SUBSCRIBER COUNTS

Please complete the requested information below and return this form to the Minnesota Department of Public Safety (DPS), Emergency Communications Network Division (ECN) by **March 1st (for the December 31st reporting period) or by September 1st (for the June 30th reporting period).**

Submitting the form using the email address (preferred method) or fax number on the bottom of the form.

Based on Minnesota Statutes 2012, section 403.11, Subd. 6. Information shall be provided by the telecommunications service provider mentioned on this form, not a third party company.

Telecommunications Service Provider Name: _____

Company Contact Name: _____

Address: _____ *City, State and Zip:* _____

Contact's Phone #: _____ *Contact's Fax #:* _____

Contact's Email: _____

1. This subscriber count statement is applicable for the reporting period CHECK THE APPRIORAITE BOX BELOW FOR THE PERIOD YOU ARE REPORTING FOR:

   June 30th Due by September 1st of the same year

   December 31st Due by March 1st of the following year

2. Total subscriber counts for each category applicable to your company:

TYPE OF SERVICE PROVIDED	TOTAL NUMBER OF SUBSCRIBERS
Wire Line	
VoIP:	
A. Nomadic	
B. Static	
Wireless:	
A. Contract Subscribers	
B. PrePaid Transaction Sales	
C. ETC/Lifeline PrePaid Sales	
GRAND TOTAL	
Notes:	

I hereby certify that I am an Officer of the Company and that data above is a true and accurate reflection of my companies subscriber count as of the reporting period indicated above.

Certified by: _____ _____

(Signature of telecommunications company officer) *Date signed*

Printed name: _____ *Phone #* _____

Title: _____

Email: _____

Return the completed form via email to: dustin.leslie@state.mn.us

Or fax to 651-296-2665