

CCA  
010912-T1

## STATE OF FLORIDA

COMMISSIONERS:  
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J. TERRY DEASON  
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DIVISION OF COMPETITIVE SERVICES  
WALTER D'HAESELEER  
(850) 413-6600

# Public Service Commission

August 14, 2001

Mr. Gary Frank, CEO  
VoCall Communications Corp.  
9 B Fadem Road  
Springfield, NJ 07081

Dear Mr. Frank:

On July 23, 2001, the Commission received a letter dated July 19<sup>th</sup> requesting cancellation of VoCall's IXC certificate. There are two kinds of cancellations. The first is voluntary, which is normally granted if the company is in good standing with the Commission and does not have a past due balance of the Regulatory Assessment Fee (RAF), including statutory penalty and interest charges. The other is involuntary. If a company is not in good standing and has an outstanding balance of the RAF, the Commission normally cancels the certificate on its own motion for a rule violation. Any balance owed is forwarded to the Comptroller's Office for collection.

The RAF is assessed if a certificate is active for any one day during a calendar year and is due by January 30 of each year, unless the 30th falls on a weekend, then the fee is due by the next working day, for the previous year. If payment for the RAF is mailed after the due date, then statutory penalty and interest charges are applicable.

According to Commission records, VoCall has not paid the 2000 RAF, including penalty and interest charges. Depending upon when your check is postmarked, penalty and interest charges will continue to accrue. The 2000 and 2001 RAF return forms are attached. The RAF is .0015% of a company's intrastate revenues or \$50.00, whichever is greater. However, if VoCall only owes the minimum, and if payment is postmarked by August 28<sup>th</sup>, the total for the 2000 RAF is \$66.00 (\$50.00 RAF, \$12.50 penalty, and \$3.50 interest).

The effective date of a voluntary cancellation is the date that the Commission received a company's request for cancellation. In this case, the Commission did not receive your request until July 23, 2001, therefore, the company will owe the 2001 RAF, even if the company is no longer in business. Rule 25-24.474, Florida Administrative Code, provides that a company requesting cancellation of its certificate must include the following information:

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD • TALLAHASSEE, FL 32399-0850

An Affirmative Action/Equal Opportunity Employer

PSC Website: <http://www.floridapsc.com>

Internet E-mail: [contact@psc.state.fl.us](mailto:contact@psc.state.fl.us)

DOCUMENT NUMBER - DATE

09906 AUG 14 2001

FPSC-COMMISSION CLERK

Mr. Gary Frank, CEO

Page 2

August 14, 2001

- Date the current year's RAF (2001) will be paid;
- Statement of why the certificate is proposed to be cancelled;
- Statement on the treatment of customer deposits and final bills; and
- Proof of individual customer notice regarding discontinuance of service.

Therefore, based on the above information, I cannot recommend a voluntary cancellation of your certificate unless the 2000 RAF, including penalty and interest charges, is paid and VoCall provides the other information required in Rule 25-24.474, F.A.C. Please respond in writing by August 29, 2001, and let me know how you wish to proceed. In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, by internet e-mail at [pisler@psc.state.fl.us](mailto:pisler@psc.state.fl.us), or at the above address.

Sincerely,



Paula J. Isler, Research Assistant  
Bureau of Service Quality

Enclosures

cc: Docket No. 010912-TC  
Division of Legal Services (K. Peña)

# Interexchange Company Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

\_\_\_\_ Actual Return  
\_\_\_\_ Estimated Return  
\_\_\_\_ Amended Return

TI677-00-0-R  
VoCall Communications Corp.  
284 Sheffield Street  
Mountainside, NJ 07092-2319

PERIOD COVERED:

01/01/2000 TO 12/31/2000

*Docket # 010912-T1*

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.	<b>TOTAL Telephone Services</b>	\$ _____	\$ _____
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> 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.	<b>TOTAL AMOUNT DUE</b>	_____	\$ _____

\* 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?      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. \_\_\_\_\_

# Interexchange Company Regulatory Assessment Fee Return

**STATUS:**

☐ Actual Return  
☐ Estimated Return  
☐ Amended Return

**PERIOD COVERED:**

01/01/2001 TO 12/31/200

**Florida Public Service Commission**

(See Filing Instructions on Back of Form)

TI677-01-0-R  
 VoCall Communications Corp.  
 284 Sheffield Street  
 Mountainside, NJ 07092-2319

**Docket # 010912-T1**

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check# \_\_\_\_\_  
 \$ \_\_\_\_\_ 0603001  
 \$ \_\_\_\_\_ P 003001  
 \$ \_\_\_\_\_ 0603001  
 \$ \_\_\_\_\_ I 004011  
 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	\$ _____	\$ _____
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8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>	_____	_____
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11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	<b>TOTAL AMOUNT DUE</b>	_____	_____

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(Signature of Company Official)

(Title)

(Date)

**(Preparer of Form - Please Print Name)**

Telephone Number ( ) Fax Number ( )

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