

**REQUEST TO ESTABLISH DOCKET**

(Please type or print. File original *plus* 1 copy with CLK.)

<b>Date:</b>	5/1/2017	<b>Docket No.:</b>	
<b>1. From Staff / Division:</b>	Division Of Economic Services/Toni Mccoy		
<b>2. OPR:</b>	Toni McCoy, ECO <i>JM</i>		
<b>3. OCR:</b>	GCL		
<b>4. Suggested Docket Title:</b>	Compliance investigation of local exchange Certificate No. 8880, issued to Optical Communications, Inc., for apparent first-time violation of Rule 25-4.0161, FAC., Regulatory Assessment Fees; Telecommunications Companies.		
<b>5. Program/Module/Submodule Assignment:</b>	A18a, A10		
<b>6. Suggested Docket Mail List.</b>			
<b>a. Provide NAMES/ACRONYMS, if registered company.</b>		<input type="checkbox"/> Provided as an Attachment	
<b>Company Code, if applicable:</b>	<b>Parties (include address, if different from MCD):</b>	<b>Representatives (name and address):</b>	
TY115			
<b>b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)</b>			
<b>Company Code, if applicable:</b>	<b>Interested persons, if any, (include address, if different from MCD):</b>	<b>Representatives (name and address):</b>	
<b>7. Check one:</b>	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation
<b>Comments:</b>			

RECEIVED-FPSC  
2017 MAY -1 PM 12:27  
COMMISSION CLERK

COMMISSIONERS:  
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STATE OF FLORIDA



OFFICE OF THE GENERAL COUNSEL  
KEITH C. HETRICK  
GENERAL COUNSEL  
(850) 413-6199

## Public Service Commission

February 20, 2017

TY115-16-T-0-D  
Optical Communications, Inc.  
729 Piedmont Avenue, N.E.  
Atlanta, GA 30308-1416

Dear Certificate Holder:

The Division of Administrative Services has forwarded your account to our office to address the nonpayment of the Regulatory Assessment Fees (RAFs) required by Section 364.336, Florida Statutes, and Rule 25-4.0161, Florida Administrative Code (F.A.C.), for the year 2016, which was due **January 30, 2017**. The RAF return form was mailed to you on **December 15, 2016**, and to date, Commission records reflect that payment has not been received.

**Utilities are charged with knowledge of our rules and statutes. According to Florida Law, you are required to add interest charges at 12% per annum, and a 5% penalty for each 30-day period or fraction thereof, beyond the due date, up to a maximum of 25% in addition to the delinquent amount due.** In addition, pursuant to Section 364.285, Florida Statutes, the Commission is authorized to impose upon any entity subject to its jurisdiction a penalty of not more than \$25,000 for each offense, if such entity is found to have refused to comply with or to have willfully violated any lawful rule or order of the Commission, or any provision of Chapter 364.

**If payment is not postmarked within 15 calendar days of receipt of this notice, as evidenced by the certified mail receipt, Rule 25-4.0161, F.A.C., automatically imposes a penalty of \$500, \$1,000, or \$2,000,** in addition to the interest and penalty listed in the preceding paragraph. The penalty is based on the number of prior dockets against a company for violation of the RAF rule. For one prior docket, it automatically will be assessed a \$1,000 penalty and for two, a \$2,000 penalty. For a third docket, staff will submit a recommendation to the Commission seeking cancellation of the company's certificate and removal from the register.

If you wish to request another form, please contact Toni McCoy at the number below. The payment should be identified with the company code and the company's name. Failure to provide payment within **15 days of this notice** will result in the establishment of a docket to address your failure to return the RAFs form and pay RAFs in accordance with Section 364.336, Florida Statutes, and Rule 25-4.0161, Florida Administrative Code. As specified above, pursuant to Section 364.285, Florida Statutes, the Commission may impose a fine for failure to comply. Therefore, it is important that you address this matter now. If you have paid your fees, please provide us with your check number and the date that it was paid.

Should you have any questions concerning this letter please contact **Toni McCoy** at (850) 413-6532 or via Internet e-mail at [tmccoy@psc.state.fl.us](mailto:tmccoy@psc.state.fl.us).

Sincerely,

A handwritten signature in black ink that reads "Keith C. Hetrick".

Keith C. Hetrick  
General Counsel

cc: Fiscal Services Section

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

Total 1

#	DocketNum	Title	DocDate	Status
1	150173-TX	Application for certificate to provide local telecommunications service by Optical Communications, Inc.	07/28/2015	Closed

Utility Information

This account is Delinquent.

Utility Mailing Name:  Complete Name:  Utility Code:

Street1:  Street2:  City:

State:  Zip:  Phone:

Federal Id:  Certificate #:  Bankruptcy Start Date:  Bankruptcy End Date:  BType:

Utility Status Code:  Utility Status Date:  WriteOff Type:

RAF Account Information

RAF Periods:

RAF Period Covered:

Service:

Current RAF Status:

RAF Transactions:

Operating Revenue:

Gross Interstate Revenue:

RAF Rate:

Correspondence Suspended  Show Cause

Check Received  On Payment Plan  Utility Request Close

Confidential  RAF Form Withdrawn  Audited

Send Collection Collection Date:   Collection Withdrawn

RAF Form Received  Actual  Estimated

Amended Return  Don't calculate Penalty  Don't calculate Interest

RAF Account Satisfied

RAF Due Date:

All Comments:

User Comments:

Estimated Assessments

	Due	Paid	WriteOff	Refund	Expired Refund	Dwe
RAF	<input type="text" value="600.00"/>	<input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="600.00"/>
Penalty	<input type="text" value="90.00"/>	<input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="90.00"/>
Interest	<input type="text" value="18.00"/>	<input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="18.00"/>
Extension	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Total	<input type="text" value="708.00"/>	<input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="708.00"/>

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TY115-16-T-0-D  
 Optical Communications, Inc.  
 729 Piedmont Avenue, N.E.  
 Atlanta, GA 30308-1416

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **DAVID KENTH** B. Date of Delivery **2/25/17**  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7005 1160 0003 8791 2134

7005 1160 0003 8791 2134

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Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		—
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>6.56</b>

Postmark Here  
 2/25/17

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 Optical Communications, Inc.  
 729 Piedmont Avenue, N.E.  
 Atlanta, GA 30308-1416

Reverse for Instructions