

# ORIGINAL

MEMORANDUM  
November 15, 2004

RECEIVED-FPSC  
04 NOV 30 PM 12:45

TO: DIVISION OF THE COMMISSION CLERK AND ADMINISTRATIVE SERVICES

FROM: CHRISTIANA T. MOORE, ASSOCIATE GENERAL COUNSEL

RE: DOCKET NO. 040436-TP, PROPOSED AMENDMENT OF RULE 25-4.0161, F.A.C., REGULATORY ASSESSMENT FEES; TELECOMMUNICATIONS COMPANIES

COMMISSION CLERK  
*[Signature]*

Attached is an original and three copies of the certification of Rule 25-4.0161. The Department of State must receive the original and two copies of the certification no later than 5:00 p.m., November 17, 2004. The Certification includes:

- (1) An original and two certified copies of Rule 25-4.0161, F.A.C., and a true and complete copy of Forms PSC/CMP-1 (Rev. 01/01/05); PSC/CMP-7 (Rev. 01/01/05); PSC/CMP-25 (Rev. 01/01/05); PSC/CMP-26 (Rev. 01/01/05); PSC/CMP-34 (Rev. 01/01/05); PSC/CMP-153 (Rev. 01/01/05) and PSC/CCA 124 (Rev. 01/01/05) incorporated by reference into the rule;
- (2) A summary of the rule;
- (3) A summary of the hearing on the rule; and
- (4) A written statement of the facts and circumstances justifying the rule.

4.0161 Certification.ctm.doc  
Attachments

CMP \_\_\_\_\_  
COM \_\_\_\_\_  
CTR \_\_\_\_\_  
ECR \_\_\_\_\_  
GCL \_\_\_\_\_  
OPC \_\_\_\_\_  
MMS \_\_\_\_\_  
RCA \_\_\_\_\_  
SCR \_\_\_\_\_  
SEC   1    
OTH \_\_\_\_\_

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
2004 NOV 17 PM 3:58  
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DOCUMENT NUMBER-DATE  
12701 NOV 30 04  
FPSC-COMMISSION CLERK

DOCKET NO. 040436-TP

CERTIFICATION OF  
PUBLIC SERVICE COMMISSION ADMINISTRATIVE RULES  
FILED WITH THE  
DEPARTMENT OF STATE

I do hereby certify:

/x/ (1) That all statutory rulemaking requirements of Chapter 120, F.S., have been complied with; and

/x/ (2) There is no administrative determination under subsection 120.56(2), F.S., pending on any rule covered by this certification; and

/x/ (3) All rules covered by this certification are filed within the prescribed time limitations of paragraph 120.54(3)(e), F.S. They are filed not less than 28 days after the notice required by paragraph 120.54(3)(a), F.S., and;

/x/ (a) Are filed not more than 90 days after the notice; or

// (b) Are filed not more than 90 days after the notice not including days an administrative determination was pending; or

// (c) Are filed more than 90 days after the notice, but not less than 21 days nor more than 45 days from the date of publication of the notice of change; or

// (d) Are filed more than 90 days after the notice, but not less than 14 nor more than 45 days after the adjournment of the final public hearing on the rule; or

(e) Are filed more than 90 days after the notice, but within 21 days after the date of receipt of all material authorized to be submitted at the hearing; or

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

// (f) Are filed more than 90 days after the notice, but within 21 days after the date the transcript was received by this agency; or

// (g) Are filed not more than 90 days after the notice, not including days the adoption of the rule was postponed following notification from the Joint Administrative Procedures Committee that an objection to the rule was being considered; or

// (h) Are filed more than 90 days after the notice, but within 21 days after a good faith written proposal for a lower cost regulatory alternative to a proposed rule is submitted which substantially accomplishes the objectives of the law being implemented; or

// (i) Are filed more than 90 days after the notice, but within 21 days after a regulatory alternative is offered by the small business ombudsman.

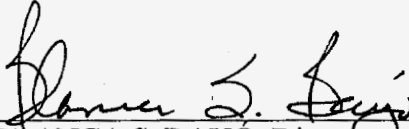
Attached are the original and two copies of each rule covered by this certification. The rules are hereby adopted by the undersigned agency by and upon their filing with the Department of State.

Rule No.

25-4.0161

Under the provision of subparagraph 120.54(3)(e)6., F.S., the rules take effect 20 days from the date filed with the Department of State or a later date as set out below:

Effective: 01/01/05  
(month) (day) (year)

  
\_\_\_\_\_  
BLANCA S. BAYO, Director  
Division of the Commission Clerk  
and Administrative Services

\_\_\_\_\_  
Number of Pages Certified



CTM

1           **25-4.0161 Regulatory Assessment Fees; Telecommunications Companies.**

2           (1) As applicable and as provided in Sections 350.113, 364.02(13) and 364.336,  
3 Florida Statutes, each company shall remit a fee based upon its gross operating revenue as  
4 provided below. This fee shall be referred to as a regulatory assessment fee, and each  
5 company shall pay a regulatory assessment fee in the amount of 0.0020 ~~0.0015~~ gross operating  
6 revenues derived from intrastate business. For the purpose of determining this fee, each  
7 telecommunications company shall deduct from gross operating revenues any amount paid to  
8 another telecommunications company for the use of any telecommunications network to  
9 provide service to its customers. Regardless of the gross operating revenue of a company, a  
10 minimum annual regulatory assessment fee of \$50 shall be imposed.

11           (2) Telecommunications companies that owed gross regulatory assessment fees of  
12 \$10,000 or more for the preceding calendar year shall pay the fee and remit the appropriate  
13 form twice a year. The regulatory assessment fee and appropriate form shall be filed no later  
14 than July 30 for the preceding period of January 1 through June 30, and no later than January  
15 30 of the following year for the period of July 1 through December 31. Telecommunication  
16 companies that owed gross regulatory assessment fees of less than \$10,000 for the preceding  
17 calendar year shall pay the fee and remit the appropriate form once a year. The regulatory  
18 assessment fee and appropriate form shall be filed no later than January 30 of the subsequent  
19 year for the current calendar year operations.

20           (3) If the due date falls on a Saturday, Sunday, or legal holiday, the due date is  
21 extended to the next business day. If the fees are sent by registered mail, the date of the  
22 registration is the United States Postal Service's postmark date. If the fees are sent by  
23 certified mail and the receipt is postmarked by a postal employee, the date on the receipt is the  
24 United States Postal Service's postmark date. The postmarked certified mail receipt is  
25 evidence that the fees were delivered. Regulatory assessment fees are considered paid on the

CODING: Words underlined are additions; words in struck-through type are deletions  
from existing law.

1 date they are post marked by the United States Postal Service or received and logged in by the  
2 Commission's Division of the Commission Clerk and Administrative Services in Tallahassee.  
3 Fees are considered timely paid if properly addressed, with sufficient postage, and postmarked  
4 no later than the due date.

5 (4) Commission Form PSC/CMP 25 (01/05), entitled "Local Exchange Company  
6 Regulatory Assessment Fee Return," Form PSC/CMP 26 (01/05), entitled "Pay Telephone  
7 Service Provider Regulatory Assessment Fee Return"; Form PSC/CMP 34 (01/05), entitled  
8 "Shared Tenant Service Provider Regulatory Assessment Fee Return"; Form PSC/CMP 153  
9 (01/05), entitled "Interexchange Company Regulatory Assessment Fee Return"; and Form  
10 PSC/CMP 1 (01/05), entitled "Alternative Access Vendor Regulatory Assessment Fee  
11 Return"; and Form PSC/CMP 7 (01/05), entitled "Competitive Local Exchange Company  
12 Regulatory Assessment Fee Return" are incorporated into this rule by reference and may be  
13 obtained from the Commission's Division of the Commission Clerk and Administrative  
14 Services.

15 (5) Each telecommunications company shall have up to and including the due date in  
16 which to submit the applicable form and:

17 (a) Remit the total amount of its fee, or

18 (b) Remit an amount which the company estimates is its full fee.

19 (6) Where the company remits less than its full fee, the remainder of the full fee shall  
20 be due on or before the 30th day from the due date and shall, where the amount remitted was  
21 less than 90 percent of the total regulatory assessment fee, include interest as provided by  
22 paragraph (8)(b) of this rule.

23 (7) A company may request from the Division of the Commission Clerk and  
24 Administrative Services a 30-day extension of its due date for payment of regulatory  
25 assessment fees or for filing its return form.

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions  
from existing law.

1 (a) The request for extension must be submitted on Form PSC/CCA 124 (01/05)  
2 written and will be granted if the company has applied for the extension within the time  
3 required in (b) below and the company does not have any unpaid regulatory assessment fees,  
4 penalties or interest due from a prior year ~~accompanied by a statement of good cause.~~ Form  
5 PSC/CCA 124 (01/05), entitled "Regulatory Assessment Fee Extension Request" is  
6 incorporated into this rule by reference and may be obtained from the Commission's Division  
7 of the Commission Clerk and Administrative Services.

8 (b) The request for extension must be received by the Division of the Commission  
9 Clerk and Administrative Services at least two weeks before the due date.

10 (c) Where a telecommunications company receives an extension of its due date  
11 pursuant to this rule, the telecommunications company shall remit a charge in addition to the  
12 regulatory assessment fees, as set out in Section 350.113(5), Florida Statutes.

13 (d) The return forms may be obtained from the Commission's Division of the  
14 Commission Clerk and Administrative Services. The failure of a telecommunications  
15 company to receive a return form shall not excuse the company from its obligation to timely  
16 remit the regulatory assessment fees.

17 (8) The delinquency of any amount due to the Commission from the  
18 telecommunications company pursuant to the provisions of Section 350.113, Florida Statutes,  
19 and this rule, begins with the first calendar day after any date established as the due date either  
20 by operation of this rule or by an extension pursuant to this rule.

21 (a) A penalty, as set out in Section 350.113, Florida Statutes, shall apply to any such  
22 delinquent amounts.

23 (b) Interest at the rate of 12 percent per annum shall apply to any such delinquent  
24 amounts.

25 Specific Authority 350.127(2) FS.

CODING: Words underlined are additions; words in ~~struck through~~ type are deletions  
from existing law.

1 Law Implemented 350.113, 364.336 FS.

2 History—New 5-18-83, Formerly 25-4.161, Amended 10-19-86, 1-1-91, 12-29-91, 1-8-95, 12-  
3 26-95, 7-7-96, 11-11-99, \_\_\_\_\_.

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CODING: Words underlined are additions; words in ~~struck through~~ type are deletions from existing law.



CERTIFICATION OF  
FORMS INCORPORATED BY REFERENCE  
IN RULES FILED WITH THE DEPARTMENT OF STATE

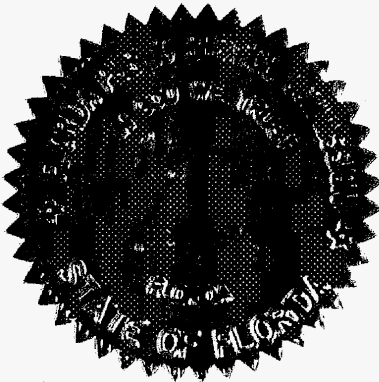
Pursuant to Rule 1S-1.005, Florida Administrative Code, I do hereby certify that the attached are true and correct copies of the following materials incorporated by reference in Rule 25-4.0161. Under the provisions of subparagraph 120.54(3)(e)(6), F.S., the attached forms take effect 20 days from the date filed with the Department of State, or a later date as specified in the rule.

PSC/CMP-1 Alternative Access Vendor Regulatory Assessment Fee Return  
PSC/CMP-7 Competitive Local Exchange Company Regulatory Assessment Fee Return  
PSC/CMP-25 Local Exchange Company Regulatory Assessment Fee Return  
PSC/CMP-26 Pay Telephone Service Provider Regulatory Assessment Fee Return  
PSC/CMP-34 Shared-Tenant Service Provider Regulatory Assessment Fee Return  
PSC/CMP-153 Interexchange Company Regulatory Assessment Fee Return  
PSC/CCA-124 Regulatory Assessment Fee Extension Request



BLANCA S. BAYÓ, Director  
Division of the Commission Clerk  
and Administrative Services

Number of Pages Certified \_\_\_\_\_



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2004 NOV 17 PM 3:59  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# Alternative Access Vendor Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

**FIELD(1)**

**FOR PSC USE ONLY**

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

\$ \_\_\_\_\_ 06-03-001  
003001

\$ \_\_\_\_\_ P \_\_\_\_\_  
06-03-001  
004011

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

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

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

**PERIOD COVERED:**  
**FIELD(3)**

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	WIDE AREA TOLL SERVICE	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Special Access Services	_____	\$ _____
2.	Private Line Services	_____	_____
3.	Leased Facilities & Circuits Services	_____	_____
4.	Miscellaneous Services	_____	_____
5.	<b>TOTAL REVENUES</b>		<b>\$ _____</b>
6.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup>		_____
7.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		<b>\$ _____</b>
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0020)		_____
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
11.	Extension Payment Fee (see "4. Extension" on back)		_____
12.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		<b>\$ _____ (2)</b>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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

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

\_\_\_\_\_  
(Title)

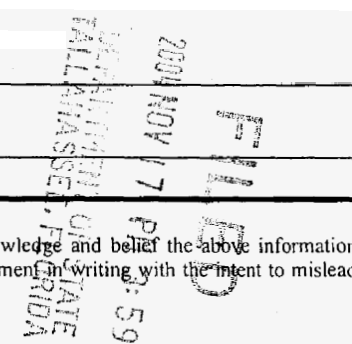
\_\_\_\_\_  
(Date)

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

Telephone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

F.E.I. No \_\_\_\_\_



# Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check # _____	
\$ _____	06-03-001 003001
\$ _____ P _____	06-03-001 004011
\$ _____ I _____	
Postmark Date _____	
Initials of Preparer _____	

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

FIELD(1)

PERIOD COVERED:

FIELD(3)

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.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only) <sup>(1)</sup>	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	<b>TOTAL REVENUES</b>		\$ _____
8.	<b>LESS: Amounts Paid to Other Telecommunications Companies</b> <sup>(2)</sup>		_____
9.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ _____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		_____
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.	Extension Payment Fee (see "4. Extension" on back)		_____
14.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		\$ _____ <sup>(3)</sup>

(1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.  
 (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
 (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

### 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. \_\_\_\_\_

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2)

# Local Exchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

(Filing Instructions on Back of Form)

STATUS:

- \_\_\_\_\_ Actual Return
- \_\_\_\_\_ Estimated Return
- \_\_\_\_\_ Amended Return

FIELD(1)

FOR PSC USE ONLY	
Check # _____	
\$ _____	06-03-001 003001
\$ _____	P 06-03-001 004011
\$ _____	I
Postmark Date _____	
Initials of Preparer _____	

PERIOD COVERED:

FIELD(3)

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
_____	_____	_____	_____

### LOCAL SERVICES REVENUES

	Total	Intrastate
1. Basic area revenues (5001)	\$ _____	\$ _____
2. Optional extended area revenues (5002)	_____	_____
3. Cellular mobile revenues (5003)	_____	_____
4. Other mobile services revenues (5004)	_____	_____
5. Public telephone revenues (5010)	_____	_____
6. Local private line revenues (5040)	_____	_____
7. Customer premises revenues (5050)	_____	_____
8. Other local exchange revenues (5060)	_____	_____
9. Other local exchange revenues settlements (5069)	_____	_____
10. Total Local Services Revenues (Add Lines 1 through 9)	\$ _____	\$ _____

### NETWORK ACCESS SERVICES REVENUES

11. End user revenues (5081)	_____	_____
12. Switched access revenues (5082)	_____	_____
13. Special access revenues (5083)	_____	_____
14. State access revenues (5084)	_____	_____
15. Total Access Services Revenues (Add Lines 11 through 14)	\$ _____	\$ _____

### LONG DISTANCE NETWORK SERVICES REVENUES

16. Long distance message revenues (5100)	_____	_____
17. Long distance inward-only revenues (5111)	_____	_____
18. Long distance outward-only revenues (5112)	_____	_____
19. Subvoice grade long distance private network revenues (5121)	_____	_____
20. Voice grade long distance private network revenues (5122)	_____	_____
21. Audio program grade long distance private network revenues (5123)	_____	_____
22. Video program grade long distance private network revenues (5124)	_____	_____
23. Digital transmission grade long distance private network revenues (5125)	_____	_____
24. Long distance private network switching revenues (5126)	_____	_____

	Total	Intrastate
25. Other long distance private network revenues (5128)	_____	_____
26. Other long distance private network settlements (5129)	_____	_____
27. Other long distance revenues (5160)	_____	_____
28. Other long distance revenues settlements (5169)	_____	_____
29. Total Long Distance Revenues (Add Lines 16 through 28)	\$ _____	\$ _____

### MISCELLANEOUS REVENUES

30. Directory revenues (gross billing) (5230)	_____	_____
31. Rent revenues (gross billings) (5240)	_____	_____
32. Corporate operation revenues (5250)	_____	_____
33. Special billing arrangement revenues (5261)	_____	_____
34. Customer operations revenues (5262)	_____	_____
35. Plant operation revenues (5263)	_____	_____
36. Other incidental regulated revenues (5264)	_____	_____
37. Other revenues settlements (5269)	_____	_____
38. Carrier billing & collection revenues (5270)	_____	_____
39. Total Miscellaneous Revenues (Add Lines 30 through 38)	\$ _____	\$ _____

40. TOTAL GROSS REVENUES FEE (Add Lines 10, 15, 29, and 39) \$ \_\_\_\_\_

41. Less: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> \_\_\_\_\_

42. NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 40 less Line 41) \$ \_\_\_\_\_

43. REGULATORY ASSESSMENT FEE DUE (Multiply Line 42 by 0.0020) \_\_\_\_\_

44. Less: Payments made for June 30 period, if any \_\_\_\_\_

45. NET REGULATORY ASSESSMENT FEE DUE \$ \_\_\_\_\_

46. Penalty for late payment (see "3. Failure to File by Due Date" on back) \_\_\_\_\_

47. Interest for late payment (see "3. Failure to File by Due Date" on back) \_\_\_\_\_

48. Extension Payment Fee (see "4. Extension" on back) \_\_\_\_\_

49. TOTAL AMOUNT DUE (MINIMUM \$50.00) \$ \_\_\_\_\_ <sup>(2)</sup>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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. \_\_\_\_\_

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2)

# Pay Telephone Service Provider 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 # \_\_\_\_\_

\$ \_\_\_\_\_ 06-03-001  
003001

\$ \_\_\_\_\_ P 06-03-001  
004011

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

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

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

Please Complete Below If Official Mailing Address Has Changed

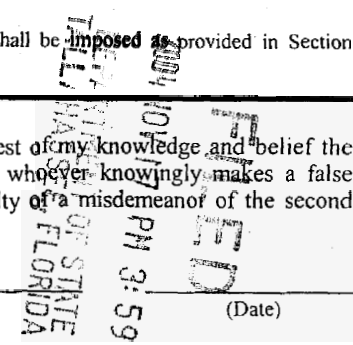
\_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0020)	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$50.00)</b>	<b>\$ _____ (2)</b>
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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)

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

(Preparer of Form - Please Print Name)

F.E.I. No \_\_\_\_\_

# Shared-Tenant Service Provider Regulatory Assessment Fee Return

STATUS:

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

- Actual Return
- Estimated Return
- Amended Return

**FIELD(1)**

**PERIOD COVERED:**  
**FIELD(3)**

**FOR PSC USE ONLY**

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

\$ \_\_\_\_\_ 06-03-00!  
003001

\$ \_\_\_\_\_ P 06-03-00  
00401

\$ \_\_\_\_\_ 1

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	AMOUNT
1.	Gross Intrastate Operating Revenue	\$ _____
2.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	_____
3.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation <i>(Line 1 less Line 2)</i>	\$ _____
4.	Regulatory Assessment Fee Due <i>(Multiply Line 3 by 0.0020)</i>	_____
5.	Penalty For Late Payment (see "3. Failure to File by Due Date" on back)	_____
6.	Interest For Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	<u>Extension Payment Fee (see "4. Extension" on back)</u>	_____
8.	<b>TOTAL AMOUNT DUE (MINIMUM \$50.00)</b>	_____ <sup>(2)</sup>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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)

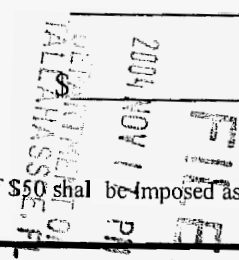
\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
Telephone Number ( )

\_\_\_\_\_  
Fax Number ( )

F.E.I. No. \_\_\_\_\_



# Interexchange 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)

**FOR PSC USE ONLY**

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

\$ \_\_\_\_\_ 0603001  
003001

\$ \_\_\_\_\_ P \_\_\_\_\_ 0603001  
004011

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

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

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

PERIOD COVERED:

FIELD(3)

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 Telecommunications Companies <sup>(1)</sup>	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ _____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		_____
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.	Extension Payment Fee (see "4. Extension" on back)		_____
13.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		\$ _____ <sup>(2)</sup>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

### CURRENT COMPANY STATUS

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Facilities-Based Carrier   | <input type="checkbox"/> Reseller | <input type="checkbox"/> Call Aggregator |
| <input type="checkbox"/> Alternate-Operator Service | <input type="checkbox"/> Rebiller | <input type="checkbox"/> 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 20 _____		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)
Telephone Number ( _____ ) Fax Number ( _____ )		
F.E.I. No. _____		

(Preparer of Form - Please Print Name)

**FLORIDA PUBLIC SERVICE COMMISSION**  
*(Type of Industry)*  
**REGULATORY ASSESSMENT FEE EXTENSION REQUEST**

\_\_\_\_\_ (Utility) \_\_\_\_\_ (Utility Code) (FEID No.)

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

**This is to request an extension for filing the Regulatory Assessment Fee Return for the above-named utility for the period indicated below:**

PERIOD _____ (Month) _____ (Day) - _____ (Month) _____ (Day) , _____ (Year)
---

\_\_\_ 15 days to \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) , \_\_\_\_\_ (Year)

\_\_\_ 30 days to \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) , \_\_\_\_\_ (Year)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Title)

( ) \_\_\_\_\_ (Telephone Number)

( ) \_\_\_\_\_ (FAX Number)

**NOTE TO UTILITY**

- Your Regulatory Extension Fee Request form must be filed and received by the Florida Public Service Commission at the address referenced below **AT LEAST TWO WEEKS before the payment due date of** \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) , \_\_\_\_\_ (Year) . Once your request is received, you will be notified by fax (or by mail when a faxed number is not provided) indicating that your request was approved or denied. **THIS IS NOT AN AUTOMATIC EXTENSION, THEREFORE YOU MUST RECEIVE APPROVAL FROM THE COMMISSION IN ORDER TO RECEIVE AN EXTENSION.**
- If an extension of **15 days or less is approved**, 0.75% of the fee is to be included when making payment.
- If an extension of **16 to 30 days is approved**, 1.5% of the fee is to be included when making payment.

<b>FOR PUBLIC SERVICE COMMISSION USE ONLY</b>	
Request Approved	_____
Request Denied	_____
___	The 200___ Regulatory Assessment Fee has not been received.
___	The 200___ Regulatory Assessment Fee was delinquent. Prior penalty and/or interest has not been received for your 200___ Regulatory Assessment Fee.
___	The request was received too late for processing.
APPROVED BY:	_____ (Date)
	_____ (Fiscal Services Section Supervisor)

2004 NOV 17 PM 3:59  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**IF YOU HAVE QUESTIONS, PLEASE CONTACT A STAFF MEMBER OF THE FISCAL SERVICES SECTION AT EITHER (850) 413-6267- FAX (850) 413-6268 OR (850) 413-6275 - FAX (850) 413-6276; OR WRITE TO: DIVISION OF THE COMMISSION CLERK AND ADMINISTRATIVE SERVICES, FISCAL SERVICES SECTION, 2540 SHUMARD OAK BOULEVARD, TALLAHASSEE, FLORIDA 32399.**



### SUMMARY OF RULE

The rule is amended to increase the regulatory assessment fee rate paid by telecommunications companies to .20 percent of gross operating revenues derived from intrastate business. The rule is also amended to codify the standards that are used to determine whether an extension of time to file a regulatory assessment fee return is granted.

### SUMMARY OF HEARINGS ON THE RULE

No hearing was requested and none was held.

### FACTS AND CIRCUMSTANCES JUSTIFYING THE RULE

Sections 350.113 and 364.336, Florida Statutes, require regulated companies under the Commission's jurisdiction to pay fees to the Commission based upon their gross operating revenues. Section 350.113(3) further requires that such regulatory assessment fees (RAF) shall, to the extent practicable, be related to the cost of regulation. Rule 25-4.0161, F.A.C., currently sets the RAF rate at .15 percent of the companies' gross operating revenues derived from intrastate business. Based upon the most recent projection of costs for Fiscal Year 2005-2006, RAFs collected from the telecommunications industry at the current rate are expected to be at least \$3.1 million less than the cost of regulating the industry. This has resulted from changes in state and federal law, resulting structural changes to the industry, a Florida Supreme Court decision excluding directory advertising revenues from RAFs, a decline in telephone company intrastate revenues subject to the fee and changes in the overall state budget process. Internally, the Commission has changed the way it allocates employees' work time to more accurately reflect work time spent on the different industries. The percentage of revenues paid by telecommunications companies must be increased to cover the actual costs of regulation.

FILED  
2004 NOV 17 PM 3:59  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA