



**STATE OF HAWAII**  
**Public Utilities Commission**  
 465 South King St., #103  
 HONOLULU, HAWAII 96813  
 e-mail: [Hawaii.PUC@hawaii.gov](mailto:Hawaii.PUC@hawaii.gov)

**BILL FOR COLLECTION**  
**SCHEDULE ON COMPUTATION OF THE PUBLIC UTILITY FEE**  
**AND**  
**COMMERCIAL MOBILE RADIO SERVICE ("CMRS") STATEWIDE SUBSCRIBER COUNTS**

<b>Payment is for: Check One:</b>	<b>July 31st payment</b>	<b>December 31st payment</b>
<p>(Note: July and December Fee payments based on prior year revenues, two payments required per year. For example: July and December 2012 payment based on calendar year 2011 revenues, See Hawaii Revised Statutes Section 269-30. CMRS providers include two most recent subscriber data filed with the FCC.</p>		

Name of Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**SECTION I**

1	GROSS REVENUES FOR CY 20____	\$
2	FEE = .0025 x LINE 1	\$
3	GREATER OF LINE 2 OR \$30 (MINIMUM DUE)	\$

PLEASE PAY THE AMOUNT ON LINE 3 AND SEND YOUR REMITTANCE WITH A COPY OF THIS BILL TO:

PUBLIC UTILITIES COMMISSION  
 465 South King Street, #103  
 Honolulu, Hawaii 96813

JULY PUBLIC UTILITY FEE PAYMENT IS DUE ON OR BEFORE JULY 31st. DECEMBER PUBLIC UTILITY FEE PAYMENT IS DUE ON OR BEFORE DECEMBER 31st. **MAKE CHECK PAYABLE TO THE PUBLIC UTILITIES COMMISSION.**

**SECTION II -- TO BE COMPLETED BY CMRS PROVIDERS ONLY: (In accordance with Hawaii PUC Decision and Order No. 20890)**

	As of June 30, 20____	As of December 31, 20____
Number of Statewide Subscribers (provide two most recent subscriber counts filed with the FCC).		

CMRS Providers must also send a copy of this bill to: Division of Consumer Advocacy  
 335 Merchant Street, Room 326  
 Honolulu, HI 96813

**SECTION III VERIFICATION**

I, \_\_\_\_\_, CERTIFY THAT I AM DULY AUTHORIZED TO VERIFY  
 (Print or Type)  
 INFORMATION CONTAINED HEREIN AND THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Email: \_\_\_\_\_

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**PUC USE ONLY**  
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AMOUNT PAID \_\_\_\_\_ DATE PAID \_\_\_\_\_  
 BANK \_\_\_\_\_ CHECK NO. \_\_\_\_\_  
 PUC FORM BILL FOR COLLECTION