

This page is for High-Cost Support Mechanism participants only.

For more information about the High-Cost Support Mechanism, please refer to: <http://www.usac.org/hc/>

Block 4: High-Cost Support Mechanism Financial Institution and Remittance Information [ALL Fields REQUIRED]

See Instruction Section III.E

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

Check this box if this information is the same as the General Contact information (Block 2) and continue on to lines 31 to 34.

21 Remittance Company Name, if different from Company Name

22 First: Middle Initial: Last: 23
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

24 Remittance Contact Address

25 Address Line 2

26 City 27 State 28 Zip Code + 4

29 () 30 ()
Phone Number Ext Fax Number

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements (If you do not check this box, your remittance statements will be sent to your e-mail address)

31 Remittance Financial Institution for ACH or locked box transfer of funds (required)

32 Financial Institution Account Number for ACH (required) 33 ACH Financial Institution Transit Number - must be nine digits (required)

34 E-mail Address of Remittance Contact (Required if participating in the High-Cost Support Mechanism)

Block 5: Company Contact for High-Cost Support Mechanism

See Instruction Section III.F

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 6.

35 First: Middle Initial: Last: 36
Contact Name for High-Cost Support Mechanism Title
(Must be a company employee or designated representative)

37 Contact Address for High-Cost Support Mechanism

38 Address Line 2

39 City 40 State 41 Zip Code + 4

42 () 43 ()
Phone Number Ext Fax Number

44 E-mail Address of High-Cost Support Mechanism Contact

This page is for Low-Income Support Mechanism participants only.

For more information about the Low-Income Support Mechanism, please refer to: <http://www.usac.org/li/>

Block 6: Low-Income Support Mechanism Financial Institution and Remittance Information [All Fields REQUIRED]

See Instruction Section III.G

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

Check this box if this information is the same as the General Contact information (Block 2) and continue on to lines 55 to 58.

45 Remittance Company Name, if different from Company Name

46 First: _____ Middle Initial: _____ Last: _____ 47 _____
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

48 Remittance Address

49 Address Line 2

50 City _____ 51 State _____ 52 Zip Code + 4 _____

53 (_____) 54 (_____)
Phone Number Ext Fax Number

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements (If you do not check this box, your remittance statements will be sent to your e-mail address)

55 Remittance Financial Institution for ACH or locked box transfer of funds (required)

56 Financial Institution Account Number for ACH (required) 57 ACH Financial Institution transit Number - must be nine digits (required)

58 E-mail Address of Remittance Contact (Required if participating in the Low-Income Support Mechanism)

Block 7: Company Contact for Low-Income Support Mechanism

See Instruction Section III.H

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.

59 First: _____ Middle Initial: _____ Last: _____ 60 _____
Contact address for Low-Income Support Mechanism Title
(Must be a company employee or designated representative)

61 Contact Address for Low-Income Support Mechanism

62 Address Line 2

63 City _____ 64 State _____ 65 Zip Code + 4 _____

66 (_____) 67 (_____)
Phone Number Ext Fax Number

68 E-mail Address of Low-Income Support Mechanism Contact

This page is for Rural Health Care Support Mechanism participants only.

For more information about the Rural Health Care Support Mechanism, please refer to: <http://www.usac.org/rhc/>

Block 9: Rural Health Care Support Mechanism Financial Institution and Remittance Information [ALL Fields REQUIRED]

See Instruction Section III.J

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

Check this box if this information is the same as the General Contact information (Block 2) and continue on to lines 79-82.

69 _____
Remittance Company Name, if different from Company Name

70 First: _____ Middle Initial: _____ Last: _____ **71** _____
Remittance Contact Name- Statements will be sent to Remittance Contact's attention Title

72 _____
Remittance Address

73 _____
Address Line 2

74 _____ **75** _____ **76** _____
City State Zip Code + 4

77 (_____) **78** (_____)
Phone Number Ext Fax Number

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements (If you do not check this box, your remittance statements will be sent to your e-mail address)

79 _____
Remittance Financial Institution for ACH or locked box transfer of funds (required)

80 [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] **81** [] [] [] [] [] [] [] [] []
Financial Institution Account Number for ACH (required) ACH Financial Institution transit Number - must be nine digits (required)

82 _____
E-mail Address of Remittance Contact (Required if participating in the Rural Health Care Support Mechanism)

Block 10: Company Contact for Rural Health Care Support Mechanism

See Instruction Section III.K

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 11.

83 First: _____ Middle Initial: _____ Last: _____ **84** _____
Contact Name for Rural Health Care Mechanism - Title
(Must be a company employee or designated representative)

85 _____
Contact Address for Rural Health Care Support Mechanism

86 _____
Address Line 2

87 _____ **88** _____ **89** _____
City State Zip Code + 4

90 (_____) **91** (_____)
Phone Number Ext Fax Number

92 _____
E-mail Address of Rural Health Care Support Mechanism Contact

This page is for Schools and Libraries Support Mechanism participants only.

For more information about the Schools and Libraries Support Mechanism, please refer to:
<http://www.usac.org/sl/>

Block 11: Schools and Libraries Support Mechanism Financial Institution and Remittance Information [ALL Fields REQUIRED]

See Instruction Section III.L

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

Check this box if this information is the same as the General Contact information (Block 2) and continue on to lines 103-106.

93 _____
Remittance Company Name, if different from Company Name

94 First: _____ Middle Initial: _____ Last: _____ 95 _____
Remittance Contact Name- Statements will be sent to Remittance Contact's attention Title

96 _____
Remittance Address

97 _____
Address Line 2

98 _____ 99 _____ 100 _____
City State Zip Code + 4

101 (_____) 102 (_____)
Phone Number Ext Fax Number

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

103 _____
Remittance Financial Institution for ACH or locked box transfer of funds (required)

104 Financial Institution Account Number for ACH (required) 105 ACH Financial Institution Transit Number - must be nine digits (required)

106 _____
E-mail Address of Remittance Contact (Required if participating in the Schools and Libraries Support Mechanism)

Block 12: Company Contact for Schools and Libraries Support Mechanism

See Instruction Section III.M

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 13.

107 First: _____ Middle Initial: _____ Last: _____ ## _____
Contact Name for Schools and Libraries Mechanism Title
(Must be a company employee or designated representative)

109 _____
Contact Address for Schools and Libraries Support Mechanism

110 _____
Address Line 2

111 _____ 112 _____ 113 _____
City State Zip Code + 4

114 (_____) 115 (_____)
Phone Number Ext Fax Number

116 _____
E-mail Address of Schools and Libraries Support Mechanism Contact

Block 13: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations

See Instruction Section III.N

The following information pertains only to telecommunications companies participating in the Schools and Libraries and Rural Health Care Support mechanisms. In accordance with FCC rule section 54.515 regarding Schools and Libraries Support mechanism payments, a telecommunications company may choose to offset its Schools and Libraries Support Mechanism payment against its Federal universal service contribution. In accordance with FCC rule section 54.611 regarding Rural Health Care Support Mechanism payments, a telecommunications company MUST offset its Rural Health Care Support Mechanism payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Schools and Libraries or Rural Health Care Support Mechanism payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit www.universalservice.org/forms and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a SPIN.

117 Yes, I want my Schools and Libraries Support Mechanism disbursement payments to be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The default is "No."

Block 14: Principal Communications Types [REQUIRED Field]

See Instruction Section III.O

Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see instructions.

- | | |
|---|--|
| <input type="checkbox"/> CAP/CLEC | <input type="checkbox"/> Prepaid Card |
| <input type="checkbox"/> Cellular/PCS/SMR | <input type="checkbox"/> Private Service Provider |
| <input type="checkbox"/> Coaxial Cable | <input type="checkbox"/> Satellite Service Provider |
| <input type="checkbox"/> Incumbent LEC | <input type="checkbox"/> Shared-Tenant Service Provider/Building LEC |
| <input type="checkbox"/> Interexchange Carrier (IXC) | <input type="checkbox"/> SMR (Dispatch) |
| <input type="checkbox"/> Interconnected VOIP Provider | <input type="checkbox"/> Toll Reseller |
| <input type="checkbox"/> Local Reseller | <input type="checkbox"/> Wireless Data Provider |
| <input type="checkbox"/> Operator Service Provider | <input type="checkbox"/> Non Traditional Provider (NTP) |
| <input type="checkbox"/> Paging and Messaging | <input type="checkbox"/> Internet Service Provider |
| <input type="checkbox"/> Payphone Service Provider | |

Block 15: Authorized Contact Signature [All Fields REQUIRED]

See Instruction Section III.P

I certify that I am an officer of the above-named service provider, that I am authorized to submit this FCC Form 498 on behalf of the above named service provider, and that to the best of my knowledge, the data set forth in this form is true, accurate, and complete.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. Secs.502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Company Officer Information Check this box if this information is the same as the General Contact information (Block 2)

Signature of the Company Officer _____ Date _____
 First: _____ Middle Initial: _____ Last: _____
 Printed Name _____
 Title _____ E-mail address _____

You do not need to submit this page.

Notice: The Federal Communications Commission (the Commission) has designated the Universal Service Administrative Company (USAC) as administrator of Federal universal service. One of the functions of USAC is to provide a mechanism for the billing, collection, and disbursement of funds for the various Federal universal service support mechanisms. In an effort to implement these requirements and obligations, the Commission has adopted this collection of information. Pursuant to the Commission rules, 47 C.F.R. §§ 54.301, 54.303, 54.307, 54.309, 54.311, 54.407, 54.413, 54.515, 54.611, 54.702, 54.802, and 54.902, USAC must obtain information relating to service provider name and address, telephone number, Federal employee identification number, contact names and telephone numbers, and billing and collection information. Each service provider receiving Federal universal service support from the High Cost, Low Income, Rural Health Care, or Schools and Libraries Support Mechanisms, should complete the FCC Form 498. USAC will use this information in administering the billing, collections, and disbursement operations of the Federal universal service programs.

Reminder: 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 3060-0824.

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 you provide for the Federal universal service billing, collections, and disbursement purposes. If we believe there may be a violation or a potential violation of a state or Federal statute, or of 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 application may be disclosed to the Department of Justice, a court, or adjudicative body when (a) the Commission; or (b) any employee of the Commission; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies, and/or your employer to offset your salary, IRS tax refund, or other payments to collect that debt. The Commission may also provide the information to these agencies through the matching of computer records where authorized.

If you do not provide the information we request on the form, the Commission may delay processing of your application, or may return your application without action.

This Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. 3501 et seq. We have estimated that each response to this collection of information will take, on average, 1.5 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 for response. If you have any comments on this estimate, or how we can improve the collections and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Washington D.C. 20554, Paperwork Reduction Project (3060-0824). We will also accept your comments via Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Mail this signed form to:

USAC Customer Operations, Billing and Disbursements
2000 L Street, N.W., Suite 200
Attn: FCC Form 498
Washington, DC 20036

Questions?

See the Form 498 Instructions found at www.usac.org/forms

Use this form for:

- New application for a Service Provider Identification Number
- Revision to existing Service Provider data currently on file with USAC
- Merger or Consolidation of Existing Service Provider Identification Number (Additional documentation is required, please see page 2 of the instructions)
- Deactivation of a Service Provider Identification Number (Please see page 2 of the instructions)