

ORIGINAL

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

RECEIVED-FPSC

JAN 16 PM 3:46

-M-E-M-O-R-A-N-D-U-M COMMISSION CLERK

DATE: December 22, 2006
TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director
FROM: Victor S. McKay, Research Assistant, Office of the General Counsel *VSM PKW*
RE: Docket No. 060516-TP - Request for cancellation of CLEC Certificate No. 8184 by OCMC, Inc. d/b/a One Call Communications, Inc., OPTICOM, 1-800-MAX-SAVE, Advanttel, RegionTel, LiveTel, and SuperTel, and for acknowledgment of cancellation of IXC Registration No. TJ668 held by OCMC, Inc. d/b/a One Call Communications, Inc. d/b/a OPTICOM, d/b/a 1-800-MAX-SAVE, d/b/a Advanttel, d/b/a RegionTel, d/b/a LiveTel, and d/b/a SuperTel, effective July 20, 2006.

Request for Permission from Department of Financial Services to Write-Off the Uncollectible RAFs for 2006

On July 26, 2006, Docket No. 060516-TP was established to address the cancellation of OCMC, Inc.'s intrastate interexchange telecommunications (IXC) Registration No. TJ668 and competitive local exchange company's (CLEC) certificate due to dissolution of the company.

By Order No. PSC-06-0821-PAA-TP, the Commission granted cancellation of OCMC, INC.'s IXC Registration No. TJ668 and the company's CLEC Certificate No. 8184 (TX663), effective July 20, 2006. The Commission further ordered that the Division of the Commission Clerk and Administrative Services shall be notified that the 2006 Regulatory Assessment Fees (RAFs) shall not be sent to the Department of Financial Services for collection, instead permission for the Commission to write-off the uncollectible amounts will be requested.

IMP _____
COM _____ Therefore, staff requests that the Bureau of Administrative Services and Fiscal Services
STR _____ Section take the appropriate steps to seek permission from the Department of Financial Services
ECR _____ to write-off the uncollectible amount.

3CL _____ VSM
3PC _____
RCA _____ cc: Paula Isler
Karen Belcher

3CR _____
3GA _____ Attachments

3EC _____
3TH _____

DOCUMENT NUMBER-DATE
00445 JAN 16 5
FPSC-COMMISSION CLERK

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
BUREAU OF ACCOUNTING
DELINQUENT ACCOUNTS RECEIVABLE TRANSMITTAL
(PLEASE PRINT OR TYPE)**

AGENCY FLORIDA PUBLIC SERVICE COMMISSION DATE DECEMBER 22, 2006 PAGE 1 OF 1
CONTACT KAREN BELCHER, DIRECTOR, FISCAL SERVICES

PHONE NUMBER 850-413-6273

FLAIR ACCOUNT CODE SAMAS ACCOUNT CODES: 61 50 2 573003 610100 00 000300
61 74 1 000331 610100 00 001200

1. TX663 OCMC, INC. 26-0005926

Agency Reference #	Last Name	First	M	Social Security #	DFS use only
801 Congressional Blvd., Carmel, IN	46032				
Last Known Address (Include Zip)					
UNKNOWN	317-843-1300	\$50.00			\$50.00
Home Telephone	Work Phone	Principal Amount		Penalty/Interest Amount	Total
SECTION 364.336, FLORIDA STATUTES 2006					2
Penalty/Interest Authority		Date Debt Incurred		Debt Type	
REGULATORY ASSESSMENT FEES					
Debt Description, e.g., Drivers License, Property Damage					
Additional Information, e.g., Date of Birth, Drivers License Number, etc					

2.

Agency Reference #	Last Name	First	M	Social Security #	DFS use only
Last Known Address (Include Zip)					
Home Telephone	Work Phone	Principal Amount		Penalty/Interest Amount	Total
Penalty/Interest Authority		Date Debt Incurred		Debt Type	
Debt Description, e.g., Drivers License, Property Damage					
Additional Information, e.g., Date of Birth, Drivers License Number, etc					

3.

Agency Reference #	Last Name	First	M	Social Security #	DFS use only
Last Known Address (Include Zip)					
Home Telephone	Work Phone	Principal Amount		Penalty/Interest Amount	Total
Penalty/Interest Authority		Date Debt Incurred		Debt Type	
Debt Description, e.g., Drivers License, Property Damage					
Company's full name: OCMC, Inc. d/b/a One Call Communications, Inc., OPTICOM, 1-800-MAX-SAVE, Advanttel, RegionTel, LiveTel, and SuperTel					
Additional Information, e.g., Date of Birth, Drivers License Number, etc					

****DEBIT TYPE CODE****

1. RETURNED CHECK 2. NONPAYMENT FOR STATE GOODS/SERVICES 3. DAMAGE TO STATE PROPERTY
7. COURT ORDER 8. FINES 9. OVERPAYMENT OF STATE FUNDS

GENERAL INSTRUCTIONS

Provide as much information as possible for each account or returned check listed. Names should include legal entities as well as individuals. Principal Amount is the original amount of the debt excluding any service charge, penalty, and/or interest. Penalty/Interest Amount is the amount of the service charge, penalty, and/or interest due to date on the delinquent account or returned check. For those accounts subject to interest charges, please indicate the interest rate, method of calculation, and whether the rate is subject to change. Penalty/Interest Authority is the Florida Statutory and/or Florida Administrative Code citation authorizing the service charge, penalty, and/or interest on delinquent accounts and returned checks. Date Incurred is the date the account became delinquent; e.g., the date a check was returned marked NSF, the date an invoice was due to be paid, etc. Debt Type must be indicated using the codes listed at the bottom of the form.

In order to properly pursue a delinquent account the Bureau of Accounting and the collection agency, if used, require pertinent information about the debt and debtor. Such information regarding the debt should be provided in the area titled Debt Description and include the purpose of the original payment by check; type of goods/services provided; what, when, and where State property was damaged; when, why and what court ordered a payment; when and why a fine was issued; for what and when were State funds overpaid; etc. Additional Information about the debtor should include, if available, date of birth, driver license number, credit card type and number, names and addresses of relatives, and any other information that may be used to locate the debtor. The more the Bureau and the collection agency know about the debt and debtor the more likely the recovery of the debt.

To facilitate the transfer of moneys collected, each agency shall designate one FLAIR revenue account code to which all moneys will be transferred by the journal transfer. Agencies will be provided a detailed listing of amounts collected and collection fees charged for each amount. The Department will also provide instructions in accordance with Generally Accepted Accounting Principles on the appropriate method of recording the difference between any moneys collected and the amount of the delinquent account; i.e., treat the difference as cost of collection or provide approval for adjusting the balance of the account pursuant to Section 17.04, Florida Statutes.

Forms and Questions should be addressed to:

Department of Financial Services
Bureau of Accounting
Room 414 Fletcher Building
200 East Gaines Street
Tallahassee, Florida 32399-0354
(850) 410-9365 / SC 210-9365

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Home Telephone Work Phone		Principal Amount		Penalty/Interest Amount	Total
SECTION 364.336, FLORIDA STATUTES		2006		2	
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Debt Description, e.g., Drivers License, Property Damage					
Additional Information, e.g., Date of Birth, Drivers License Number, etc					

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Company's full name: OCMC, Inc. d/b/a One Call Communications, Inc. d/b/a OPTICOM, d/b/a 1-800-MAX-SAVE, d/b/a Advanttel, d/b/a RegionTel, d/b/a LiveTel, and d/b/a SuperTel

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