

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No. 585 Department or Agency Alabama Statewide 911 Board  
Rule No. 585-X-4-.02  
Rule Title: Requirements for Fee Remittance Submitted by or on behalf of Voice Communication Service Providers with attached Form

         New     X     Amend          Repeal          Adopt by  
Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? YES

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? N/A

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

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Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer                     Dan J. [Signature]                    

Date     7/20/2015

**ALABAMA STATEWIDE 911 BOARD**

**NOTICE OF INTENDED ACTION**

AGENCY NAME: Alabama Statewide 911 Board

RULE NO. & TITLE: 585-X-4-.02 Requirements for Fee Remittance Submitted by or on  
Behalf of Voice Communication Service Providers with  
Attached Form

INTENDED ACTION: Amendment to Rule 585-X-40.02

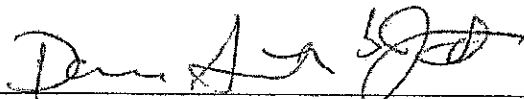
SUBSTANCE OF PROPOSED ACTION: Amendment to require voice  
communication service providers to use an automated clearing  
house debit (ACH debit) as the method of remitting 9-1-1 fees to  
the Statewide 911 Board beginning with remissions due on or after  
October 1, 2015.

TIME, PLACE, MANNER OF PRESENTING VIEWS: 10:00 A.M. on  
Wednesday, May 20, 2015 in the first floor conference room at 1  
Commerce Street, Montgomery, Alabama. Comments may be made  
orally or in writing on or before May 20, 2015.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: May 20, 2015

CONTACT PERSON AT AGENCY:

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SECRETARY

**AMENDMENT TO:**

**ALABAMA STATEWIDE 911 BOARD  
CHAPTER 585-X-4  
COLLECTION AND DISBURSEMENT OF SERVICE CHARGES**

**585-X-4-.02 REQUIREMENTS FOR FEE REMITTANCE SUBMITTED BY OR ON BEHALF OF VOICE COMMUNICATION SERVICE PROVIDERS, WITH ATTACHED FORM**

- (1) All Voice Communication Service Providers shall remit 9-1-1 service charge fees pursuant to Sec. 11-98-5 Code of Alabama, 1975.
- (2) Fees shall be submitted to the Alabama Statewide 9-1-1 Board by the end of the calendar month following the month the provider receives the service charge from its subscribers, together with a monthly report of the number of service identifiers in each emergency communication district (ECD). This information shall be submitted to the Alabama 9-1-1 Board at the following address: Beginning October 1, 2015, all remittances by providers are required to use an automated clearing house debit (or "ACH) debit") as the proper method of remitting 911 fees to the Statewide Board. The Executive Director of the Board is responsible for administering this Rule and working with Providers to ensure compliance. The attached form to this Rule shall be submitted electronically to the Alabama Statewide 911 Board's email address concurrently with all remissions to the Board at:

**ALABAMA STATEWIDE 911 BOARD**  
**P.O. BOX 1790**  
**MONTGOMERY, AL 36102-1790**  
**[www.al911board/remittances](http://www.al911board/remittances)**

- (a) For service providers collecting less than \$50.00 per month of total fee remittances, the Board will not take collection action provided the reports and fee remittances are received on a quarterly basis.
- (b) All service providers providing fee remittance for 9-1-1 or E9-1-1 service pursuant to Sec. 11-98-5 Code of Alabama, 1975, shall provide the following information with the fee remittance. The information shall be provided in the appropriate categories, either the wireless, wire line LEC, wireless/wire-line VoIP, or Broadband categories. This information shall be in a form referred to as the Alabama E9-1-1 Service Charge Remittance Report. The form shall include:
1. Service provider's name and address; contact person; contact phone number and email address.
  2. Date of remittance report.

3. Service collection period.
  4. For wire line and VoIP carriers, itemization of fee remittance revenue shall include the following:
    - a. Total connections; each provider shall report the number of service connections on which the 911 service charge is billed for each ECD in which it offers service pursuant to Sec. 11-98-1 Code of Alabama, 1975 et seq., as amended and Rule 585-X-4-.01;
    - b. Gross fees collected;
    - c. 1% Provider allowance;
    - d. Billing adjustment/Uncollected
    - e. Net fees collected;
  5. For wireless providers, the itemization of fee remittance revenue shall include:
    - a. The total number of wireless connections on which the 911 service charge is collected;
    - b. Gross Service Fees collected;
    - c. 1% provider allowance;
    - d. Billing adjustment/Uncollected
    - e. Net fees collected;
  6. Remittance Check Amount, Check Date, and Check Number unless the remittance is by wire transfer; and
  7. The following certification shall be a part of the form: "These amounts are submitted in compliance with Sections 11-98-1 and 11-98-5 Code of Alabama, 1975, as amended, along with the definitions and ordinances held within. I certify and declare that I have verified the foregoing and amounts alleged are true, to the best of my knowledge and belief."
- (c) Fee Remittance Definitions:
1. Total connections: The number of connections, as described in Sec. 11-98-5 Code of Alabama, and in Rule 585-X-5-.10 Administrative Code which are subject to the 9-1-1 service charge.
  2. Gross Fees Collected: A calculated quantity equal to the product of the "total connections" and the 9-1-1 service charge, plus any "billing adjustment" minus the "uncollected".
  3. 1% Provider Allowance: The 1 percent of the 9-1-1 service charges collected and retained by the provider as reimbursement for the administrative costs incurred by the provider to bill, collect, and remit the fee, as described in Sec. 11-98-5(b) Code of Alabama, 1975. It is deducted from the "gross fees collected," in the calculation of the "net fees collected".
  4. Billing Adjustment: An adjustment, provided to reconcile the differences between the service providers actual 9-1-1 fees collected and the product of the "connections" and the 9-1-1 fee. This enables corrections to amounts billed to subscribers caused by new subscriber partial billing issues.

5. **Uncollected:** The amount billed by the service provider that was not collected. This enables resolution of differences between the service providers 9-1-1 fees collected and the product of the "connections" and the 9-1-1 fee.
  6. **Net Fees Collected:** Revenues derived from the 9-1-1 fee levied on connections pursuant to Sec. 11-98-5(a) Code of Alabama, 1975 that must be delivered to the Alabama 9-1-1 Board for deposit by the Board into the State 911 Fund. It is equal to the "gross fees collected", minus the "1% provider allowance", plus any "additional adjustment".
- (d) ~~In lieu of submitting a signed Alabama 9-1-1 Service Charge Remittance Report, it can be electronically transmitted to the Alabama 9-1-1 Board's email address:~~

[www.al911board.com/remittances](http://www.al911board.com/remittances)

- (d) Third party companies submitting fee remittances on behalf of voice communication service providers shall provide a contact person, address, contact phone number and email address on fee remittance information to respond to Board inquiries about fee remittances.
- (e) The Voice Communications Service Providers shall provide their company contact person, address, contact phone number and email address on fee remittance information to explain any irregularities noticed in the monthly fee remittance submittals. In the event of multiple irregularities or failures to submit the fee remittances in a timely manner, the provider's representative will be encouraged to attend a board meeting of the Alabama 9-1-1 Board, either in person or via teleconference, to explain these issues to the Board.

**Author:** James T. Sasser

**Statutory Authority:** Code of Alabama, 1975, Sections 11-98-1, 11-98-4.1, 11-98-5

**History:** ~~Filed February 27, 2014, effective April 2, 2014~~

**ALABAMA STATEWIDE 911 BOARD  
911 SERVICE CHARGE  
MONTHLY REMITTANCE REPORT**

Company Name: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Collection Period (Month/Year) \_\_\_\_\_ / \_\_\_\_\_

Number of connections from which 911 service  
Charge collected \_\_\_\_\_

Rate (\$1.75 per connection per month) \_\_\_\_\_ 1.75

Gross Service Fees collected \_\_\_\_\_

Less : 1 % provider allowance (0.01) \_\_\_\_\_

Billing/Additional Adjustment /Uncollected \_\_\_\_\_

Net service fees remitted \_\_\_\_\_

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These amounts are submitted in compliance with Sections 11-98-1 and 11-98-5 Code of Alabama, 1975, as amended, along with the definitions and ordinances held within. I certify and declare that I have verified the foregoing and amounts alleged are true, to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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**Payment due no later than by the end of the calendar month following the month provider receives charge from its customers**

\_\_\_\_ Payment by electronic transfer:  
Wire /ACH funds to bank:  
[www.al911board.com/remittances](http://www.al911board.com/remittances)

Date of transfer \_\_\_\_\_

to: Mail report to: \_\_\_\_\_ Fax report  
Alabama Statewide 911 Board  
P. O. Box 1790  
Montgomery, AL 36102-1790