



State of Connecticut
Department of Emergency Services and Public Protection
Wireline 911 Surcharge Remittance SFY 24-25 (July 1, 2024 - June 30, 2025)

Carrier Name :

Carrier Contact Name:

Carrier Phone/Ext.:

Carrier Contact Email:

Provide a name and contact information in case we need to reach out regarding any discrepancies.

*Check here if you are using
a 3rd party consultant to file remittance:*

Name of 3rd Party Company (if applicable):

3rd Party Contact Name:

3rd Party Phone/Ext.:

3rd Party Contact Email:

Month of Surcharge Collection:

Year:

Example:

10 customers have 1 access line/telephone number

(Column B x Column C = Column D)

$(10 \times 1) \rightarrow 10 \times \$0.73 = \$7.30$

5 customers have 7 access lines/telephone #s & 5 have 8 lines/#s

$(5 \times 7) + (5 \times 8) \rightarrow 75 \times \$0.37 = \$27.75$

3 customers have 100 access lines/telephone numbers

$(3 \times 100) \rightarrow 300 \times \$0.14 = \$45.00$

Total Remittance \$ 80.05

A	B	C	D
Per Customer with:	Multiply the Total # of Customers X # of Active Telephone Numbers	Per Line Rate	# of Customers X # of Active Telephone #s x Per Line Rate (Calculates Automatically) (Total of Column B x Column C) See Example Above
1 Access Line			
2 Access Line			
3 Access Lines			
4-5 Access Lines			
6-10 Access Lines			
11-25 Access Lines			
26-50 Access Lines			
51-99 Access Lines			
100 or more Access Lines			
TOTAL REMITTANCE			

Non DESPP forms, outdated forms, incomplete forms, or forms not filed by the quarterly due dates will not be considered timely filed. Companies that did not provide responses to the Authority's interrogatories will be assessed at the single access line rate.

This form must be completed in its entirety and accompany the 9-1-1 surcharge remittances.

Notice: Any false statement made herein and intended to mislead a public servant in the performance of his or her official function is punishable as a Class "A" misdemeanor pursuant to Connecticut General Statutes Section 53a-157b.

I declare the information in this document and any attachments are true and correct to the best of my knowledge and belief.

Signature of duly authorized agent:

Date:

Checks shall be made payable to: Division of Statewide Emergency Telecommunications and mailed to;
 Department of Emergency Services and Public Protection, 1111 Country Club Rd., Middletown, CT 06457 Attn: 9-1-1 Remittance