

Competitive Eligible Telecommunications Carrier (CETC) Quarterly Reporting Form

Packet Cover Sheet and Instructions

Instructions:

1. Please provide the Company name, address, and contact information on the Cover Sheet and attached pages.
2. Please provide the applicable year and quarter that this report applies to.
 - 1st Quarter: January-March. Report due April 30.
 - 2nd Quarter: April-June. Report due July 31.
 - 3rd Quarter: July-September. Report due October 31.
 - 4th Quarter: October-December. Report due January 31.
3. There are four sections to this report in addition to this cover sheet, please complete them in their entirety:
 - A. Ohio Reporting Data Spreadsheet
 - B. Customer Enrollment Call Log
 - C. Technical Support Call Log
 - D. Application Denial/Rejection Log
4. If you use any acronyms or codes report, please attach a description of the meaning of these codes.
5. On Attachments B, C, and D, please break down the totals by month. Please note that you may not have information for every month in the quarter. If this is the case, please enter a -0-.
6. If you have any questions about this form, please contact the Telecom Staff Member that assisted you with your original ETC filing.
7. Please e-mail the completed packet to CETCQrtlyReports@puc.state.oh.us

Company Name:

Company Address:

Report Contact Person:

Report Contact Email Address:

Phone:

Reporting Year:

1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

VERIFICATION

I, _____, verify that all of the information submitted here is true and correct to the best of my knowledge.

*(Signature and Title)

(Date)

**Verification is required for every filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.*

The Public Utilities Commission of Ohio
Competitive Eligible Telecommunications Carrier (CETC) Quarterly Reporting Form
 (Effective 08/02/2013)

Date: _____

Company Name: _____

Report Contact Person: _____ **Phone:** _____

Report Contact Person's Email Address: _____

Reporting Year: _____

Quarter: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Type of plans offered (Check all that apply):

Limited minute - Voice only Limited Minute – Voice and SMS Messages

Unlimited – Voice only Unlimited – Voice and SMS Messages

Other – Explain _____

Number of Applications Received: _____

Number of Applications Approved (Total): _____

Number of Applications Approved – Income Based Verification: _____

Number of Applications Approved – Program Based Verification: _____

Number of Applications Denied: _____

Number of Handsets De-Activated due to non-usage for 60-days:¹ _____

Number of Handsets De-Activated due to verification failure:² _____

Number of subscribers re-enrolled subsequent to de-enrollment: _____

Attachments	Description:
A	Ohio Reporting Data Spreadsheet
B	Customer Enrollment Call Log
C	Technical Support Call Log
D	Application Denial/Rejection Log

¹ No longer billed on Form 497.

² No longer billed on Form 497.

