

FCC Form 507
Interstate Common Line Support Mechanism

FCC Form 507
 OMB Control No. 3060-0972
 Expiration Date: 9/30/2002

| LINE COUNT DATA COLLECTION FOR PATH 1 CARRIERS | | | | |
|---|---|---------------------------------|-----------------|------------------------------|
| Block 1 - Contact Information | | | | |
| ROW # | DATA ELEMENT | FORMAT OF REQUESTED DATA | RESPONSE | NO. OF ACQUIRED LINES |
| 1 | Carrier Study Area Code | 6 numeric digits | | |
| 2 | Carrier Study Area Name | alpha characters | | |
| 3 | Service Provider Identification Number | 9 numeric digits | | |
| 4 | Data As Of | mm/dd/yyyy | | |
| 5 | Disaggregation Path Selected by Incumbent Carrier | Identify Path 1 | | |
| 6 | Contact Name | alpha characters | | |
| 7 | Contact Telephone Number [including area code] | 10 numeric digits | | |
| Block 2 - Line Counts | | | | |
| 8 | Residential and Single-Line Business Access Lines in Service | numeric digits | | |
| 9 | Multi-Line Business Access Lines in Service | numeric digits | | |
| 10 | Total Number of Access Lines in Service in Study Area | numeric digits | | |
| 11 | Name of Carrier From Which Lines Were Acquired, If Applicable | alpha characters | | |
| 12 | Study Area Code From Which Lines Were Acquired, If Applicable | 6 numeric digits | | |

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| LINE COUNT DATA COLLECTION FOR PATH 2 AND PATH 3 CARRIERS | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|
| Block 1 - Contact Information | | | | | | | | | |
| ROW # | DATA ELEMENT | | | FORMAT OF REQUESTED DATA | RESPONSE | | | | |
| 1 | Carrier Study Area Code | | | 6 numeric digits | | | | | |
| 2 | Carrier Study Area Name | | | alpha characters | | | | | |
| 3 | Service Provider Identification Number | | | 9 numeric digits | | | | | |
| 4 | Data As Of | | | mm/dd/yyyy | | | | | |
| 5 | Disaggregation Path Selected by Incumbent Carrier | | | Identify Path 2 or Path 3 | | | | | |
| 6 | Contact Name | | | alpha characters | | | | | |
| 7 | Contact Telephone Number (include area code) | | | 9 numeric digits | | | | | |
| 8 | Sheet number | | | numeric digit(s) | | | | | |
| 9 | Total Number of Sheets | | | numeric digit(s) | | | | | |
| Block 2 - Line Counts for Each Disaggregation Zone (Complete One Line for Each Zone) | | | | | Block 3 - Acquired Lines Not Included in a Previously Submitted Line Count Report | | | | |
| | Column 1 Disaggregation Zone Name | Column 2 Residential and Single-Line Business Access Lines in Service | Column 3 Multi-Line Business Access Lines in Service | Column 4 Total Number of Access Lines in Service | Column 5 Acquired Residential and Single-Line Business Access Lines in Service | Column 6 Acquired Multi- Line Business Access Lines in Service | Column 7 Acquired Total Number of Access Lines in Service | Column 8 Name of Carrier From Which Lines Were Acquired | Column 9 Study Area Code From Which Lines Were Acquired |
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| LINE COUNT DATA COLLECTION FOR PATH 2 AND PATH 3 CARRIERS | | | | | | | | | |
|---|---|---------------------------|----------|--|--|--|--|--|--|
| Block 1 - Contact Information | | | | | | | | | |
| ROW # | DATA ELEMENT | FORMAT OF REQUESTED DATA | RESPONSE | | | | | | |
| 1 | Carrier Study Area Code | 6 numeric digits | | | | | | | |
| 2 | Carrier Study Area Name | alpha characters | | | | | | | |
| 3 | Service Provider Identification Number | 9 numeric digits | | | | | | | |
| 4 | Data As Of | mm/dd/yyyy | | | | | | | |
| 5 | Disaggregation Path Selected by Incumbent Carrier | Identify Path 2 or Path 3 | | | | | | | |
| 6 | Contact Name | alpha characters | | | | | | | |
| 7 | Contact Telephone Number (include area code) | 9 numeric digits | | | | | | | |
| 8 | Sheet number | numeric digit(s) | | | | | | | |
| 9 | Total Number of Sheets | numeric digit(s) | | | | | | | |
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**FCC Form 507
Interstate Common Line Support Mechanism
Line Count Report**

FCC Form 507
OMB Control No. 3060-0972
Expiration Date: 9/30/2002

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING FCC FORM 507 ON ITS OWN BEHALF:

| | | | | |
|--|--|--|---|------|
| <p>Certification of Officer or Employee as to the Accuracy of the Data Reported in FCC Form 507, Line Count Report for Interstate Common Line Support Mechanism, on Behalf of Reporting Carrier</p> | | | | |
| <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the actual line count data reported on FCC Form 507; and, to the best of my knowledge, the information reported on this form is accurate.</p> | | | | |
| Name of Reporting Carrier | | | | |
| Signature of authorized officer or employee | | | | Date |
| Printed name of authorized officer or employee | | | | |
| Title or position of authorized officer or employee | | | | |
| Telephone number of authorized officer or employee: (___) ___ - ___ , ext. _____ | | | | |
| Study Area Code of Reporting Carrier | | | Filing Due Date for this form (mm/dd/yyyy) | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | |

**FCC Form 507
Interstate Common Line Support Mechanism
Line Count Report**

FCC Form 507
OMB Control No. 3060-0972
Expiration Date: 9/30/2002

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 507 ON THE CARRIER'S BEHALF:

| | | | | | |
|---|--|--|--|--|------|
| <p>Certification of Officer or Employee to Authorize an Agent to File FCC Form 507, Line Count Report for Interstate Common Line Support Mechanism, on Behalf of Reporting Carrier</p> | | | | | |
| <p>I certify that (Name of Agent) _____ is authorized to submit the information reported on FCC Form 507 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the actual line count data provided to the authorized agent; and, to the best of my knowledge, the actual line count data provided to the authorized agent is accurate.</p> | | | | | |
| <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p> | | | | | |
| Name of Reporting Carrier | | | | | |
| Signature of authorized officer or employee | | | | | Date |
| Printed name of authorized officer or employee | | | | | |
| Title or position of authorized officer or employee | | | | | |
| Telephone number of authorized officer or employee: (___) ___ - ___ , ext. _____ | | | | | |
| Study Area Code of Reporting Carrier | | | Filing Due Date for this form (mm/dd/yyyy) | | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | | | | | |
|---|--|--|---|--|------|
| <p>Certification of Agent Authorized to File FCC Form 507, Line Count Report for Interstate Common Line Support Mechanism, on Behalf of Reporting Carrier</p> | | | | | |
| <p>I, as agent for the reporting carrier, certify that I am authorized to submit the information reported on FCC Form 507 on behalf of the reporting carrier; I have provided the line count data reported herein based on actual line count data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. I also certify that I will provide copies of the line count filing to the reporting carrier within 15 days.</p> | | | | | |
| Name of Reporting Carrier | | | | | |
| Name of Authorized Agent | | | | | |
| Signature of authorized agent or employee of agent | | | | | Date |
| Printed name of authorized agent or employee of agent | | | | | |
| Title or position of authorized agent or employee of agent | | | | | |
| Telephone number of authorized agent: (___) ___ - ___ , ext. _____ | | | | | |
| Study Area Code of Reporting Carrier | | | Filing Due Date for this form (mmdyyyy) | | |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p> | | | | | |

FCC Form 507
Interstate Common Line Support Mechanism
Line Count Report

FCC Form 577
OMB Control No. 3060-0972
Expiration Date: 9/30/2002

NOTICE: Section 54.903(a)(1) of the Federal Communications Commission's rules requires all rate-of-return telecommunications carriers to provide line count information necessary to compute Interstate Common Line Support to USAC, the universal service Administrator. This information must be submitted on July 31st of each year, and on a quarterly basis if a competitive eligible telecommunications carrier (CETC) has initiated service in the rate-of-return incumbent carrier's service area and reported line count data to USAC in the rate-of-return incumbent carrier's service area, in order for the carrier to be eligible to receive Interstate Common Line Support. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. The data in the form will be used to calculate the amount of support, if any, that each reporting carrier is eligible to receive from the Interstate Common Line Support Mechanism

We have estimated that each response to this collection of information will take, on average, 5.32 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0972). We also will accept your comments via the Internet if you send them to Judith-B.Herman@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember -- You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0972.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine Interstate Common Line Support amounts. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you are not eligible to receive support under the Interstate Common Line Support Mechanism, 47.C.F.R. § 54.903.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.