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

FORM TO REMIT WITH 911, TAM AND TAP FEES COLLECTED *MONTHLY OR QUARTERLY* BEGINNING THE FIRST BILLING CYCLE ON OR AFTER 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 Contact 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 - 3¢	(Combined 911 TAM TAP fee amount $1.03)
Cable/Fixed/Static VoIP		911 -.95¢	TAM -.05¢	TAP - 3¢	(Combined 911 TAM TAP fee amount $1.03)

3. ENTER THE PERIOD FEES WERE COLLECTED

mm/yyyy
(example: 01/2016)

Quarterly collection less than $250/month
(example: 01/2016 - 03/2016)

4. MINNESOTA CUSTOMER LINE COUNT (include customer access lines where fees are adjusted on Line 5.)

4.a Number of Minnesota customer lines — 4.a

4.b. Number of Minnesota customer lines based on Trunk Equivalency ratio ____:____ — 4.b

(Refer to PUC Order P999/CI-07-617 to determine what trunk equivalents to apply)

TOTAL ALL CUSTOMER LINES (4.a + 4.b.)

5. UNADJUSTED FEE REMITTANCE

Amount of unadjusted 911 TAM TAP fees combined - $1.03 x total access lines from section 4

6. PRORATED ADJUSTMENTS (See FAQ #3)

6.a. Add number of New Minnesota Customer lines (## divided by total # of days in month x 15 days) x $1.03 =

6.b. Subtract number of Exiting Minnesota Customer lines (## divided by total # of days in month x 15 days) x $1.03 =

Add dollar amount from 6a., subtract dollar amount from 6.b., enter net result

(total adjustments)

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: _____ Date signed: _____
(signature of telecommunications company manager or officer)

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
Date received
Deposit #

E9-1-1 $
TAM $
TAP $