

**ANNUAL CLEC WIRELINE and FIXED/STATIC INTERCONNECTED VoIP MINNESOTA
TELEPHONE FEES REMITTANCE FORM**

**FORM TO REMIT WITH 911, TAM AND TAP FEES COLLECTED ANNUALLY BEGINNING
THE FIRST BILLING CYCLE ON OR AFTER 07/01/2018 (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 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 CLEC and/or VoIP

Wireline CLEC	<input type="checkbox"/>	911 - .95¢	TAM - .05¢	TAP - .03¢	(Combined 911 TAM TAP fee amount \$1.03)
Cable/Fixed/Static VoIP	<input type="checkbox"/>	911 - .95¢	TAM - .05¢	TAP - .03¢	(Combined 911 TAM TAP fee amount \$1.03)

MONTH	MINNESOTA CUSTOMER LINE COUNT	COMBINED 911 TAM AND TAP FEE	FEE - / +	ADJUSTMENT	TOTAL	REMARKS
07/2018	_____	X \$1.03	_____	_____	_____	_____
08/2018	_____	X \$1.03	_____	_____	_____	_____
09/2018	_____	X \$1.03	_____	_____	_____	_____
10/2018	_____	X \$1.03	_____	_____	_____	_____
11/2018	_____	X \$1.03	_____	_____	_____	_____
12/2018	_____	X \$1.03	_____	_____	_____	_____
01/2019	_____	X \$1.03	_____	_____	_____	_____
02/2019	_____	X \$1.03	_____	_____	_____	_____
03/2019	_____	X \$1.03	_____	_____	_____	_____
04/2019	_____	X \$1.03	_____	_____	_____	_____
05/2019	_____	X \$1.03	_____	_____	_____	_____
06/2019	_____	X \$1.03	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____	_____

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 #	_____	E9-1-1 \$	_____
Amount	_____	TAM \$	_____
Date received	_____	TAP \$	_____
Deposit #	_____		