



ITS TELECOMMUNICATIONS SYSTEMS, INC.

15925 SW Warfield Blvd. • P. O. Box 277

Indiantown, Florida 34956

772-597-2111

June 20, 2013

CONFIDENTIAL DOCUMENTS ENCLOSED

Ms. Ann Cole, Commission Clerk
Division of the Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

REDACTED

COMMISSION
CLERK

13 JUN 25 AM 9:08

RECEIVED FPSC

RE: FPSC Docket No. 130158-TL
CAF/ICC Data Report for ITS Telecommunications Systems, Inc. pursuant to 47
C.F.R. §54.304(d)(1)

Dear Ms. Cole:

Enclosed for filing in the above referenced docket are the following documents required to be submitted to the FPSC:

- (1) Data provided to USAC/FCC for CAF/ICC Support calculation;
- (2) ITS Access Line information for calculating the ARC;
- (3) Certification of Officer as to the Accuracy of the CAF ICC Data Reported;
- (4) Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier;
- (5) Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery; and
- (6) Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery.

ITS Telecommunications Systems, Inc. hereby claims confidential treatment pursuant to the Florida Statutes, Section 364.183 and Florida Administrative Code, Rule 25-22.006(5)(a) for the enclosed documents so as to not provide ITS's competition with proprietary information that could cause harm to our company in the competitive market.

Please contact Donna Marreel at 772-597-3161 if you have any questions regarding this filing.

Sincerely,

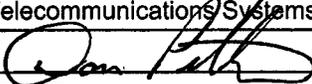
Don Pittman
Vice President/CFO

Enclosures

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

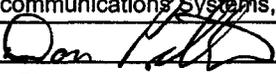
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				ITS Telecommunications Systems, Inc.			
Signature of authorized officer					Date		5/24/2013
Printed name of authorized officer			Don Pittman				
Title or position of authorized officer			Vice President/CFO				
Telephone number of authorized officer: (772) 597-3767 ext.							
Study Area Code of Reporting Carrier		210331		Filing Due Date for this form (mm/dd/yyyy)		6/17/2013	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>							

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				ITS Telecommunications Systems, Inc.			
Signature of Authorized Officer							
				Date		5/24/2013	
Printed name of Authorized Officer				Don Pittman			
Title or position of Authorized Officer				Vice President/CFO			
Telephone number of Authorized Officer:				(772) 597-3767, ext.			
Study Area Code of Reporting Carrier		210331		Filing Due Date for this form (mm/dd/yyyy)		6/17/2013	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

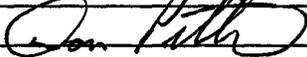
Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)

Name of Reporting Carrier ITS Telecommunications Systems, Inc.

Signature of Authorized Officer



Date 5/24/2013

Printed name of Authorized Officer

Don Pittman

Title or position of Authorized Officer

Vice President/CFO

Telephone number of Authorized Officer:

(772) 597-3767, ext.

Study Area Code of Reporting Carrier

210331

Filing Due Date for this form
(mm/dd/yyyy)

6/17/2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				ITS Telecommunications Systems, Inc.	
Signature of authorized officer				Date	5/24/2013
Printed name of authorized officer		Don Pittman			
Title or position of authorized officer		Vice President/CFO			
Telephone number of authorized officer:		(772) 597-3767 ext.			
Study Area Code of Reporting Carrier	210331	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



**Data Provided to USAC/FCC For CAF ICC Purposes -
Provided Concurrent with NECA 2013 Annual Tariff Filing**

**Study Area: 210331 ITS TELECOMM. SYS.
Settlement Type: Cost**

7/02/13 - 6/30/14 Test Period	
Rate-of-Return (ROR) Carrier Revenue Requirement	
1.	2011 Interstate Switched Access Revenue Requirement
2.	FY 2011 Intrastate Terminating Switched Access Revenues
3.	FY 2011 Net Reciprocal Compensation Revenues
4.	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)
5.	ROR Carrier Baseline Adjustment Factor (0.95 * 0.95)
6.	ROR Carrier Revenue Requirement (Line 4 * Line 5)
7.	Pool Administration Expenses
8.	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)
Revenues from Reformed Inter-carrier Compensation (ICC) Rates	
9.	Interstate Switched Access Revenues
10.	Interstate Allocated Switched Access Revenues#
11.	Transitional Intrastate Access Service Revenues
12.	Net Transitional Reciprocal Compensation Revenues
13.	Total ICC Revenue (Line 10 + Line 11 + Line 12)
Eligible Recovery	
14.	TRS Increment
15.	Regulatory Fees Increment
16.	NANPA Increment
17.	Interstate Local Switching Support for Price Cap Affiliates
18.	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16) - (Line 17)
Revenues From Access Recovery Charges (ARC)	
19.	Residential ARC Revenues
20.	Single Line Business ARC Revenues
21.	Multi-Line Business ARC Revenues
22.	Total ARC Revenues (Line 19 + Line 20 + Line 21)
23.	Connect America Fund (CAF) ICC Support** (Line 18 - Line 22)
<p>Notes:</p> <p># Per FCC Designation Order, calculated as (Sum of Line 7 for all TS pool participants) * (Line 1 / Sum of Line 1 for all TS pool participants)</p> <p>** NECA estimate provided for informational purposes only - actual to be calculated by USAC</p>	

COM _____
 AFD _____
 APA _____
 ECO _____
 ENG _____
 GCL _____
 UDM _____
 TEU 1
 CLK _____



Data Provided to USAC/FCC For CAF ICC Purposes -
 Provided Concurrent with NECA 2013 Annual Tariff Filing

Study Area: 210331 ITS TELECOMM. SYS.
 Settlement Type: Cost

Exchange Name	Zone	Additional Exchange (Lines)	Additional ISDN (Lines)	Residual Revenue (Lines)	Strategic Partners (Lines)	ISB Rate (Lines)	SIB Rate (Lines)	Value Added Services (Lines)	ISB Rate (Lines)	ISB Rate (Lines)	ISB Rate (Lines)
Indiantown			\$1.00								
Study Area Summary						\$1.00			\$2.00		