

Subscriber Line Count Form

Please complete the requested information below and return this form to the Minnesota Department of Public Safety, Emergency Communication Networks Division (DPS-ECN). Filing dates are as follows:

- **March 1st of each year:** providers must file data as of December 31st of the preceding year.
- **September 1st of each year:** providers must file data as of June 30th of the same year.

Submit completed form via email to ECN.Remittance@state.mn.us.

Telecommunications

Service Provider Name: _____

Street Address: _____

City, State and Zip: _____

Company Contact Name: _____

Contact Phone: _____

Contact Email: _____

Contact Fax: _____

This subscriber line count report is applicable for (check one):

June 30th - Due by September 1st of the same year.

December 31st - Due by March 1st of the following year.

Type of Service Provided		Number of Subscriber Lines
Wireline:		
VoIP	· Nomadic:	
	· Static:	
Wireless	· Contract Subscriber Lines:	
	· PrePaid Transaction Sales:	
	· ETC/Lifeline PrePaid Sales:	
TOTAL:		
<i>Notes:</i>		

I certify that I am an officer of the company and that the data on this report reflects the true and accurate subscriber line count for the company and reporting period indicated above.

Certified by: _____

Signature of telecommunications company officer

Date Signed

Printed name: _____

Phone # _____

Title: _____

Email: _____

Return completed form via email to ECN.Remittance@state.mn.us or by fax to (651) 296-2665

Updated 2022/08/12