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TAF Participation Qualification Form

for the calendar year of _____

Contact Name: _____

Company Name: _____

Address: _____

Annual Figures:

1. Annual Intrastate New York Regulated Revenues:	
2. Annual Intercompany Payments:	
a. Interexchange Carrier Access Charges:	
b. Local Terminating Access (Reciprocal Compensation):	
c. Bottleneck Billing & Collection Elements (ANI/Recording):	
d. Wholesale Services Purchased for Resale (i.e., Total Service Resale "TSR"):	
e. Wholesale Network Elements & Operator Services when bundled with services purchased at wholesale:	
Total Annual Intercompany Payments	
3. Annual Assessable Revenues (1. – 2.)	
4. Annual E911 Cost:	
a. Initial & Recurring Cost for collecting, processing and submitting data to the ALI Database Operator:	
b. ALI Database Operator Only - Cost related to initial loading of data:	
c. Trunking Costs from serving central office to another carrier's tandem control center:	
d. Costs for up to two "free" trunks from tandem to PSAP:	
e. Trunk Connection & Port Charges (T-Carriers limited to dedicated/reserved trunks):	
f. Selective Routing Expense:	
Total Annual E911 Costs	
5. Annual Lifeline Cost (Eligible Telecommunications Carriers only) :	