

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date July 24, 2000

Docket No. 000931-TC

1. Division Name/Staff Name Competitive Services/Isler
2. OPR Competitive Services/Isler
3. OCR Legal Services
4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate No. 3654 issued to Wellington N. Dickson for violation of Rule No. 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies, and 25-24.520, F.A.C., Reporting Requirements.
5. Suggested Docket Mailing list (attach separate sheet if necessary)
 - A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
 - B. Provide COMPLETE name and address for all others. (Match representatives to clients.)
 1. Parties and their representatives (if any)

<u>Wellington N. Dickson</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

- Documentation is attached.
 Documentation will be provided with recommendation.

Mary Kelley

From: Paula Isler
Sent: Wednesday, June 21, 2000 9:08 AM
To: Mary Kelley
Subject: TF007; Wellington N. Dickson

2000 JUN 22 PM 3: 22

DIVISION OF
COMPETITIVE SERVICES

Good morning, Mary Ann.

Admin forwarded a copy of this man's 1999 RAF notice, which had a hand-written note that stated "I am tired of losing money and damaged equipment, so I quit." I wrote him a letter and explained that I could not grant a voluntary cancellation as long as 1999 fee, penalty, and interest remained unpaid. He wrote me back and said that he notified the Commission that he had quit when he paid his last "bill". I checked RAF database and found that he paid 1998 RAF on 01/19/99. Can you please send me a copy of his 1998 RAF return (and any correspondence that may have been sent with it) so that I can confirm or deny what he stated in his latest letter? Thanks so much!

Paula -

The 1998 RAF return shows nothing and we have no letters concerning cancellation on our image system.

Mary Ann

Pay Telephone Service Provider Regulatory Assessment Fee Return ✓

STATUS:

Actual Return
 Estimated Return

PERIOD COVERED:
 01/01/1998 TO
 12/31/1998

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF007
 Wellington N. Dickson
 2302 Hollister Road
 Marianna, FL 32446-6882

99 JAN 21 AM 8:58
 MAIL ROOM

FOR PSC USE ONLY

Check# 7268

\$ 50.00 0603002
 003001
 \$ _____ P
 0603002
 004011
 \$ _____ I

Postmark Date 1-19-99
 Initials of Preparer JCB

Please Complete Below If Official Mailing Address Has Changed

Wellington Dickson Service 2302 Hollister Rd Marianna FL 32446
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	DEPOSIT	DATE	AMOUNT
1.	Gross Operating Revenue	0066	JAN 21 1999	\$ 781.86
2.	Gross Intrastate Revenue			
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*			(1663.26)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)			\$ 118.60
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)			0.1779
6.	Penalty for Late Payment			
7.	Interest for Late Payment			
8.	TOTAL AMOUNT DUE			\$ 50.00

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

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 1

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

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 official duty shall be guilty of a misdemeanor of the second degree.

Wellington Dickson
 (Signature of Company Official)

Owner 1-18-99
 (Title) (Date)

Wellington Dickson
 (Please Print Name)

Telephone Number (850) 5922455 Fax Number ()

F.E.I. No. _____

June 16, 2000

Dear Sirs

I had paid my fee each year
and I see no reason to pay out
an additional fee to quit a business
that lost money.

I had sent you prior notification
when I paid my last bill so I
wouldn't get stuck for another year.
I think this is an additional rip
off for nothing

Sincerely

Wellington N. Dickson



Mr. & Mrs. W N Dickson
2302 Hollister Rd
Marianna FL 32446-6882

STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
E. LEON JACOBS, JR.
LILA A. JABER



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

Public Service Commission

June 7, 2000

Mr. Wellington N. Dickson
2302 Hollister Road
Marianna, FL 32446-6882

Dear Mr. Dickson:

The Commission's Division of Administration just recently forwarded a copy of your 1999 regulatory assessment fee form, which was received by the Commission on December 20, 1999. You wrote on the form that you were "tired of losing money and damaged equipment so I quit." This appears to be a request for cancellation of your pay telephone certificate. Your Certificate No. 3654 became active January 27, 1994 and we received your written request for cancellation on December 20, 1999, therefore, I can make the effective date of the cancellation December 20, 1999. However, you must first pay the 1999 regulatory assessment fee.

Rule 25-4.0161, Florida Administrative Code, provides that if a certificate is active for any day during a calendar year, the regulatory assessment fee is applicable even if no business was ever conducted. The amount past due is \$65.00. As soon as we receive your check for that amount, we will proceed with opening a docket to cancel your certificate.

Please respond in writing by June 22, 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.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

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

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- _____ Actual Return
- _____ Estimated Return
- _____ Amended Return

PERIOD COVERED:

01/01/1999 TO
12/31/1999

Florida Public Service Commission

(See Filing Instructions on Back of Form)

DIVISION OF ADMINISTRATION
1999 DEC 20

TF007
Wellington N. Dickson
2302 Hollister Road
Marianna, FL 32446-6882

FLORIDA PUBLIC SERVICE COMMISSION

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
003001

\$ _____ P
0603002
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ _____

I am tired of losing money and damaged equipment so I quit

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

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return _____

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

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 official duty shall be guilty of a misdemeanor of the second degree.

Wellington N. Dickson
(Signature of Company Official)

owner (Title) 12-15-99 (Date)

Wellington N. Dickson
(Preparer of Form - Please Print Name)

Telephone Number () Fax Number ()

F.E.I. No. _____

Report of Delinquent Regulatory Assessment Fees

As of 07/14/2000

TF007: Wellington N. Dickson
2302 Hollister Road
Marianna, FL 32446-6882

Liaison: Wellington N. Dickson, Owner, (850) 592-2495

Certificates: 3654, Status is active.

Dates: Effective Date 01/27/1994
Inactive Date / /

RAF Owed: \$ Unknown 01/01/1999 through 12/31/1999

Docket Index Listing

931158-TC

Docketed: December 1, 1993
Status: Closed (January 27, 1994)
Company: Wellington N. Dickson (TF007)
Title: Application for certificate to provide pay telephone service
by WELLINGTON N. DICKSON.
Progmod: B1(a)

RAF93

CMPNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	X NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 5%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 1.5%/30 DA	EX AMO PAI "RA
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RAF92

CMPNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	X NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 5%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 1.5%/30 DA	EX AMO PAI "RA
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RAF91

CMPNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	X NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 5%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 1.5%/30 DA	EX AMO PAI "RA
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