MONTHLY/QUARTERLY Nomadic VoIP MINNESOTA TELEPHONE FEES REMITTANCE FORM

FORM TO REMIT WITH 911 FEES COLLECTED *MONTHLY OR QUARTERLY* BEGINNING THE FIRST BILLING CYCLE ON OR AFTER 01/01/2016 (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 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 BOX TO INDICATE NOMADIC VoIP TELECOMMUNICATIONS PROVIDER

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

3. 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.

4. ENTER THE PERIOD FOR WHICH FEES WERE COLLECTED

mm/yyyy (example: 01/2016)

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

5. MINNESOTA CUSTOMER LINE COUNT (include customers where fees are adjusted on Line 7.)

5.a Number of Minnesota customer lines

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

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

TOTAL CUSTOMER LINES (5.a + 5.b.)

6. UNADJUSTED FEE REMITTANCE

Amount of unadjusted 911 - .95 x total Minnesota customers from section 5

7. PRORATED ADJUSTMENTS (See FAQ #3)

7.a. Add number of New Minnesota Customer lines (## divided by total # of days in month x 15 days) x .95

7.b. Subtract number of Exiting Minnesota Customer lines (## divided by total # of days in month x 15 days) x .95

Add dollar amount from 7.a, Subtract dollar amount from 7.b - Enter net result

(total adjustments)

8. 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 Minnesota customer counts 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

Date received

Deposit #

E9-1-1 $