Postmark Date _____	
Initials of Preparer _____	

TJ362-00-0-R  
 FairPoint Communications Solutions Corp.  
 6324 Fairview Road, Suite 400  
 Charlotte, NC 28210-3236

Docket No. 011060-TI

STATUS:

Actual Return

Estimated Return

Amended Return

PERIOD COVERED:  
 05/30/2000 TO 12/31/2000

Please Complete Below If Official Mailing Address Has Changed

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

These amounts must be intrastate only and must be verifiable.

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

### CURRENT COMPANY STATUS

Facilities-Based Carrier                       Reseller                                       Call Aggregator  
 Alternate-Operator Service                   Rebiller                                       Other: \_\_\_\_\_

### BILLING INFORMATION

Complete below if billing agent if other than yourself.

_____ (Name)	_____ (Address: City/State/Zip)	_____ (Telephone)
What is the total amount of customer deposits collected? Amount: \$ _____ for 19 _____		What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

### 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  
(Interexchange Company)

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**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 twelve-month period January 1 through December 31.*

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

**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 other than the amount in Line 7.

On Line 7, 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.**

**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 10). 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 11). 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.*

**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.

**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.

**MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original and 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
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**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.

TRANSMISSION VERIFICATION REPORT

TIME : 08/15/2001 08:34  
NAME :  
FAX :  
TEL :

DATE, TIME	08/15 08:32
FAX NO./NAME	617044142505
DURATION	00:01:55
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM