

OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION

ORIGINAL

Docket No. 11-0298  
ICC Office Use Only

Safari Communications, Inc. :  
:  
Application for a certificate of :  
Wireless Authority to operate :  
as a reseller of telecommunications :  
services throughout the State of Illinois :

APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER

I. GENERAL (To be completed by All Applicants)

1. Applicant's Name (including d/b/a, if any) FEIN # \_\_\_\_\_

Safari Communications, Inc.

Address: 4915 Dorothy Ave.  
Sarasota, FL 34235

*Note: Assumed business names must be provided if and only if registered with the Illinois Secretary of State's Office.*

2. Authority Requested: (Mark all that apply)

Interexchange Service (*Authorities: See Sections 13-401, 13-403 and 13-404 of the IPUA*)

- Facilities Based Prepaid Interexchange Service
- Facilities Based Non-Prepaid Interexchange Service
- Resold Prepaid Interexchange Service
- Resold Non-Prepaid Interexchange Service
- Interexchange Public Pay Telephone Service

Local Exchange Service (*Authorities: See Sections 13-401, 13-404, and 13-405 of the IPUA*)

- Facilities Based Prepaid Local Exchange Service
- Facilities Based Non-Prepaid Local Exchange Service
- Resold Prepaid Local Exchange Service
- Resold Non-Prepaid Local Exchange Service
- Local Exchange Public Pay Telephone Service

CHIEF CLERK'S OFFICE  
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ILLINOIS  
COMMERCE COMMISSION

Cellular Radio/Wireless Telephone Service (*Authorities: See Section 13-401 of the IPUA*)

- FCC Permitted or Licensed Prepaid Cellular Radio/Wireless Telephone Service
- FCC Permitted or Licensed Non-Prepaid Cellular Radio/Wireless Telephone Svc.
- Resold Prepaid Cellular Radio/Wireless Telephone Service
- Resold Non-Prepaid Cellular Radio/Wireless Telephone Service

Other Telecommunications Services (Specify) (*Authorities: See Section 13-401 of the IPUA*)

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3. For each service that the Applicant is requesting authority to provide, please specify the area or areas of the State for which the applicant is seeking authority to provide such service and the services (as designed in question 2 above) that will be provided in each area.

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4. Contact Information - Please provide contact information, including name(s), address(es), telephone number(s), and e-mail address(es), for personnel or entities responsible for the areas below:

a) Issues related to processing this application:

Mark Foster  
 Attorney at Law  
 707 West Tenth Street  
 Austin, TX 78701  
 mark@mfoosterlaw.com

b) Designated agent (*Note: Applicants must have an Illinois In-State Designated Agent listed. An additional Out-of-State Designate Agent is permitted, but not required.*)

Illinois Corporation Service Company  
 801 Adlai Stevenson Drive  
 Springfield, IL 62703

c) Business Operations (*Note: The contact numbers reported in this questionnaire are intended to be used by the ICC Staff to contact the Applicant as issues arise. They are not intended to be contact numbers used by customers or the general public. If separate contacts apply for different issue areas, please report the separate numbers by issue below.*)

- i) Consumer issues;
- ii) Customer complaint resolution;
- iii) Technical and service quality issues;
- iv) "Tariff" and pricing issues;
- v) 9-1-1 issues;
- vi) Security/law enforcement issues;
- vii) Regulatory issues.

Tom Peltier  
 Safari Communications, Inc.  
 4915 Dorothy Ave.  
 Sarasota, FL 34235  
 941-685-3111  
 Safaritom@aol.com

*Note: To avoid possible revocation of service authority, the name and contact information above must be kept current. Changes in the applicants Designated Agent(s) should be directed to the Chief Clerk's Office of the ICC at 217-782-7434. All other changes should be directed to the Telecommunications Division of the ICC at 217-524-5073.*

5. How is the Applicant organized?

Individual

Partnership

Corporation:

Date Corporation was formed: 07/13/2009

State of incorporation: Florida

Other (Specify) \_\_\_\_\_

6. Please attach a copy of articles of incorporation. Applicants that are not Illinois corporations should also submit a copy of its Certificate of Authority to Transact Business in Illinois as issued by the Secretary of State.

See Exhibit A

7. Has the Applicant been issued by the Federal Communications Commission a construction permit or an operating license to construct or operate a cellular radio system in the areas, or a portion of the area, for which the Applicant seeks a Certificate of Service Authority?

YES  NO

If YES, please provide all relevant license or permit numbers:

**II. MANAGERIAL (To be completed by All Applicants except Wireless Applicants)**

1. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in narrative form, in the form of resumes of key personnel, or a combination of these forms.
2. Please attach a current organization chart.
3. List officers of Applicant.

_____	_____
_____	_____
_____	_____

4. Does the Applicant currently, or has it in the past, held a certificate from the Illinois Commerce Commission?

\_\_\_\_\_ YES \_\_\_\_\_ NO

5. Does the Applicant currently, or has it in the past, provided service under any other name in Illinois?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide all other names under which service is being or has been provided.

\_\_\_\_\_

6. Is any affiliate of the Applicant providing, or has any affiliate provided, service in Illinois?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide the names of all affiliates under which service is being or has been provided in Illinois.

\_\_\_\_\_

7. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in Illinois under this or another name?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, describe fully. \_\_\_\_\_

\_\_\_\_\_

8. Have there been any complaints or judgments levied against the Applicant in Illinois in this or another name?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, describe fully. \_\_\_\_\_  
\_\_\_\_\_

9. List jurisdictions other than Illinois in which the Applicant is offering service(s).

\_\_\_\_\_  
\_\_\_\_\_

10. Has the Applicant, or any principal of the Applicant, been denied a Certificate of Service or had its certification revoked in any jurisdiction other than Illinois under this or another name?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, describe fully. \_\_\_\_\_  
\_\_\_\_\_

11. Have there been any complaints or judgments levied against the Applicant in any jurisdiction other than Illinois in this or another name?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, describe fully. \_\_\_\_\_  
\_\_\_\_\_

12. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please list, by officer, each entity in which the officer has an ownership or other interest.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

\_\_\_\_\_  
\_\_\_\_\_

14. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, and the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission.)

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15. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?  YES  NO

16. What telephone number(s) would a customer use to contact the Applicant?

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17. If granted authority to operate as provider of anything other than a Pay Telephone service, will the applicant file tariffs prior to providing service in Illinois and within 2 years of Application approval?

YES  NO

18. How many employees does the Applicant employ? \_\_\_\_\_

19. Has the Applicant reviewed all ICC rules applicable to the services it seeks to provide?

YES  NO

Note: See <http://www.ilga.gov/commission/jcar/admincode/083/083parts.html> for the ICC's Title 83: Public Utility Rules.

20. Will the Applicant abide by all ICC rules applicable to the services it seeks to provide?

YES  NO

21. If granted the authority to operate as a telecommunications provider, will the Applicant comply with all the applicable filing requirements listed in Appendix A?

YES  NO

22. If granted the authority to operate as a telecommunications provider, will the applicant remit all applicable taxes, contributions, or other assessments specified in Appendix A?

YES  NO

**III. FINANCIAL (To be completed by All Applicants except Wireless Applicants)**

1. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement, balance sheet, chart of accounts and any other appropriate documentation of applicant's financial resources and ability to provide service.
2. Does the Applicant have a financial relationship with any other companies?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide the names of all companies with which the Applicant has a financial relationship and a brief explanation of the relationship.

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3. Will the Applicant keep its books and records in Illinois? \_\_\_\_\_ YES \_\_\_\_\_ NO

*Note: If the Applicant will not keep its books and records in Illinois, then the Applicant must request a waiver of Code Part 250.*

4. Has the applicant or any other company with which the Applicant has a financial arrangement filed for bankruptcy within the last 7 years?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please explain: \_\_\_\_\_

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**IV. TECHNICAL (To be completed by All Applicants except Wireless Applicants)**

1. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

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2. Does Applicant utilize its own equipment and/or facilities? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide a brief description of the facilities Applicant owns and intends to utilize.

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If YES, please explain what services will be offered with these facilities and where the Applicant will utilize its own facilities.

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If YES, please include evidence that Applicant possesses the necessary technical resources to deploy and maintain the said facilities.

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If YES, and if the Applicant is a switch based provider, please provide an attachment that includes the following information regarding each switch: (i) switch type, (ii) address, (iii) CLLI code, (iv) location of remotes or POIs, and (v) any tandems to which the switch is homed.

3. Does Applicant lease equipment and/or facilities? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide a brief description of the facilities the Applicant leases and the entity or entities from which such equipment or facilities are leased.

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If YES, please explain what services will be provided with these facilities and where the Applicant will utilize these leased facilities.

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If YES, please include evidence that Applicant possesses the necessary technical resources to maintain and operate said facilities.

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4. Does Applicant resell services? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide a brief description of the entity or entities from which wholesale service is purchased.

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If YES, please explain what services will be provided through resale and where the Applicant will provide resold services.

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5. Does the Applicant provide its own repair service?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, please provide the name of the entity or entities providing repair service for the Applicant.

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6. Will technical personnel be available at all times to assist customers with service problems?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, please provide the hours of assistance.

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7. If Applicant intends to provide Public Pay Telephone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? \_\_\_\_\_ YES \_\_\_\_\_ NO

8. If Applicant intends to provide Public Pay Telephone service, please explain the method the Applicant will use to comply with Section 771.330 of the ICC's rules.

*Note: See <http://www.ilga.gov/commission/jcar/admincode/083/08300771sections.html> for the ICC's Pay Telephone Service Provider rules.*

**V. WAIVERS (To be completed by All Applicants except Wireless Applicants)**

*Note: If Applicant is seeking any waivers or variances of Commission rules and regulations in this proceeding, then, other than when explained below, please attach an explanation of why the Applicant is seeking any waiver or variance.*

*Local Exchange Service authority applicants under Sections 13-401, 13-404 and/or 13-405 generally*

*seek waivers of Part 710, Section 735.180 of Part 735 and Part 250. Additionally, a waiver from Parts 730.115 and 732.60 may be requested for those applicants that will only be providing data services.*

*Interexchange Service authority applicants under Sections 13-401, 13-403 and 13-404 generally request waivers of Parts 710, 735 and 250 of Title 83 of the Illinois Administrative Code*

*Public Pay Telephone Service authority applicants under Sections 13-401, 13-403, 13-404, and/or 13-405 generally request waivers of Parts 710, 735 and 250 of Title 83 of the Illinois Administrative Code*

**Local Exchange Service** Please indicate which waivers Applicant is requesting.

- Part 710 Uniform System of Accounts for Telecommunications Carriers
  - Part 735.180 Directories (within Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois)
  - Part 730.115 and 732.60 Service Quality and Customer Credit Quarterly Reporting -- Waiver is available for carriers providing Data Services only. (ref. 13-517c)
  - Part 250 Public Utility Books and Accounts (maintaining books and records out of state)
  - Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)
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**Interexchange Service** Please indicate which waivers Applicant is requesting.

- Part 710 Uniform System of Accounts for Telecommunications Carriers
  - Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois
  - Part 250 Public Utility Books and Accounts (maintaining books and records out of state)
  - Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)
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**Local and Interexchange Public Pay Telephone Service** Please indicate which waivers Applicant is requesting.

\_\_\_\_ Part 710 Uniform System of Accounts for Telecommunications Carriers

\_\_\_\_ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

\_\_\_\_ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)

\_\_\_\_ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

\_\_\_\_\_  
\_\_\_\_\_

1. If the Applicant is requesting a waiver of Part 710, what circumstances warrant a departure from the prescribed Uniform System of Accounts ("USOA")?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If the Applicant is requesting a waiver of Part 710, then will records be maintained in accordance with Generally Accepted Accounting Principles ("GAAP")?

\_\_\_\_ YES \_\_\_\_ NO

3. If the Applicant is requesting a waiver of Part 710, then will applicants accounting system provide an equivalent portrayal of operating results and financial condition as the USOA?

\_\_\_\_ YES \_\_\_\_ NO

4. If the Applicant is requesting a waiver of Part 710, then will applicant maintain its records in sufficient detail to facilitate the calculation of all applicable taxes and surcharges?

\_\_\_\_ YES \_\_\_\_ NO

5. If the Applicant is requesting a waiver of Part 710, then does the accounting system currently in use by Applicant provide sufficiently detailed data for the preparation of Illinois Gross Receipts Tax returns?

\_\_\_\_ YES \_\_\_\_ NO

If YES, What specific accounts or sub-accounts provide this data?

\_\_\_\_\_

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6. If the Applicant is requesting a waiver of Part 710, then will the Applicant provide annual audited statements when required or requested subsequent to granting of the waiver?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*Note: See <http://www.icc.illinois.gov/forms/results.aspx?st=3&t=2> for Annual Reports instructions for detail.*

7. If the Applicant is requesting a waiver of Part 710, does the Applicant understand that the requested waiver of Part 710 will not excuse it from compliance with future Commission rules or amendments to Part 710 otherwise applicable to the Company?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**VI. TELEPHONE ASSISTANCE PROGRAMS (To be completed by Local Exchange Service Applicants)**

1. Has the Applicant signed and returned the ITAC Membership Application and Agreement to Commission Staff?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*Note: See <http://www.icc.illinois.gov/telecommunications/Certification.aspx> for application forms.*

2. Will the Applicant's billing system be able to distinguish between resale and facilities based service for the collection of the ITAC line charge?

\_\_\_\_\_ YES \_\_\_\_\_ NO

3. Has the Applicant signed and returned the Universal Telephone Access Corporation (UTAC) - Membership Application to Commission Staff?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*Note: See <http://www.icc.illinois.gov/telecommunications/Certification.aspx> for application forms.*

4. Will the Applicant solicit, collect, and remit the voluntary contributions from its telephone subscribers to support the Telephone Assistance Programs?

\_\_\_\_\_ YES \_\_\_\_\_ NO

5. Does the Applicant realize that it will not be able to receive any of the federal reimbursements for the Lifeline and Link-Up Programs if it is not an eligible carrier?

\_\_\_\_\_ YES \_\_\_\_\_ NO

6. Does the Applicant plan on filing to become an Eligible Telecommunications Carrier?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**VII. 911 SERVICE (To be completed by Local Exchange Service Applicants)**

1. Will the Applicant ensure that 911 traffic is handled in accordance with the 83 Illinois Administrative Code Part 725 and the Emergency Telephone System Act?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Note: See <http://www.icc.illinois.gov/911/> for links to the Emergency Telephone System Act and other 911 related rules and regulations.

2. Who will be responsible for building and maintaining the 911 database for your local exchange customers?

3. How often will the Applicant update the 911 database with customer information?

4. Please explain the procedures the Applicant will use to collect 911 surcharges and transmit them to the local 911 systems.

**VIII. PREPAID SERVICE (To be completed by Local Exchange Service Applicants that Provide Prepaid Service)**

1. Will customers have the ability to sign up with any long distance company they choose?

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. Will customers have the ability to use dial around long distance companies?

\_\_\_\_\_ YES \_\_\_\_\_ NO

3. Will customers have access to the Illinois Relay Service?

\_\_\_\_\_ YES \_\_\_\_\_ NO

4. Will customers be able to make 1-800 calls for free?

\_\_\_\_\_ YES \_\_\_\_\_ NO

5. Will the Applicant offer operator services?

\_\_\_\_\_ YES \_\_\_\_\_ NO

6. Please describe how applicant plans to collect the monthly fee to be paid in advance.

7. Will customers' monthly bills show a breakdown of services, features, surcharges, taxes, etc.?

\_\_\_\_\_ YES \_\_\_\_\_ NO

8. Will customers pay an installation fee?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, will payment arrangements be offered for the installation fee?

\_\_\_\_\_ YES \_\_\_\_\_ NO

9. Will telephone service be in the Applicant's name or the customer's name?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please describe how information will appear in data bases, such as 9-1-1, directory assistance, etc.?

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10. Will applicant offer prepaid service as a monthly service or as a usage service?

\_\_\_\_\_ Monthly \_\_\_\_\_ Usage

11. Will applicant provide a warning when the remaining value of service is about to cease?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, is the customer given more than one notice of the remaining value of service?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, how much advance notice is given to the customer of the remaining value of service?

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12. If the customer is in the middle of a call will they be disconnected when the remaining value of service has expired?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, are customers made aware of potentially being disconnected during a call when the remaining value of service expires?

\_\_\_\_\_ YES \_\_\_\_\_ NO

13. When does the timing of a call start? \_\_\_\_\_

14. If the person called does not answer, is any time deducted from the customer's account?

\_\_\_\_\_ YES \_\_\_\_\_ NO

15. Will there be any other instances in which the Company would disconnect a customer, other than running out of prepaid time?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please explain. \_\_\_\_\_

16. When a customer runs out of time is their phone immediately disconnected or on suspension?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, will they still be able to receive calls?

\_\_\_\_\_ YES \_\_\_\_\_ NO

17. Are the Applicant's services available to TTY callers?

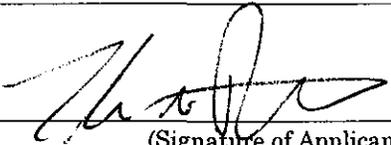
\_\_\_\_\_ YES \_\_\_\_\_ NO

18. How will the Applicant handle a complaint from a customer who disputes the amount of time used or remaining?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. The Public Utilities Act requires a local calling area that has no time or duration charges. How will the Applicant define each customer's untimed local calling area?

\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
(Signature of Applicant)

**VERIFICATION**

This application shall be verified under oath.

**OATH**

State of Florida )  
County of Manatee ) ss

Tom Peltier makes oath and says that he is President  
(Insert here the name of affiant) (Insert the official title of the affiant)

of Safari Communications, Inc.  
(Insert here the exact legal title or name of the Applicant)

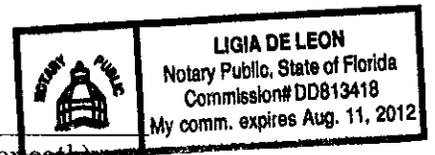
that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

[Signature]  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Teller Operations Supervisor  
(Title of person authorized to administer oaths)

in the State and County above named, this 2 day of February, 2011.

Ligia De Leon  
(Signature of person authorized to administer oath)



Appendix A

**Local Exchange Telecommunication Carriers  
Required Reporting**

The following is a list of various reporting requirements. This list provides frequently applicable reporting requirements. It is not intended to be an exhaustive list of all reporting requirements that telecommunications providers might be subject to under Illinois rules, regulations, Orders of the Commission, etc.

<b>Report</b>	<b>Timeframe</b>	<b>Statute</b>
UTSAP (Universal Telephone Service Assistance Program)	Quarterly	Code Part 757.245
Link-up	Quarterly	Code Part 757.120
Life Line	Annually by August 1st	Code Part 757.430
Designated Agent	Annually by January 31st or 15 days after any change to the DA	Code Part 215.50
Annual Report (AR-13)	Annually by March 31 <sup>st</sup>	Code Part 210.30
Telecommunication Access for Persons with Disabilities (ITAC)	Monthly	Code Part 755.505
Public Utilities Fund Tax (PUF Tax) (Annual Gross Revenue Tax Return)	Annually by March 31 <sup>st</sup>	PUA Section 5-109
Answer Time Exception Reports	Monthly (15 days after the end of the month)	Code Part 730.510.b.2
Annual Answer Time Reports	Annually on or before March 1 <sup>st</sup>	Code Part 730.510.b
Service Quality and Customer Credit Quarterly Reporting	Quarterly (no later than 30 days after the end of the quarter) reported online	Code Part 730.115 & Code Part 732.60
IUSF (Illinois Universal Service Fund) (ISCECA)	Respond to Two Staff Annual Data Requests: Initial (June) and True-Up (November)	PUA Section 13.301.d
Competition Data Request	Annually	PUA Section 13-407 – Implemented Through Annual Commission Orders
Accident Reporting	Occurrence Based Reporting	Code Part 220.10 (ILECs only)
Outage Reporting	Occurrence Based Reporting	Code Part 730.550 Code Part 785.40

**Local Exchange Telecommunication Carriers  
Required Taxes and Fees**

The following is a list of commonly applicable telecommunications taxes and fees. This list provides frequently applicable requirements. It is not intended to be an exhaustive list of all such requirements that telecommunications providers might be subject to under Illinois rules, regulations, Orders of the Commission, etc.

<b>Report</b>	<b>Agency</b>	<b>Contact</b>
<u>Illinois Excise Tax</u>	Illinois Department of Revenue	IDOR 1-800-732-8866 1-217-783-3336 (TDD: 1-800-544-5304)
<u>State Infrastructure Maintenance Fee</u>	Illinois Department of Revenue	IDOR 1-800-732-8866 1-217-783-3336 (TDD: 1-800-544-5304)
<u>Public Utility Fund</u>	Illinois Commerce Commission	ICC (Bureau of Planning and Operations) 217-524-7726
<u>Simplified Municipal Telecommunications Tax</u>	Illinois Department of Revenue	IDOR 1-800-732-8866 1-217-783-3336 (TDD: 1-800-544-5304)
<u>State Universal Service Fund</u>	Illinois Small Company Exchange Carrier Association (ISCECA)	ISCECA 1-217-698-2700
<u>Wireless Emergency Telephone Safety Act</u>	Illinois Commerce Commission	ICC (Bureau of Planning and Operations) 217-524-7726
<u>Universal Telephone Service Assistance Program (UTSAP)</u>	Illinois Commerce Commission	UTSAP Administrator Post Office Box 1176 Springfield, IL 62705 ICC (Consumer Services Division) 217-782-2024
<u>Universal Telephone Assistance Corporation</u>	Illinois Commerce Commission	ICC (Consumer Services Division) 217-782-2024
<u>Illinois Telephone Assistance Corporation</u>	Illinois Commerce Commission	ICC (Consumer Services Division) 217-782-2024
<u>Municipal 911</u>	Municipalities	Administered by Individual Municipalities

## Wireless ETC Carriers Required Reporting

The following is a list of commonly applicable wireless ETC carrier reporting requirements. This list provides frequently applicable requirements. It is not intended to be an exhaustive list of all such requirements that telecommunications providers might be subject to under Illinois rules, regulations, Orders of the Commission, etc.

Report	Timeframe	Statute
Operator Answer Time	Annually on July 1st	Code Part 736.505(a)
Business and Repair Answer Time	Annually on July 1st	Code Part 736.505(b)
Dropped Calls and Signal Strength	Annually on July 1st	Code Part 736.515
Service Outages	Annually on July 1st	Code Part 736.520
Installation Requests – Failure to Provide Service	Annually July on 1st	Code Part 736.525
Trouble Reports	Annually on July 1st	Code Part 736.530