

**MOBILITY FUND
PHASE 1 - §54.1009 ANNUAL REPORTING
DATA COLLECTION FORM**

FCC Form 690
Approved by OMB
OMB 3060-XXXX
Estimated: 18 Hours

(010) Study Area Code(s)	(010)	<input type="text"/>
(015) Study Area Name(s)	(015)	<input type="text"/>
(020) Program Year	(020)	2012
(030) Contact Name: Person USAC should contact with questions about this data	(040)	<input type="text"/>
(035) Contact Telephone Number: Number of the person identified in Data Line (030)	(045)	<input type="text"/>
(039) Contact Email: Email of the person identified in Data Line (030)	(049)	<input type="text"/>

(check box when complete)

(040) **Has the information required pursuant to §54.1009 been provided with a §54.313 filing (Y/N)?** (040)

Attach a description of the documents filed with the §54.313 reporting (041)

Cite the Study Area Code for the §54.313 reporting (042)

Cite the date of the §54.313 reporting (043)

(050) **Carrier Contact Form** (has contact info. changed since prior filing? Yes or No) (050)

(if yes, complete attached worksheet)

(060) **Coverage and Performance Report** (complete attached worksheet) (060)

(070) **Urban Rate Comparability Certification** (complete attached certification) (070)

(080) **Tribal Lands Reporting (Y/N)?** (Does this study area cover tribal lands? Yes or No) (080)

(if yes, complete attached worksheet)

(090) **Project Update Information** (complete attached worksheet) (090)

(100) **Certifications**

Reporting Carrier Certification (complete attached certification) (101)

Agent Certification (complete attached certification) (102)

{ 050} Carrier Contact Form

(010) Study Area Code	(010)	
(015) Study Area Name	(015)	
(020) Program Year	(020)	2012
(030) Contact Name: Person USAC should contact with questions about this data	(030)	
(035) Contact Telephone Number: Number of the person identified in Data Line (030)	(035)	
(039) Contact Email: Email of the person identified in Data Line (030)	(039)	

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

(110) FCC Registration Number	
(111) Filing Carrier Name	
(112) Winning Bidder Carrier Name	
(113) Street Address (or PO Box)	
(114) City	
(115) State	
(116) Zip-Code	
(117) Telephone Number	
(118) Fax Number	
(119) Email Address	

Contact Information if same as above, indicate in this box

(120) Name (First, MI, Last, Suffix)	
(121) Filing Carrier Name	
(122) Street Address (or PO Box)	
(123) City	
(124) State	
(125) Zip-Code	
(126) Telephone Number	
(127) Fax Number	
(128) Email Address	

Authorized Agent Information if no agent, indicate in this box

(130) Name (First, MI, Last, Suffix)	
(131) Company	
(132) Street Address (or PO Box)	
(133) City	
(134) State	
(135) Zip-Code	
(136) Telephone Number	
(137) Fax Number	
(138) Email Address	

(060) Coverage and Performance Report

<010> Study Area Code(s) _____ <010>
 <015> Study Area Name(s) _____ <015>
 <020> Program Year _____ <020>
 <030> Contact Name - Person USAC should contact regarding this data _____ <030>
 <035> Contact Telephone Number - Number of person identified in data line <030> _____ <035>
 <039> Contact Email Address - Email Address of person identified in data line <030> _____ <039>
 <140> Coverage and Performance Report Year _____ <041>

<141> <a1> <a2> <a3> <a4> <b1> <b2> <c1> <c2> <c3> <d> <e> <f>

<u>Study Area Code</u>	<u>State</u>	<u>County</u>	<u>Census Block</u>	<u>Resident Population per Census Block</u>	<u>Resident Population Newly Reached by Service</u>	<u>Road Miles per Census Block</u>	<u>Road Miles per Census Block Newly Served</u>	<u>Percent Road Miles Covered</u>	<u>Certify Electronic Shapefiles are attached (Yes/No)</u>	<u>Certify: Drive Test Results are attached(Yes/No)</u>	<u>Certify: Scattered Site Test Results are attached (Yes/No)</u>

(070) Certification Compliance with 47 CFR §54.1009(a)(4)

The Reporting Carrier offers service in supported areas at rates that are within a reasonable range of rates for similar service plans offered by mobile wireless providers in urban areas.

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

Certification of Officer as to Compliance with 47 CFR §54.1009(a)(4)			
<p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form is accurate.</p>			
Name of Reporting Carrier			
Signature of authorized officer			Date
Printed name of authorized officer			
Title or position of authorized officer			
Telephone number of authorized officer: (____)____-____, ext. _____ Filing Due Date for this form			
Study Area Code of Reporting Carrier		(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 REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
<p>I certify that (Name of Agent) _____ is authorized to submit the information reported 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 compliance with 47 CFR §54.1009(a)(4) as reported to the authorized agent; and, to the best of my knowledge, the certification provided to the authorized agent is accurate.</p>			
Name of Authorized Agent			
Name of Reporting Carrier			
Signature of authorized officer			Date
Printed name of authorized officer			
Title or position of authorized officer			
Telephone number of authorized officer: (____)____-____, ext. _____ Filing Due Date for this form			
Study Area Code of Reporting Carrier		(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:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data 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			
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. _____ Filing Due Date for this form			
Study Area Code of Reporting Carrier		(mmddyyyy)	
<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>			

(080) Tribal Lands Reporting

<010>	Study Area Code(s)	<010>	_____
<015>	Study Area Name(s)	<015>	_____
<020>	Program Year	<020>	_____
<030>	Contact Name - Person USAC should contact regarding this data	<030>	_____
<035>	Contact Telephone Number - Number of person identified in data line	<035>	_____
<039>	Contact Email Address - Email Address of person identified in data lin	<039>	_____
<140>	Coverage and Performance Report Year	<041>	_____

<142>	<a1>	<a2>	<a3>	<a4>	<a5>
	<u>Study Area Code</u>	<u>State</u>	<u>County</u>	<u>Tribal Lands on which the ETC serves</u>	<u>Tribal Government Engagement Obligation</u>
					{Name of PDF}
					{Name of PDF}
					{Name of PDF}
					{Name of PDF}
					{Name of PDF}

(090) Project Update Information

<010> Study Area Code(s) <010> _____
 <015> Study Area Name(s) <015> _____
 <020> Program Year <020> _____
 <030> Contact Name - Person USAC should contact regarding this data <030> _____
 <035> Contact Telephone Number - Number of person identified in data line <030> <035> _____
 <039> Contact Email Address - Email Address of person identified in data line <030> <039> _____

<143>	<a1>	<a2>	<a3>	<b1>	<b2>	<c1>	<c2>	<c3>	<c4>	<c5>	<c6>	<d1>	<d2>	<e>	<f>
Study Area Code	State	County / City	Date Authorized to Receive Support	Targeted Completion Date	Total Mobility Fund Support Awarded	Total Mobility Fund Support Disbursed	Support Applied to Network Design	Support Applied to Construction	Support Applied to Deployment	Support Applied to Maintenance	Certify Network will Support 3G Mobile Service (Yes/No)	Certify Network will Support 4G Mobile Service (Yes/No)	Actual Completion Date	Project Status attached (Yes/No)	

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier

Signature of Authorized Officer

Date

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number of Authorized Officer: (____)____-____, ext. _____

Study Area Code of Reporting Carrier

Filing Due Date for this form
(mm/dd/yyyy)

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.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier					
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent					
Name of Reporting Carrier					
Signature of Authorized Officer					Date
Printed name of Authorized Officer					
Title or position of Authorized Officer					
Telephone number of Authorized Officer: (___) ___ - ____ , ext. _____					
Study Area Code of Reporting Carrier			Filing Due Date for this form (mm/dd/yyyy)		
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.					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier					
Name of Authorized Agent or Employee of 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 or Employee of Agent: (___) ___ - ____ , ext. _____					
Study Area Code of Reporting Carrier			Filing Due Date for this form (mmddyyyy)		
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.					