

**Rate Floor Data**

**RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986**

**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	<b>Residential Local Service Charge Effective Date</b>	mm/dd/yyyy	
5	Contact Name	alpha characters	
6	Contact Telephone Number (include area code)	9 numeric digits	
7	Sheet number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

**Block 2 - Residential Local Service Rates, Fees, and Line Counts**

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

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25					
26					
27					
28					
29					
30					
31					
32					
33					
34					

Rate Floor Template

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHA

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

**I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.**

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)

Rate Floor Data

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:**

Certification of Officer or Employee to Authorize an Agent to File Rate Floor Data 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 accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p>				
<p><del>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.</del></p>				
Name of Authorized Agent:				
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)	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Rate Floor Data Reported on Behalf of Reporting Carrier				
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the rate floor data 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. _____				
Study Area Code of Reporting Carrier			Filing Due Date for this form (mmddyyyy)	