FILED 6/25/2021 DOCUMENT NO. 06924-2021 FPSC - COMMISSION CLERK



Internet Voice Cloud Services IT Services Data Center Colocation DirectTV

June 17, 2021

CONFIDENTIAL DOCUMENTS ENCLOSED

Mr. Adam Teitzman Office of the Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

REDACTED

RE: PSC Docket No. 20210108-TP – ITS Telecommunications Systems, Inc. d/b/a ITS Fiber ("ITS Fiber") CAF/ICC Recovery Data Collection

Dear Mr. Teitzman:

In accordance with 47 C.F.R §51.917(d) and §51.917(e), ITS Fiber is certifying that as a Rate-of-Return Carrier we are eligible for CAF/ICC Recovery. ITS Fiber is also certifying that it is not seeking duplicate recovery per 47 C.F.R. §51.917(d)(vii).

With this in mind, you will find documents associated with the recovery for CAF/ICC and that ITS Fiber is filing them under a claim of confidentiality pursuant to the Section 364.183(1) of the Florida Statutes, and Rule 25-22-006(5)(a) of the Florida Administrative Code. One highlighted copy is sealed in an envelope marked "CONFIDENTIAL" with the confidential information highlighted in yellow and two redacted copies that are available for public inspection are enclosed.

If you should have any questions regarding this filing, please contact Donna J. Marreel at 772-597-3161 or at donnam@itsfiber.com.

Sincerely,

Bruce Russell Vice President of Finance

COM _____ AFD ____ APA ____ ECO ____ ENG ____ GCL ____ IDM ___ reducted Copy CLK ____



Filing Entity:	ITS Telecommunications Systems, Inc.			
OSA:	210331	REDACTED		
UTILITY OF STREET				
	Revenue Requirement	7/1/2020- 6/30/2021	7/1/2021- 6/30/2022	Chang
1	2011 Interstate Switched Access Revenue Requirement		S. Contractor	entrip.
2	FY 2011 Intrastate Terminating Switched Access Revenues			
3	FY 2011 Net Reciprocal Compensation Revenues	li de si la		
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)			
5	ROR Carrier Baseline Adjustment Factor (reduced 5% each year)			
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)			
7	NECA Administrative Expenses (n/a)	1 <u>1</u> 1 1 1 1 1 1 1		
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)			
	Estimated Switched Access Revenues			
9	Interstate Switched Access Revenues	HARD STOL		
10	n/a	10111110		
11	Transitional Intrastate Access Service Revenues			
12	Net Transitional Reciprocal Compensation Revenues	1.0111.000		
13	Total Estimated ICC Switched Access Revenue (Line 9 + Line 11 + Line 12)			
14	TRS Increment (n/a for average schedule companies)	Contract on State of State	1. 1. 1. 1. 1.	
15	Regulatory Fees Increment (n/a for average schedule companies)			
16	NANPA Increment (n/a for average schedule companies)			
17	n/a	1916 go 45 1 - 5		
18	Adjustment for Double Recovery or Corrections, NECA Admin Expenses			
19	True-Up Test Year >>>>> Prior Period Trueup - Net Impact on Total Eligible Recovery (Total of 19A-19G)	2018-2019	2019-2020	
19A	Test Period Trueup Interstate Access			
19B	Test Period Trueup Intrastate Terminating Access	The local division of		
190	Test Period Trueup Net Recip Comp			
19D	Test Period Trueup ARCs	The second second		
19E	Test Period Trueup TRS Increment			
19E	Test Period Trueup Regulatory Fees Increment			
100	Test here a transfer to the state of the sta			

21	Residential ARC Revenues	The State of the State of the State
22	Single Line Business ARC Revenues	
23	Multi-Line Business ARC Revenues	
24	Imputed ARC from CBOL Lines	
25	Total ARC Revenues (Line 21 + Line 22 + Line 23 + Line 24)	
26	Connect America Fund (CAF) ICC Support including prior period true-up (Line 20 - Line 25)	
27	Monthly	

Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)

Test Period Trueup NANPA

19G 20

Certification of Officer to Authorize an Agent to File Data on Behalf of Reporting Carrier I certify that (Name of Agent) <u>John Staurulakis, Inc. (JSI)</u> is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.						
Name of Authorized Agent	John Staurulakis,	Inc. (JSI)				
Name of Reporting Carrier ITS Telecommunications Systems, Inc.						
Signature of Authorized Officer	~ Rund	Date	6/11/21			
Printed name of Authorized Officer Bruce Russell						
Title or position of Authorized Officer Vice President of Finance						
Telephone number or Authorized Officer. (772) 597-2106						
Study Area Code of Reporting Carrier	210331	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

Certification of Officer as to the Accuracy of the CAF ICC Data Reported						
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.						
Name of Reporting Carrier ITS Telecommunications Systems, Inc.						
Signature of Authorized Officer	Br Ru	M	Date	6/11/21		
Printed name of Authorized Officer	Bruce F	Russell				
Title or position of Authorized Officer Vice President of Finance						
Telephone number or Authorized Officer. (772) 597-2106						
Study Area Code of Reporting Carrier	210331		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021		
Persons willfully making false statement of 1934, 47 U.S.C. §§ 502, 503(b), or fir	ts on this form ne or imprisor	n can be ument un	punished by fine or forfeiture und der Title 18 of the United States (er the Communicat Code, 18 U.S.C. § 1	ions Act 001.	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery						
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).						
Name of Reporting Carrier ITS Telecommunications Systems, Inc.						
Signature of Authorized Officer	Ph Kind	Date	6/11/21			
Printed name of Authorized Officer	Bruce Russell		- (- (-)-			
Title or position of Authorized Officer Vice President of Finance						
Telephone number or Authorized Officer. (772) 597-2106						
Study Area Code of Reporting Carrier	210331	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).						
Name of Reporting Carrier	ITS Telecon	mmuni	ications Systems, Inc.			
Signature of Authorized Officer	B_ Rul	1	Date	6/1/2/		
Printed name of Authorized Officer	Bruce Ru	ıssell		1 1		
Title or position of Authorized Officer Vice President of Finance						
Telephone number or Authorized Officer.(772) 597-2106						
Study Area Code of Reporting Carrier	210331		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021		
Persons willfully making false statement of 1934, 47 U.S.C. §§ 502, 503(b), or fir	ts on this form one or imprisonm	can be p nent und	ounished by fine or forfeiture und der Title 18 of the United States (er the Communications Code, 18 U.S.C. § 1001.	Act	

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