

ANNUAL Nomadic VoIP MINNESOTA TELEPHONE FEES REMITTANCE FORM

FORM TO REMIT WITH 911 FEES COLLECTED ANNUALLY BEGINNING THE FIRST BILLING CYCLE ON OR AFTER 07/01/2016 (Fee .95 Cents)

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 BOX TO VERIFY THE AMOUNT COLLECTED AND REMITTED FOR 911 FEES

Nomadic VoIP (Service Not certified by MN PUC) 911 = .95¢

Nomadic VoIP is the ability to travel with your VoIP service and place a phone call from anywhere you can access high speed INTERNET.
 This does not include phone services in a designated fixed location, including phone services that are bundled with INTERNET and cable TV.

MONTH	MINNESOTA CUSTOMER LINE COUNT	911 FEE	FEE - / +	ADJUSTMENT	TOTAL	REMARKS
07/2016	_____	X .95¢	_____	_____	_____	
08/2016	_____	X .95¢	_____	_____	_____	
09/2016	_____	X .95¢	_____	_____	_____	
10/2016	_____	X .95¢	_____	_____	_____	
11/2016	_____	X .95¢	_____	_____	_____	
12/2016	_____	X .95¢	_____	_____	_____	
01/2017	_____	X .95¢	_____	_____	_____	
02/2017	_____	X .95¢	_____	_____	_____	
03/2017	_____	X .95¢	_____	_____	_____	
04/2017	_____	X .95¢	_____	_____	_____	
05/2017	_____	X .95¢	_____	_____	_____	
06/2017	_____	X .95¢	_____	_____	_____	
TOTALS	_____		_____	_____	_____	

7. TOTAL AMOUNT OF FEES REMITTED

I certify that I am a manager or officer of this telecommunications service provider and that this report is accurate and true and reflects the appropriate Minnesota customer counts, adjustments, and fee amount.

Certified by: _____ Date Signed _____
 (signature of telecommunications service provider 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	_____	E9-1-1 \$ _____
Date received	_____	
Deposit #	_____	