

OREGON PUBLIC UTILITY COMMISSION RESIDENTIAL SERVICE PROTECTION FUND (RSPF)

RSPF SURCHARGE REMITTANCE FORM

Telecommunications providers must collect & remit the RSPF surcharge on all customer lines with access to OR Telecommunications Relay Service (OTRS).

Telecommunications Provider's Name and Business Office Address				Report Period
SERVICE PROVIDER:				Month/Year:
PROVIDER Contact Name: <small>(responsible for verification of submitted info)</small>			PUC Assigned Company ID#:	
PROVIDER Address:			Telephone:	
City:	State:	ZIP:	Email:	
<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input type="checkbox"/> VoIP (Interconnected)	<input type="checkbox"/> Radio Common Carrier (wireless)	
PREPARER Name & Company Name:				
PREPARER Address:			Telephone:	
City:	State:	ZIP:	Email:	
The RSPF surcharge remittance form and payment are due on or before the 21st calendar day following the reporting month. Late reports and payments are subject to late reporting fees, penalties and interest pursuant to OAR 860-001-0050.				
1. Total number of access lines and wireless instruments billed and unbilled during report period				
2. Subtractions/Exemptions				
a. Unpaid access line and wireless instrument billings				
b. Number of lines paid by others due to interconnection agreements				
c. Exempt entities:				
i. Counties or political subdivisions				
ii. Federal, state, and municipal government bodies or public corporations (including regional housing authorities)				
iii. Federally chartered corporations specifically exempt from state excise taxes by federal law				
iv. Federally recognized Native American Tribes and tribal members who live within federally recognized Native American territory and are enrolled members of the tribe with sovereignty over that Native American territory				
v. Foreign government offices and representatives that are exempt from state taxation by treaty provisions				
d. Unbilled access lines _____				
e. Other _____				
Total Subtractions/Exemptions (Lines 2a - 2e)				
3. Total number of access lines/wireless instruments subject to surcharge (Line 1 - Total Subtractions/Exemptions)				
4. Current surcharge per access line/wireless instrument				\$ 0.10
5. Total surcharge amount due (Line 3 X Line 4)				\$
6. Adjustments _____				\$
TOTAL AMOUNT DUE				\$
Signature Required - Print & Sign				Date

I certify this report is true and correct and complies with ORS 759.680

Mail report and payment to:
Public Utility Commission
Residential Service Protection Fund
PO Box 2153, Salem, OR 97308-2153

Make checks payable to:
Public Utility Commission

OR report/remit online at:
<https://rspf.puc.state.or.us>

CHECK CORRESPONDING BOX FOR:	
Amended Return	<input type="checkbox"/>
Mailing Address Change	<input type="checkbox"/>
Final Report	<input type="checkbox"/>

Please refer to FORM 751 Guidelines for help in filling out this form.

If you have questions contact Frank Lackey, RSPF Compliance Specialist, (503) 378-492; frank.lackey@state.or.us

FORM 751 (5/2020)