

BAR

ORIGINAL

STATE OF FLORIDA

Commissioners:  
J. TERRY DEASON, CHAIRMAN  
E. LEON JACOBS, JR.  
LILA A. JABER  
BRAULIO L. BAEZ



DIVISION OF COMPETITIVE SERVICES  
WALTER D'HAESELEER  
DIRECTOR  
(850) 413-6600

Public Service Commission

September 20, 2000

Ms. Kelli Muhammad  
6455 East Johns Crossing, Suite 285  
Duluth, GA 30097-1568

Re: **Docket No. 001264-TI - Telscape USA, Inc.**  
**Docket No. 001266-TI - International Telcom, Ltd.**

Dear Ms. Muhammad:

This is a follow up to our telephone conversation concerning the above docket. The regulatory assessment fee (RAF) is due each year by January 30 for the previous year, unless the 30th falls on a weekend, then the due date is the next working day. For example, the 1999 fee was due January 31, 2000.

Commission records show that as of this date, the 1999 RAF has not been paid for either company. The 1999 RAF returns are attached. Please complete and return them along with your check for the past due amount in full. The RAF is .0015% of your total Florida gross revenues, or \$50.00, whichever is greater. However, if you owe only the minimum amount and if your check is postmarked by September 30, 2000, the 1999 total is \$66.50 (\$50.00 fee, \$12.50 penalty, and \$4.00 interest).

To resolve this docket, your company has three options.

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

- (1) Cancel the certificates voluntarily - Pay all past due charges in full, pay the current year's RAF or provide a date certain that it will be paid (such as 30 days from the date of the Commission Order cancelling your certificate), and write a letter requesting cancellation of each certificate. A copy of our rule is attached.
- (2) Do nothing - In this case, your certificates will be cancelled on the Commission's own motion. All outstanding RAFs, including penalty and interest charges, will be turned over to the Comptroller's Office for collection.

DOCUMENT NUMBER-DATE

11935 SEP 21 8

FPSC-RECORDS/REPORTING

Ms. Kelli Muhammad  
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September 20, 2000

- (3) Propose a settlement for each docket - There is normally a \$500 fine imposed for this rule violation. You need to write the Commission a settlement letter that must include the following:
- Docket number;
  - A check for the past due amount in full;
  - A statement that it has taken steps to prevent future late payments of the regulatory assessment fees; and
  - Make a specific monetary settlement.

Any settlement offer should be addressed to Ms. Blanca Bayó, Director, Division of Records and Reporting, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0850. The proposed settlement amount should not be paid at this time, instead only the past due regulatory assessment fee, plus penalty and interest charges should be paid. The settlement amount, if approved by the Commission, must be paid within 10 business days after the Commission Order is issued.

Please let me know what your decision is by October 5, 2000. If you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, and by internet e-mail at [pisler@psc.state.fl.us](mailto:pisler@psc.state.fl.us).

Sincerely,



Paula J. Isler, Research Assistant  
Bureau of Service Quality & Compliance

Enclosures

cc: Docket No. 001264-TI  
Docket No. 001266-TI  
Division of Legal Services (Walker; Cibula)

# Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/99 TO 12/31/99

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TI587  
International Telcom, Ltd.  
6455 East Johns Crossing, Suite 285  
Duluth, GA 30097-1568

Please Complete Below if Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603001  
003001

\$ \_\_\_\_\_ P  
0603001  
004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

\_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )	( _____ )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ _____

\* These amounts must be intrastate only and must be verifiable.

**AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50**

### CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: \_\_\_\_\_

### BILLING INFORMATION

Complete below if billing agent if other than yourself.

\_\_\_\_\_  
(Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 19 \_\_\_\_\_

What is the total amount of bond held (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

### COMPANY INFORMATION

Do you lease telecommunications facilities?  YES  NO

If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
(Signature of Company Official) (Title) (Date)

\_\_\_\_\_  
(Preparer of Form - Please Print Name)

Telephone Number ( ) Fax Number ( )

F.E.I. No. \_\_\_\_\_

**FLORIDA PUBLIC SERVICE COMMISSION**  
Instructions For Filing Regulatory Assessment Fee Return  
(Interexchange Company)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND  
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before January 30 for the twelve-month period January 1 through December 31.*

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount in Line 7.

On Line 7, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 10). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 11). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

*When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.*

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or  
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.

6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original and in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. Make your check payable to the Florida Public Service Commission. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850  
**ATTENTION: Fiscal Services**

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return, please contact the Division of Auditing and Financial Analysis at (850) 413-6480.

For assistance on telecommunications facilities, please contact the Division of Communications at (850) 413-6502.

Both divisions may be contacted at the above-referenced address, directing correspondence to the attention of the division.

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Telscape USA, Inc.  
6455 East Johns Crossing, Suite 285  
Duluth, GA 30097-1568

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603001  
\_\_\_\_\_ 003001

\$ \_\_\_\_\_ P  
\_\_\_\_\_ 0603001  
\_\_\_\_\_ 004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

\_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

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 Alternate-Operator Service       Reseller       Other: \_\_\_\_\_

### BILLING INFORMATION

Complete below if billing agent if other than yourself.

\_\_\_\_\_ (Name)      \_\_\_\_\_ (Address: City/State/Zip)      \_\_\_\_\_ (Telephone)  
 What is the total amount of customer deposits collected?      What is the total amount of bond held (if applicable)?  
 Amount: \$ \_\_\_\_\_ for 19 \_\_\_\_\_      Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

### COMPANY INFORMATION

Do you lease telecommunications' facilities?       YES       NO  
 If YES, who do you lease these facilities from?      Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_ (Signature of Company Official)      \_\_\_\_\_ (Title)      \_\_\_\_\_ (Date)  
 \_\_\_\_\_ (Preparer of Form - Please Print Name)      Telephone Number ( \_\_\_\_\_ )      Fax Number ( \_\_\_\_\_ )  
 F.E.I. No. \_\_\_\_\_

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Both divisions may be contacted at the above-referenced address, directing correspondence to the attention of the division.

**25-24.474 Cancellation of a Certificate.**

(1) The Commission may on its own motion cancel a company's certificate for any of the following reasons:

- (a) Violation of the terms and conditions under which the authority was originally granted;
- (b) Violation of Commission rule or order; or
- (c) Violation of Florida Statutes.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.
- (c) A statement on treatment of customer deposits and final bills.
- (d) Proof of individual customer notice regarding discontinuance of service.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.285, 364.337, 364.345 FS.

History--New 2-23-87, Amended 3-13-96.