ANNUAL Nomadic VoIP MINNESOTA TELEPHONE FEES REMITTANCE FORM

FORM TO REMIT WITH 911 FEES COLLECTED *ANNUALLY* BEGINNING THE FIRST BILLING CYCLE ON OR AFTER 07/01/2015 (Fee 78 Cents) AND FEE CHANGE 01/01/16 (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
07/2015		X .78¢			
08/2015		X .78¢			
09/2015		X .78¢			
10/2015		X .78¢			
11/2015		X .78¢			
12/2015		X .78¢			
01/2016		X .95¢			
02/2016		X .95¢			
03/2016		X .95¢			
04/2016		X .95¢			
05/2016		X .95¢			
06/2016		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:

(signature of telecommunications service provider 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 $