ANNUAL ILEC WIRELINE and FIXED/STATIC INTERCONNECTED VoIP MINNESOTA TELEPHONE FEES REMITTANCE FORM

FORM TO REMIT WITH 911, TAM AND TAP FEES COLLECTED *ANNUALLY* BEGINNING THE FIRST BILLING CYCLE ON OR AFTER 07/01/2016 (Fee $1.05) WITH FEE CHANGE 08/01/2016 (Fee $1.03)

FEE REMITTANCE DUE DATE:
Fees are due to the Minnesota 911 Program before the 25th of the month following the month(s) of collection [MN Statutes 403.11, Subd.1 (c)] Fees remitted after the due date are subject to a collection penalty [MN Statutes 16D.11].

COMPLETE ITEMS 1 - 7

1.a COMPANY INFORMATION **Telephone Carrier Information**	Company Name	
	Contact Name	
	E-Mail address	
1.b SUBMITTED BY **Complete this section if submitting as a representative on behalf of the carrier.**	Company Name	
	Contact Name	
	E-Mail Address	
	Phone #	

2. CHECK ALL BOXES THAT APPLY TO INDICATE ILEC and/or VoIP

Wireline ILEC		911 - .95¢	TAM - .05¢	TAP - .03¢	(Combined 911 TAM TAP fee amount $1.03)
Cable/Fixed/Static VoIP		911 - .95¢	TAM - .05¢	TAP - .03¢	(Combined 911 TAM TAP fee amount $1.03)

MONTH	MINNESOTA CUSTOMER LINE COUNT	COMBINED 911 TAM AND TAP FEE	FEE - / +	ADJUSTMENT	TOTAL	REMARKS
07/2016		X $1.05				
08/2016		X $1.03				
09/2016		X $1.03				
10/2016		X$1.03				
11/2016		X $1.03				
12/2016		X $1.03				
01/2017		X $1.03				
02/2017		X $1.03				
03/2017		X $1.03				
04/2017		X $1.03				
05/2017		X $1.03				
06/2017		X $1.03				
TOTALS						

7. TOTAL AMOUNT OF FEES REMITTED

I certify that I am a manager or officer of this telecommunications company and that this report is accurate and true and reflects the appropriate customer access line count including trunk equivalents, adjustments, and fee amount.

Certified by: _____ _____
(signature of telecommunications company manager or officer) Date Signed

Printed name:
Phone #: Email:

CHECKS SHOULD BE MADE PAYABLE TO: MINNESOTA 9-1-1 PROGRAM

REMIT FEES TO: Department of Public Safety, ECN Division, 445 Minnesota Street, Suite 137, St. Paul, MN 55101-5137
(Questions - contact Carol Schmidt at 651-201-7549 or email carol.schmidt@state.mn.us)

--- DO NOT WRITE BELOW THIS LINE - STATE OF MINNESOTA OFFICE USE ONLY -----

Check #			
Amount		E9-1-1 $	
Date received		TAM $	
Deposit #		TAP $	