

# Application for Certification of Communications Services Database

DR-700012 R. 11/10

Rule 12A-19.100 Florida Administrative Code

# **Please Read Instructions First**

Tallahassee FL 32314-6530

| ✓ Check one:   | ✓ Check one:  |                                     |  |
|--|---|-------------------------------------|--|
| ☐ Application for certification of database  | ☐ Provider of communications services   |                                     |  |
| <ul> <li>Application for recertification of database</li> </ul>  | ☐ Vendor (See <b>Special Instruc</b>  | . • /                               |  |
|  | <ul> <li>Both provider and vendor (C<br/>internally and offered to other p</li> </ul>       |                                     |  |
| Section A - Business Information   |   |                                     |  |
| Business Partner Number  | Providers must enter this number. It is on the Certificate of Registration, Form DR-700014. |                                     |  |
| Federal Employer Identification Number   | Enter your Federal Employer Identification Number (FEIN).                                   |                                     |  |
| ✓ Check one:  □ Corporation □ Sole proprietorship □ Partnership  | ☐ Other (please specify)  |                                     |  |
| Business name  |   |                                     |  |
| Business location address  |   |                                     |  |
| City   | State   | ZIP                                 |  |
| Business mailing address   |   |                                     |  |
| City   | State   | ZIP                                 |  |
| Section B – Contact Person  Applicant must designate a contact person responsible for providing access to all necessary to review and make a determination regarding this application. | records, facilities, and processes that the De  | epartment determines are reasonably |  |
| Name of contact person (please print)  | Telephone number  |                                     |  |
| Address  |   |                                     |  |
| Fax number   | E-Mail address  |                                     |  |
| Section C – Authorized Signature Signature of person authorized to request certification on behalf of applicant.   |   |                                     |  |
| Signature  | Date  |                                     |  |
| Name (please print)  | Title   |                                     |  |
| Address  |   |                                     |  |
| Section D – Database Method of Submission (✓ Check one)  |   |                                     |  |
| ☐ Data file will be submitted electronically (See Submitting You   | r File in instructions.)  |                                     |  |
| Data file is included with this application.   |   |                                     |  |
| Mail application to:   | DOR Us  | e Only                              |  |
| CST Database Certification   |   | Received by LGU                     |  |
| Local Government Unit  | Date  |                                     |  |
| Florida Department of Revenue PO Box 6530  | Application complete  |                                     |  |
| 1 0 000 0000   |   |                                     |  |

For assistance completing your *Application for Certification* or submitting your data file, please contact the Local Government Unit at 800-352-3671 and follow the prompts.

Date



# Instructions for Preparing and Submitting Customer Address Files for Certification Testing

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### **Required Address Data File Layout**

The address data file must:

- Contain only service addresses as defined by s. 202.11(14), F.S.
- Include all service address records for the entire geographic area covered by the database being tested.
- Be organized by individual customer address records (not by address range).

Records within the address data file must:

- Be standardized using United States Postal Service addressing standards (preferred for highest level of matching).
- Provide postal city name (the name of the post office that supports the mail delivery area covered by that customer address), state abbreviation (FL for Florida), and non-blank 5-digit ZIP code for each address record.
- Be ordered in ascending ZIP+4 code order, from the lowest ZIP+4 code in your customer address record set to the highest ZIP+4 code in the set.
- Include a 10-digit, sequential counter (starting from 0000000001) for each record. Note: the sequential counter must be assigned AFTER ascending ZIP+4 sort is completed.

- Be padded for fields not containing data. Alphanumeric fields must be blank padded. Numeric fields must be zero padded.
- Be padded to the appropriate field length. Alphanumeric fields must be left justified, blank padded. Numeric fields must be right justified, zero padded.
- Be fixed record size.
- Not contain field separators.
- · Have only one record per row.
- Not exceed a maximum record length of 200 characters.
- FIPS/Feature ID must correlate.

## Sample Record Layout

Examples of the record layout are provided below:

000000003 20 spaces if no data entered 300 BRAUGHTON ST SE BRANFORD FL320082806SUWANNEE BRANFORD 1212108175002405314

# **Record Header Information**

| necola neader information |          |   |
|---------------------------|----------|---|
| RECNUM                    | CHAR(10) | Zero-padded sequence counter, used for file validation (e.g. 0000000001)                      |
| USERFIELD                 | CHAR(20) | Area for applicant's use to identify individual address records                               |
| ADDRESS                   | CHAR(50) | Address, including address (e.g., house) number   |
| CITY                      | CHAR(30) | Postal city name  |
| STATE                     | CHAR(2)  | FL for Florida (File must contain only Florida addresses.)                                    |
| ZIPCODE                   | CHAR(5)  | Must be numeric, non-blank response even if valid ZIP code is unknown (if unknown, use 00000) |
| ZIPSECT                   | CHAR(2)  | Set to 00 if not available  |
| ZIPSEG                    | CHAR(2)  | Set to 00 if not available; ZIPCODE+ZIPSECT+ZIPSEG constitute ZIP+4                           |
| CNTYNAME                  | CHAR(20) | County name   |
| PLACENAME                 | CHAR(40) | Place name  |
| STATEFIPS                 | CHAR(2)  | State FIPS Code; always 12 for Florida  |
| CNTYFIPS                  | CHAR(3)  | County FIPS Code; see Jurisdiction / Rate Table on DOR Internet site                          |
| PLACEFIPS                 | CHAR(5)  | Place FIPS Code; see Jurisdiction / Rate Table on DOR Internet site                           |
| PLACE FEATURE ID          | CHAR(9)  | Unique feature record identifier; see Jurisdiction/Rate Table on DOR Internet site            |

## Use of FIPS 55 Codes and GNIS Feature ID Codes

Our certification system uses both the Federal Information Processing Standards (FIPS) 55 codes and the Geographic Names Information System (GNIS) Feature Identifiers (ID). The FIPS 55 data identifies the state and county codes. The 2-digit FIPS code for Florida is 12. Each county has a unique 3-digit county FIPS code. Each jurisdiction has both a unique 5-digit place FIPS code and a 9-digit GNIS Feature ID code. For unincorporated areas, zeros are used as the place FIPS code and GNIS Feature ID code. Applicants must supply both the place FIPS code and corresponding Feature ID code for each jurisdiction. Your file will be rejected if the FIPS code and corresponding Feature ID do not correlate.

Examples: An address in the unincorporated area of Volusia County should be displayed as 121270000000000000. An address in the city of Daytona Beach should be displayed as 1212716525002404197.

## **Submitting Your File**

Our e-mail system limits e-mails and attachments to less than 15 megabytes. Based on the size of the file layout (e.g., 201 bytes), an uncompressed file of up to 87,000 records can be sent using e-mail. Depending upon the compression method used, a larger compressed file can also be sent. For files exceeding 15 megabytes, please submit the file on a CD-ROM by mail. Original files will not be returned. Media should be labeled with the applicant's name, the date submitted, contact name and phone number and marked: "For Certification Testing."

## Reasons for Rejection of Your File

- Not sorted in ascending ZIP +4 code order.
- FIPS/Feature ID did not correlate.
- Fields not left justified.
- · End of line characters misplaced.

If your file is rejected it will be returned to you.

#### Where to Send Your File

E-Mail: Send e-mail to: local-govt-unit@dor.state.fl.us

**Postal Mail:** Send mail to: Local Government Unit, Florida Department of Revenue, PO Box 6530, Tallahassee, FL 32314-6530.

**Overnight Delivery:** Send to: CST Database Certification, Local Government Unit, Florida Department of Revenue, Room 1-5700, 5050 W Tennessee ST., Tallahassee, FL 32399-0130.

#### For Further Assistance

For assistance completing your *Application for Certification* or submitting your data file, please contact the Local Government Unit at 800-352-3671 and follow the prompts.

## **Testing Accuracy Standard**

To pass certification, your database must assign street addresses, address ranges, post office boxes, or post office box ranges to the proper jurisdiction with an overall accuracy rate of 95 percent at a 95 percent level of confidence, as determined through a statistically reliable sample. The accuracy must be measured based on the entire geographic area within the state covered by the database.

## **Turnaround Time**

Upon receipt of an application for certification or recertification of a database, we will examine the application and, within 90 days after receipt, notify you of any errors or omissions. We may request additional information, conduct an inspection, or perform any testing determined necessary. Access to records, facilities, and processes must be provided within 10 working days after notification. An application must be approved or denied within 180 days after receipt of a completed application. We will notify you of the certification test results by mail and e-mail, if possible. The notice will specify the grounds for denial, inform you of any remedy that is available, and indicate the procedure that must be followed. A copy of the Certification Report and Certification Error Report will be included.

## **Certification Report**

The Certification Report will provide statistics on the number of standardized/validated address records where the applicant's assignment of taxing jurisdictions matched (or mismatched) the information contained in the Department's Address/Jurisdiction Database.

- "Matched" record counts provide the number of standardized/ validated applicant address records that matched the Department's Address/Jurisdiction Database.
- "Mismatched" records are those that do not agree with the Department's Address/Jurisdiction Database. The total number of matched and mismatched records equals the number in the "Total Records Processed" field.
- "Num Records Excluded" is the number of address records in the applicant's overall submitted address data file that could not be processed because the address could not be standardized/validated.
- "No Decision Rate" is the corresponding percentage of the applicant's overall submitted address data file that could not be validated and subsequently processed for jurisdiction accuracy.
   Note: A high "No Decision Rate" could lead to an immediate rejection of the Application for Certification.

### Sample Certification Report

Address certification results for <<CSP File Name >>

Date: Thu Jun 7 12:49:02 US/Eastern 2001

Processed Stats:

Total Records Input: 2548 Num Records Excluded: 31 Total Records Processed: 2517

No Decision Rate: (31/2548) = 1%

Matched Mismatched Total % Correct 2512 5 2517 99

## **Certification Error Report and Error Codes**

Error records (both unmatched and mismatched records) are written to the Certification Error Report with appropriate error codes describing the error appended for applicant review. Errors can be of two types:

- The input address record could not be completely processed.
   This can be due to an invalid (unrecognizable) address or an address that is not contained in the Department's Address/ Jurisdiction Database.
- The taxing jurisdiction of an input address record did not match the taxing jurisdiction contained in the Department's Address/ Jurisdiction Database for that address record.

The following is the list of error codes generated by the Address/ Jurisdiction Database Certification System:

- EBADCNTY: County mismatch.
- EBADPLACE: City or unincorporated area mismatch.
- ENOADDR (): An address that is standardized but is not found in the database.
- ENOADDR (A): An address that failed standardization because secondary address information is required.
- ENOADDR (H): An address that failed standardization because the input house number was not found on the input street.
- ENOADDR (M): An address that returned more than one standardized address.
- ENOADDR (S): An address that failed standardization because the input street was not found in the input ZIP code.

## **Certification Period and Recertification**

Certification is valid for three years following the date of the approval notice. At the end of the certification period, you must submit an *Application for Certification of Communications Services Database*, Form DR-700012 and database for recertification. Databases submitted for recertification prior to the expiration of the certification period will be treated as certified while the application for recertification is pending.

Certification is contingent upon there being no material changes to the database or procedures for its updating and maintenance. If there are such changes, you should contact us and request a determination regarding whether a new Form DR-700012 should be submitted. For examples of what constitutes a material change, please see Rule 12A-19.072(6), F.A.C.

## **Special Instructions for Vendors**

Please complete page 1. We will contact you with further information concerning your database.