



ITS TELECOMMUNICATIONS SYSTEMS, INC.  
15925 SW Warfield Blvd. • P.O. Box 397 • Indiantown, Florida 34956  
772-597-2111 • www.itstelecom.net

**REDACTED**

June 13, 2016

**CONFIDENTIAL DOCUMENTS ENCLOSED**

Ms. Carlotta S. Stauffer  
Office of the Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

**REDACTED**

RECEIVED-FPSC  
2016 JUN 15 AM 9:34  
COMMISSION  
CLERK

RE: PSC Docket No. 160119-TP – ITS Telecommunications Systems, Inc.  
CAF/ICC Recovery Data Collection

Dear Ms. Stauffer:

In accordance with 47 C.F.R. §51.917(d) and §51.917(e), ITS Telecommunications is certifying that as a Rate-of-Return Carrier we are eligible for CAF/ICC Recovery. ITS Telecommunications 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 Telecommunications Systems, Inc. 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@itstelecom.net.

Sincerely,

Bruce Russell  
Chief Financial Officer

Enclosures

COM \_\_\_\_\_  
AFD \_\_\_\_\_  
APA \_\_\_\_\_  
ECO \_\_\_\_\_  
ENG \_\_\_\_\_  
GCL \_\_\_\_\_  
IDM \_\_\_\_\_  
TEL \_\_\_\_\_  
CLK \_\_\_\_\_

*Serving our community for over 50 years.*



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**Study Area: ITS TELECOMM. SYS. (ID: 210331)**

**CONNECT AMERICA FUND**

Data to be provided to USAC/FCC in June 2016 for CAF ICC Purposes

Current Settlement Type: Cost

Test Period 7/1/16-6/30/17 Post True-up (Filing) View

**Rate-of-Return (ROR) Carrier Revenue Requirement**

1	2011 Interstate Switched Access Revenue Requirement	
2	FY 2011 Intrastate Terminating Switched Access Revenues	
3	FY 2011 Net Reciprocal Compensation Revenues	\$0
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)	
5	ROR Carrier Baseline Adjustment Factor (0.95 ^ 5)	
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)	
7	Pool Administration Expenses	
8	Total ROR Carrier Revenue Requirement (Line 6 + Line 7)	
<b>Revenues from Reformed Inter-carrier Compensation (ICC) Rates</b>		
9	Interstate Switched Access Revenues	
10	Interstate Allocated Switched Access Revenues#	
11	Transitional Intrastate Access Service Revenues	
12	Net Transitional Reciprocal Compensation Revenues	\$0
13	Total ICC Revenue (Line 10 + Line 11 + Line 12)	
<b>Eligible Recovery</b>		
14	TRS Increment	
15	Regulatory Fees Increment	\$0
16	NANPA Increment	\$0
17	Interstate Local Switching Support for Price Cap Affiliates	\$0
18	Adjustment for Double Recovery or Corrections	\$0
19	Test Period 14/15 Trueup - Net Impact on Total Eligible Recovery	
20	Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)	
<b>Revenues from Access Recovery Charges (ARC)</b>		
21	Residential ARC Revenues	
22	Single Line Business ARC Revenues	
23	Multi-Line Business ARC Revenues	
24	Total ARC Revenues (Line 21 + Line 22 + Line 23)	
<b>Connect America Fund (CAF) ICC Support**</b>		
25	Connect America Fund (CAF) ICC Support (Line 20 - Line 24)	

NOTES:

#Per FCC Designation Order, calculated as (Sum of Line 9 for all TS pool participants) \* (Line 1/ Sum of Line 1 for all TS pool participants)

\*\*NECA estimate provided for informational purposes only - actual to be calculated by USAC.

TO BE COMPLETED BY THE REPORTING CARRIER.

**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 TELECOMM. SYS.

Signature of Authorized Officer: **Bruce Russell**

Digitally signed by Bruce Russell DN: cn=Bruce Russell, email=brucer@its telecom.net, O=its telecom, sys..l=Indiantown FL 34956, Date: 5/26/2016

Date: 5/26/2016

Printed name of Authorized Officer: Bruce Russell

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 772-597-2106

Study Area Code of Reporting Carrier

210331

Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2016

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**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 TELECOMM. SYS.

Signature of Authorized Officer or employee: **Bruce Russell**

Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=brucer@itstelecom.net,O=its telecomm. sys.,l=Indiantown FL 34956, Date:5/26/2016

Date: 5/26/2016

Printed name of Authorized Officer or employee: Bruce Russell

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 772-597-2106

Study Area Code of Reporting Carrier	210331		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

**Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier**

I certify that (Name of Agent) National Exchange Carriers Association, Inc. is authorized to submit the 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 is accurate.

Name of Authorized Agent : National Exchange Carriers Association, Inc.

Name of Reporting Carrier: ITS TELECOMM. SYS.

Signature of Authorized Officer: **Bruce Russell**

Digitally signed by Bruce Russell DN: cn=Bruce Russell, email=brucar@its telecom.net, O=its telecom. sys., l=Indiantown FL 34956, Date: 5/26/2016

Date: 5/26/2016

Printed name of Authorized Officer: Bruce Russell

Title or position of Authorized Officer: CFO

Telephone number of authorized officer: 772-597-2106

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**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 TELECOMM. SYS.

Signature of Authorized Officer or employee: **Bruce Russell**

Digitally signed by Bruce Russell DN: cn=Bruce Russell, email=brucer@its telecom.net, O=its telecom. sys., l=Indiantown FL 34956, Date: 5/26/2016

Date: 5/26/2016

Printed name of Authorized Officer or employee: Bruce Russell

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 772-597-2106

Study Area Code of Reporting Carrier

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