Save time, avoid problems. File electronically at http://www.usac.org/fund-administration/forms/			
FCC Form 498 Pending Approval by OMB 3060-0824			
Service Provider Identification Number and General Contact Information Form Estimated Average Burden Hours Per Response: 1.5 hours			
FCC Form 498 is used to collect contact and remittance information for service providers that receive support from the Federal universal service support mechanisms. For greate flexibility, this form allows service providers to use the same general contact information for all their contacts and the same remittance data collected for each of the four support mechanisms or multiple contact and remittance information, Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 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.			
Please read instructions, located at: http://www.universalservice.org/forms , before beginning this application.			
Please check one box below See Instruction Section III.A			
Original Application for SPIN Revision to existing FCC Form 498 on file with USAC			
Request for SPIN Merger/Consolidation Request for SPIN Deactivation			
See Instruction Section III.A Service Provider Identification Number (SPIN) (To be inserted by USAC for first time applicants. Required for subsequent revisions.) 499 Filer ID			
(Required if your company is required to file the FCC form 499)			
Block 1: General Company Information [All Fields REQUIRED]			
See Instruction Section III.I			
1 Company Name			
2 Name Company is Doing Business As (DBA) or Formerly Known As (FKA)			
3 Street Address			
4 Address Line 2			
5 6 7 City State Zip Code + 4			
Block 2: General Contact Information [All Fields REQUIRED]			
See Instruction Section III.			
8 First:     Middle Initial:     Last:     9       General Contact (Company Preparer Name)     Title			
10 <u>( )</u> 11 ( )			
Phone Number Ext. Fax Number 12			
Street Address			
13 Address Line 2			
141516			
City State Zip Code + 4			
17 E-mail Address			
Block 3: Federal EIN and DUNS [All Fields REQUIRED] See Instruction Section III.			
18       Image: Sector Se			
20 Enter Dunn and Bradstreet Number (DUNS)			

	nis page is for High-Cost Support Mechanism pa	irticipants only.
For more information	about the High-Cost Support Mechanism, pleas	se refer to: http://www.usac.org/hc/
ock 4: High-Cost Suppo	ort Mechanism Financial Institution and Remitta	ince
ormation [ALL Fields RI		
	1	See Instruction Section
	s required. Electronic payment of universal service support pa	-
andated by the Debt Collection	on Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-3	358.
	rmation is the same as the General Contact information (Block 2) a	nd continue on to lines 31 to 34.
.1 Remittance Company Name i	if different from Company Name	
22 First:	Middle Initial: Last:	22
	Statements will be sent to Remittance Contact's attention	Title
24		
Remittance Contact Address		
25		
Address Line 2		
26	27 28 State Zip Co	
City		ode + 4
Phone Number	30 ( ) Ext Fax Number	
Phone Number	Exi Fax Number	
32	on for ACH or locked box transfer of funds (required)	ransit Number - must be nine digits (required)
E-mail Address of Remittance	e Contact (Required if participating in the High-Cost Support Mecha	anism)
ek El Compony Contac	at for High Cost Support Machanism	
ck 5: Company Contac	ct for High-Cost Support Mechanism	See Instruction Section
	ct for High-Cost Support Mechanism	
Check this box if this infor	rmation is the same as the General Contact information (Block 2) a Middle Initial: Last:	and continue on to Block 6.
Check this box if this inform 5 First: Contact Name for High-Cost S	rmation is the same as the General Contact information (Block 2) a <u>Middle Initial: Last:</u> Support Mechanism	and continue on to Block 6.
Check this box if this inform 55 First: Contact Name for High-Cost S ( <i>Must be a company employee</i> c	rmation is the same as the General Contact information (Block 2) a <u>Middle Initial: Last:</u> Support Mechanism	and continue on to Block 6.
Check this box if this inform 5 First: Contact Name for High-Cost S ( <i>Must be a company employee c</i>	rmation is the same as the General Contact information (Block 2) a <u>Middle Initial: Last:</u> Support Mechanism <i>or designated representative)</i>	and continue on to Block 6.
Check this box if this inform 5 First: Contact Name for High-Cost S (Must be a company employee of 57 Contact Address for High-Cost	rmation is the same as the General Contact information (Block 2) a <u>Middle Initial: Last:</u> Support Mechanism <i>or designated representative)</i>	and continue on to Block 6.
Check this box if this inform 5 First: Contact Name for High-Cost S (Must be a company employee of 7 Contact Address for High-Cost	rmation is the same as the General Contact information (Block 2) a <u>Middle Initial: Last:</u> Support Mechanism <i>or designated representative)</i>	and continue on to Block 6.
Check this box if this inform First: Contact Name for High-Cost S (Must be a company employee of Contact Address for High-Cost 88 Address Line 2	rmation is the same as the General Contact information (Block 2) a <u>Middle Initial: Last:</u> Support Mechanism or designated representative) st Support Mechanism	and continue on to Block 6.
Check this box if this inform First: Contact Name for High-Cost S (Must be a company employee of Contact Address for High-Cost 88 Address Line 2	rmation is the same as the General Contact information (Block 2) a <u>Middle Initial: Last:</u> Support Mechanism or designated representative) st Support Mechanism 40 41	and continue on to Block 6.
Check this box if this inform Contact Name for High-Cost S (Must be a company employee of Contact Address for High-Cost 88 Address Line 2 39	rmation is the same as the General Contact information (Block 2) a <u>Middle Initial: Last:</u> Support Mechanism or designated representative) st Support Mechanism 40 41	and continue on to Block 6. 36 Title
Check this box if this inform First: Contact Name for High-Cost S (Must be a company employee of Contact Address for High-Cost 8 Address Line 2 9	rmation is the same as the General Contact information (Block 2) a <u>Middle Initial: Last:</u> Support Mechanism or designated representative) st Support Mechanism <u>40 41</u> State Zip Co	36 Title

Sinck 6: Low-Income Support Mechanism Financial Institution and Remittance Information [All Fields REQUIRED] See Instruction Section instruction information is required. Electronic payment of universal service support payments anadated by the Det Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.	This page is for Low-Income Support Mechanism participants only.		
formation [All Fields REQUIRED]       See Instruction Section         inancial institution information is required. Electronic payment of universal service support payments         inancial institution information is required. Electronic payment of universal service support payments         inancial institution information is required. Electronic payment of universal service support payments         inancial institution information is the same as the General Contact information (Block 2) and continue on to lines 55 to 58.         information company Name, if different from Company Name         if First:       Middle Initial:       Last:       47         Remittance Contact Name - Statements will be sent to Remittance Contact's attention       Title       14         if Remittance Address       19       51       52         if Qiry       51       52       16         if Qiry       51       52       17         if Check this box if you are requesting mailed paper copy statements instead of electronic remittanc	For more information about the Low-Income Support Mechanism, please refer to: http://www.usac.org/li/		
formation [All Fields REQUIRED]       See Instruction Section         nancial institution information is required. Electronic payment of universal service support payments         mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.	look fullow Income Support Mechanism Einspeid Institution and Pemittenee		
See Instruction Section markal institution information is required. Electronic payments duriversal service support payments mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.			
mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.    Image: this box if this information is the same as the General Contact Information (Block 2) and continue on to lines 55 to 58.   Image: this box if this information is the same as the General Contact information (Block 2) and continue on to lines 55 to 58.   Image: this box if this information is the same as the General Contact's attention   Image: this box if this information is the same as the General Contact's attention   Image: this box if you are requesting mailed paper copy statements instead of electronic remittance statements   Image: this box if you are requesting mailed paper copy statements instead of electronic remittance statements   Image: this box if you are requesting mailed paper copy statements instead of electronic remittance statements   Image: this box if you are requesting mailed paper copy statements instead of electronic remittance statements   Image: this box if you are requesting mailed paper copy statements instead of electronic remittance statements   Image: this box if you are requesting mailed paper copy statements instead of electronic remittance statements   Image: this box if you are requesting mailed paper copy statements instead of electronic remittance statements   Image: this information for ACH or locked box transfer of funds (required)   Sec   Fermial Address of Remittance Contact (Required if participating in the Low-Income Support Mechanism)   Sec Instruction Sector   Image: this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.   Sec Instruction Support Mechanism   Image: this box if this information is th	See Instruction Section III.		
45       First:       Middle Initial:       Last:       47         Remittance Company Name, if different from Company Name       Title       Title         46       First:       Middle Initial:       Last:       47         7       Remittance Contact Name - Statements will be sent to Remittance Contacts attention       Title         48       Remittance Address       49         49			
46 First: Middle Initial: Last: 47   Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title   47 Remittance Address   49 Address Line 2   50 51 52   51 52   52 City   53			
48         Remittance Address         49         Address Line 2         50       State         51       S2         City       State         21       State         22       City         54       State         21       State         21       State         22       City         23       State         24       State         25       State         26       Check this box, iyour remittance statements will be sent to your e-mail address)         56       Francial Institution for ACH or locked box transfer of funds (required)         56       Francial Institution Account Number for ACH (required)         57       ACH Financial Institution transit Number - must be nine digits (required)         58       Financial Institution Account Number for ACH (required)         58       E-mail Address of Remittance Contact (Required if participating in the Low-Income Support Mechanism)         Stee Instruction Section         Stee Instruction Section <td>Remittance Company Name, if different from Company Name</td>	Remittance Company Name, if different from Company Name		
48         Remittance Address         49         Address Line 2         50       51         52         City       State         3	46 First: Middle Initial: Last: 47		
Remittance Address         49         Address Line 2         50       51         51       52         City       State       Zip Code + 4         53	Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title		
$ \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c}$			
Address Line 2         50       51       52         City       State       Zip Code + 4         53			
50       51       52         City       State       Zip Code + 4         53			
53 (			
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)  Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements  Check this box, your remittance statements will be sent to your e-mail address  Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements  Check this box, your remittance statements will be sent to your e-mail address  Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements  Check this box if this information for ACH or locked box transfer of funds (required)  Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.  Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.  Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.  Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.  Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.  Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.  Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.  Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.  Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.  Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.  Check this box if this information is the same as	City State Zip Code + 4		
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)  Familance Financial Institution for ACH or locked box transfer of funds (required)  Financial Institution Account Number for ACH (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution transit Number - must be nine digits (required)  ACH Financial Institution (Block 2) and continue on to Block 8.  ACH Financial Institution (Block 2) and continue on to	53 <u>(</u> ) 54 ( )		
If you do not check this box, your remittance statements will be sent to your e-mail address)   57   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)   Remittance this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.   59   59   First:   Middle Initial:   Last:   60   Contact address for Low-Income Support Mechanism   61   Contact address for Low-Income Support Mechanism   62   Address Ion Low-Income Support Mechanism   63   64   65   64   65   61   62   63   64   65   66   7   7   7   8	Phone Number Ext Fax Number		
56	(If you do not check this box, your remittance statements will be sent to your e-mail address) 55		
Financial Institution Account Number for ACH (required)       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)         Remittance Contact for Low-Income Support Mechanism         See Instruction Section         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         (Must be a company employee or designated representative)         61         Contact Address for Low-Income Support Mechanism         62         Address Line 2         63       64         64       65         City       State         Phone Number       Ext         Fax Number       Fax Number			
E-mail Address of Remittance Contact (Required if participating in the Low-Income Support Mechanism)         See Instruction Section         See Instruction Section         Ock 7: Company Contact for Low-Income Support Mechanism         See Instruction Section         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         Get 64         64         Address for Low-Income Support Mechanism         Git Contact Address Line 2 <td colsp<="" td=""><td></td></td>	<td></td>		
ock 7: Company Contact for Low-Income Support Mechanism         See Instruction Section         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 (Must be a company employee or designated representative)         61       Title         62       Contact Address for Low-Income Support Mechanism         63       64         64       65         City       State         64       65         City       State         Phone Number       Ext         Fax Number       Fax Number	58		
See Instruction Section         Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.         59 First:       60         Contact address for Low-Income Support Mechanism (Must be a company employee or designated representative)         61         Contact Address for Low-Income Support Mechanism (Must be a company employee or designated representative)         61         Contact Address for Low-Income Support Mechanism 62         Contact Address for Low-Income Support Mechanism 62         Ga       64       65         City       State       Zip Code + 4         66 (	E-mail Address of Remittance Contact (Required if participating in the Low-Income Support Mechanism)		
See Instruction Section         Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.         59 First:       60         Contact address for Low-Income Support Mechanism (Must be a company employee or designated representative)         61         Contact Address for Low-Income Support Mechanism (Must be a company employee or designated representative)         61         Contact Address for Low-Income Support Mechanism 62         Contact Address for Low-Income Support Mechanism 62         Ga       64       65         City       State       Zip Code + 4         66 (			
See Instruction Section         See Instruction Section         Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.         59 First:       60         Title         Contact address for Low-Income Support Mechanism         Title         (Must be a company employee or designated representative)         61	lock 7: Company Contact for Low-Income Support Mechanism		
59       First:       Middle Initial:       Last:       60         Contact address for Low-Income Support Mechanism (Must be a company employee or designated representative)       Title         61       Title         62	See Instruction Section III.		
Contact address for Low-Income Support Mechanism (Must be a company employee or designated representative)       Title         61	Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.		
(Must be a company employee or designated representative) 61 Contact Address for Low-Income Support Mechanism 62 Address Line 2 63 64 65 City 5tate 64 65 City 5tate 7ip Code + 4 66 () Phone Number Ext Fax Number 68	59 First: Middle Initial: Last: 60		
61 Contact Address for Low-Income Support Mechanism 62 Address Line 2 63 City 64 65 City State Zip Code + 4 66 () 67 Phone Number Ext Fax Number 68			
Contact Address for Low-Income Support Mechanism			
Address Line 2         63       64       65         City       State       Zip Code + 4         66 ()       Phone Number       Ext       Fax Number         68			
63     64     65       City     State     Zip Code + 4       66 ()     67 ()       Phone Number     Ext     Fax Number       68	62		
City         State         Zip Code + 4           66 ()         67 ()           Phone Number         Ext         Fax Number           68         68	Address Line 2		
66 ()         67 ()           Phone Number         Ext         Fax Number           68         68         67         67			
Phone Number Ext Fax Number 68			
68			
E-mail Address of Low-Income Support Mechanism Contact	E-mail Address of Low-Income Support Mechanism Contact		

This is a Supplemental Page for Participants in the High-Cost and Low-Income Programs.			
lock 8: High-Cost and Low Income Study Area/SPIN Association			
his information will be used to associate the Study Area Codes (SAC) to thigh-Cost and Low-Income Support.	his SPIN for the purpose	See Instruction Section III	
Check this box if there is no change to the SAC data on File		if you are changing your Organization's antly on file with USAC.	
Study Area Code (SAC)	Study Ar	ea Type	
	Incumbent	Competitive	

This page is for Rural Health Care Support Mechanism participants only.		
for more information about the Rural Health Care Support Mechanism, please refer to: h	tp://www.usac.org/rhc/	
Block 9: Rural Health Care Support Mechanism Financial Institution and Remittance		
nformation [ALL Fields REQUIRED]	See Instruction Section III	
inancial institution information is required. Electronic payment of universal service support payments		
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 line	s 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		
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)		
Financial Institution Account Number for ACH (required) ACH Financial Institution transit Number - must b	e 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		
sock to: Company Contact for Rural Health Care Support Mechanism	See Instruction Section III.	
Check this box if this information is the same as the General Contact information (Block 2) and continue on to Bloc	ж 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 <u>(</u> ) 91 ()		
Phone Number Ext Fax Number		
92 E-mail Address of Rural Health Care Support Mechanism Contact		
L-mail Audress of Rulai Health Gale Support Mechanisti 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]		
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		
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     Title		
Remittance Address 97 Address Line 2		
98 99 100 City State Zip Code + 4		
Interview         Interview <t< td=""><td></td></t<>		
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       Image: Strategy of the strat	e 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 Ins	truction 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)     Title		
109 Contact Address for Schools and Libraries Support Mechanism		
110 Address Line 2		
111112113		
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	ce
Contributi	ion 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 payments, a telecommunications company MUST offset its Rural Health Care Support Mechanism payments, a telecommunications company MUST offset its Rural Health Care Support Mechanism payments, 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.

11	7	

Yes, I want my Schools and Libraries Support Mechanism disbursement payments to be offset again 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	d]	
		See Instruction Section III.O	
Select up to 5 boxes that best describe the reporting entity. E	nter numbers starting wit	h "1" to show the order of importance see instructions.	
CAP/CLEC	Ĩ	Prepaid Card	
Cellular/PCS/SMR		Private Service Provider	
Coaxial Cable		Satellite Service Provider	
Incumbent LEC		Shared-Tenant Service Provider/Building LEC	
Interexchange Carrier (IXC)		SMR (Dispatch)	
Interconnected VOIP Provider		Toll Reseller	
Local Reseller		Wireless Data Provider	
Operator Service Provider		Non Traditional Provider (NTP)	
Paging and Messaging		Internet Service Provider	
Payphone Service Provider	·	-	
Block 15: Authorized Contact Signature [Al	I Fields REQUIRE		
		See Instruction Section III.P	
		orized to submit this FCC Form 498 on behalf of the above named	
service provider, and that to the best of m	y knowledge, the data s	et forth in this form is true, accurate, and complete.	
Persons willfully making false statements on this form ca	an be punished by fine or	forfeiture, under the Communications Act, as amended, 47 U.S.C.	
Secs.502, 503(b), or fine or imprise	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 hav if this information is the same as the Constal Contact information (Ricek 2)			
	Check this box if this	information is the same as the General Contact information (Block 2)	
Signature of the Company Officer		Date	
Signature of the Company Officer		Dale	
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, 54.307, 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 biling 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 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 statue, 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 provide 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-PERM, 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