



Internet  
Voice  
Cloud Services  
IT Services  
Data Center Colocation  
DirectTV

June 12, 2020

**REDACTED DOCUMENTS ENCLOSED**

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

**REDACTED**

RECEIVED-FPSC  
2020 JUN 15 AM 8:05  
COMMUNICATIONS

RE: PSC Docket No. 20200157-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  
Chief Financial Officer

COM \_\_\_  
AFD \_\_\_  
APA \_\_\_  
ECO \_\_\_  
ENG \_\_\_  
GCL \_\_\_  
IDM 1  
CLK \_\_\_



Filing Entity:  
 COSA:

ITS Telecommunications Systems, Inc.  
 210331

REDACTED

Revenue Requirement		7/1/2018- 6/30/2019	7/1/2019- 6/30/2020	7/1/2020- 6/30/2021	Change
1	2011 Interstate Switched Access Revenue Requirement				
2	FY 2011 Intrastate Terminating Switched Access Revenues				
3	FY 2011 Net Reciprocal Compensation Revenues				
4	2011 ROR Carrier Base Period Revenue (Line 1 + Line 2 + Line 3)				
5	ROR Carrier Baseline Adjustment Factor (reduced 5% each year)	0.698337	0.663420	0.630249	
6	ROR Carrier Revenue Requirement (Line 4 x Line 5)				
7	NECA Administrative Expenses (n/a)				
8	<b>Total ROR Carrier Revenue Requirement (Line 6 + Line 7)</b>				

Estimated Switched Access Revenues					
9	Interstate Switched Access Revenues				
10	n/a				
11	Transitional Intrastate Access Service Revenues				
12	Net Transitional Reciprocal Compensation Revenues				
13	<b>Total Estimated ICC Switched Access Revenue (Line 9 + Line 11 + Line 12)</b>				

14	TRS Increment (n/a for average schedule companies)				
15	Regulatory Fees Increment (n/a for average schedule companies)				
16	NANPA Increment (n/a for average schedule companies)				
17	n/a				
18	Adjustment for Double Recovery or Corrections, NECA Admin Expenses				
	True-Up Test Year >>>>>	2016-2017	2017-2018	2018-2019	
19	<b>Prior Period Trueup - Net Impact on Total Eligible Recovery (Total of 19A-19G)</b>				
19A	Test Period Trueup Interstate Access				
19B	Test Period Trueup Intrastate Terminating Access				
19C	Test Period Trueup Net Recip Comp				
19D	Test Period Trueup ARCs				
19E	Test Period Trueup TRS Increment				
19F	Test Period Trueup Regulatory Fees Increment	\$0	\$0	\$0	\$0
19G	Test Period Trueup NANPA	\$0	\$0	\$0	\$0
20	<b>Eligible Recovery (Line 8 - Line 13) + (Line 14 + Line 15 + Line 16 + Line 18 + Line 19) - (Line 17)</b>				

Test Year Estimated ARC Revenues					
21	Residential ARC Revenues	\$0	\$0	\$0	\$0
22	Single Line Business ARC Revenues				
23	Multi-Line Business ARC Revenues				
24	Imputed ARC from CBOL Lines				
25	<b>Total ARC Revenues (Line 21 + Line 22 + Line 23 + Line 24)</b>				

26	<b>Connect America Fund (CAF) ICC Support including prior period true-up (Line 20 - Line 25)</b> Monthly				
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) 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

*Bruce Russell*

Date

6/9/2020

Printed name of Authorized Officer                      Bruce Russell

Title or position of Authorized Officer                      Chief Financial Officer

Telephone number of Authorized Officer.                      (772) 597-2106

Study Area Code of Reporting Carrier

210331

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

06/16/2020

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.

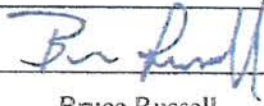


**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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



Date

6/9/2020

Printed name of Authorized Officer

Bruce Russell

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(772) 597-2106

Study Area Code of Reporting Carrier

210331

Filing Due Date for this form  
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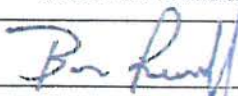
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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



Date

6/9/2020

Printed name of Authorized Officer

Bruce Russell

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(772) 597-2106

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**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 Telecommunications Systems, Inc.		
Signature of Authorized Officer		Date	6/9/2020
Printed name of Authorized Officer	Bruce Russell		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer.	(772) 597-2106		
Study Area Code of Reporting Carrier	210331	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

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