



**FLORIDA**

**Application for Certification of  
Communications Services Database**

DR-700012

R. 10/13

TC

Rule 12A-19.100

Florida Administrative Code

Effective 01/14

Applications may be submitted online using the Department of Revenue's PointMatch system located at:  
<https://pointmatch.floridarevenue.com/Default.aspx>

**Please Read Instructions First**

✓ **Check one:**

- Application for certification of database
- Application for recertification of database

✓ **Check one:**

- Provider of communications services
- Vendor (See **Special Instructions for Vendors** on page 3.)
- Both provider and vendor (Check if the database is used both internally and offered to other providers as part of a service.)

**Section A - Business Information**

Business Partner Number  Providers must enter this number. It is on the Certificate of Registration, Form DR-700014. Not applicable for vendors.

Federal Employer Identification Number  Enter your Federal Employer Identification Number (FEIN).

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Mailing Address, if different from above \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Section B - Contact Person**

Applicant must designate a contact person responsible for providing access to all records, facilities, and processes that the Department determines are reasonably necessary to review and make a determination regarding this application.

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, if different from above \_\_\_\_\_

**Section D - Database Method of Submission (✓ Check one) This section not applicable for vendors.**

- Data file is uploaded with this application.
- Data file will be submitted through alternative means. (Please contact the Local Government Unit for assistance in submitting your file.)

**Mail application to:**

CST Database Certification  
Local Government Unit  
Florida Department of Revenue  
PO Box 6530  
Tallahassee FL 32314-6530

**DOR Use Only**

Received by LGU \_\_\_\_\_

Date \_\_\_\_\_

Application complete \_\_\_\_\_

Date \_\_\_\_\_



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

### Required Address Data File Layout

The address data file must:

- Contain only Florida 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.
- Provide mail city name (the name of the post office that supports the mail delivery area covered by that customer address).

- Include a sequential counter (starting from 1) for each record.
- Be a comma delimited (.csv) file.
- Contain commas as field separators.
- Have only one record per row.
- Not exceed a maximum record length of 172 characters.

### Sample Record Layout

Examples of the record layout are provided below:

```
1,ABC Phone Co,1801,,ROSE MALLOW,LN,,,,
ORANGE PARK,FL,32003,7067,12,019,000000000
```

```
3,,300,,BRAUGHTON,ST,SE,,,
BRANFORD,FL,32008,,12,121,002405314
```

```
229,ABC Communications,1200,E,GILFORD DAVIS,RD,,,,
GLEN ST MARY,FL,32040,4604,12,003,000000000
```

### Record Header Information

FIELD NAME	MAXIMUM CHARACTERS	REQUIREMENTS	REQUIRED FIELD	COMMENTS
RECNUM	10	Numeric	Yes	Sequence counter (e.g., 1)
USERFIELD	20	Alpha/Numeric	No	For applicant's use to identify address records
NUMBER	10	Numeric	Yes	House number
PREDIR	2	Alpha	No	Pre-directional
STNAME	35	Alpha/Numeric	Yes	Street name
STSUFFIX	4	Alpha	No	Street suffix
POSTDIR	2	Alpha	No	Post-directional
UNITTYPE	4	Alpha	No	Unit type
UNITNUM	5	Alpha/Numeric	No	Unit number
MAILCITY	40	Alpha	Yes	Mailing city name
STATE	2	Alpha	Yes	State name abbreviated; always FL for Florida
ZIP	5	Numeric	Yes	5 digit ZIP code
ZIP+4	4	Numeric	No	4 digit ( +4) part of ZIP code
STATEFIPS	2	Numeric	Yes	State FIPS code; always 12 for Florida
COUNTYID	3	Numeric	Yes	County FIPS code
FEATID	9	Numeric	Yes	GNIS place feature ID; Use zeros for unincorporated area

### 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 a unique 9-digit GNIS Feature ID code. For unincorporated areas, zeros are used as the Feature ID code. Applicants must supply the Feature ID code for each jurisdiction.

Examples: An address in the unincorporated area of Volusia County should be displayed as 12,127,000000000. An address in the city of Daytona Beach should be displayed as 12,127,002404197.

### Reasons for Rejection of Your File

- Contains records for states other than Florida
- Does not contain record headers
- Is an invalid file type
- Records are not provided in the required layout

### Testing Accuracy Standard

To pass certification, your database must assign street addresses, or post office boxes 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. 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 online or by mail or e-mail. If denied, 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 address records where your assignment of taxing jurisdictions matched (or mismatched) the information contained in the Department's Address/Jurisdiction Database.

**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, contact the Department's Local Government Unit and request a determination regarding whether a new Form DR-700012 is needed. 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.

**For Further Assistance**

For assistance completing your *Application for Certification* or submitting your data file, please contact the Local Government Unit at 850-717-6630, or by e-mailing at:

**Local-govt-unit@floridarevenue.com.**