

**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 programs. For greater 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 programs 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://usac.org/sp/tools/forms.aspx>, 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.B

- 1 \_\_\_\_\_  
Company Name
- 2 \_\_\_\_\_  
Name Company is Doing Business As (DBA) or Formerly Known As (FKA)
- 3  Check this Box if the Company is part of or maintains affiliate companies and complete page 2.
- 4 \_\_\_\_\_  
Street Address
- 5 \_\_\_\_\_  
Address Line 2
- 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_  
City State Zip Code + 4

**Block 2: General Contact Information [All Fields REQUIRED]**

See Instruction Section III.C

- 9 First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ 10 \_\_\_\_\_  
General Contact (Company Preparer Name) Title
- 11 ( ) \_\_\_\_\_ 12 ( ) \_\_\_\_\_  
Phone Number Ext. Fax Number
- 13 \_\_\_\_\_  
Street Address
- 14 \_\_\_\_\_  
Address Line 2
- 15 \_\_\_\_\_ 16 \_\_\_\_\_ 17 \_\_\_\_\_  
City State Zip Code + 4
- 18 \_\_\_\_\_  
E-mail Address

**Block 3: Federal EIN, DUNS and FCC Registration Number [All Fields REQUIRED]**

See Instruction Section III.D

- 19              
Enter Federal Employer Identification Number  
(Federal EIN or Tax ID Number)
- 20  Corporation                       Partnership                       Other  
(Check applicable corporate structure.)
- 21                  
Enter Dunn and Bradstreet Number (DUNS)
- 22                  
FCC Registration Number (CORES ID)



**This page is for High Cost Program participants only.**

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

**Block 5: High Cost Support Financial Institution and Remittance Information [ALL Fields REQUIRED]**

*See Instruction Section III.F*

Check this box to discontinue use of this SPIN for High Cost Support.

**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 complete lines 33-35.

23 Remittance Company Name, if different from Company Name \_\_\_\_\_

24 First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ 25 \_\_\_\_\_  
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

26 Remittance Contact Address \_\_\_\_\_

27 Address Line 2 \_\_\_\_\_

28 \_\_\_\_\_ 29 \_\_\_\_\_ 30 \_\_\_\_\_  
City State Zip Code + 4

31 ( ) \_\_\_\_\_ 32 ( ) \_\_\_\_\_  
Phone Number Ext Fax Number

33 Remittance Financial Institution for ACH or locked box transfer of funds (required) \_\_\_\_\_

34 

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 Financial Institution Account Number for ACH (required) 35 

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 ACH Financial Institution Transit Number - must be nine digits (required)

36 E-mail Address of Remittance Contact (Required if participating in the High Cost Program) \_\_\_\_\_

**Block 6: Company Contact for High Cost Support**

*See Instruction Section III.G*

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 7.

37 First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ 38 \_\_\_\_\_  
Contact Name for High Cost Program Title  
*(Must be a company employee or designated representative)*

39 Contact Address for High Cost Program \_\_\_\_\_

40 Address Line 2 \_\_\_\_\_

41 \_\_\_\_\_ 42 \_\_\_\_\_ 43 \_\_\_\_\_  
City State Zip Code + 4

44 ( ) \_\_\_\_\_ 45 ( ) \_\_\_\_\_  
Phone Number Ext Fax Number

46 E-mail Address of High Cost Program Contact \_\_\_\_\_

This page is for Low Income Program participants only.

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

**Block 7: Low Income Support Financial Institution and Remittance Information [All Fields REQUIRED]**

See Instruction Section III.H

Check this box to discontinue use of this SPIN for Low Income Support.

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 complete lines 57-59.

47 Remittance Company Name, if different from Company Name

48 First: Middle Initial: Last: 49  
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

50 Remittance Address

51 Address Line 2

52 City 53 State 54 Zip Code + 4

55 ( ) 56 ( )  
Phone Number Ext Fax Number

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

58 Financial Institution Account Number for ACH (required) 59 ACH Financial Institution transit Number - must be nine digits (required)

60 E-mail Address of Remittance Contact (Required if participating in the Low Income Program)

**Block 8: Company Contact for Low Income Support**

See Instruction Section III.I

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 9.

61 First: Middle Initial: Last: 62  
Contact address for Low Income Program Title  
(Must be a company employee or designated representative)

63 Contact Address for Low Income Program

64 Address Line 2

65 City 66 State 67 Zip Code + 4

68 ( ) 69 ( )  
Phone Number Ext Fax Number

70 E-mail Address of Low Income Program Contact

**This is a Supplemental Page for Participants in the High Cost and Low Income Programs.**

**Block 9: High Cost and Low Income Study Area/SPIN Association**

*See Instruction Section III.J*

*This information will be used to associate the Study Area Codes (SAC) to this SPIN for the purposes of High Cost and Low Income Support.*

Check this box if there is no change to the SAC data on file.

Check this box if you are changing your organization's SAC data currently on file with USAC.

**Study Area Code (SAC)**

**SAC Company Name**

**Study Area Type**



Incumbent

Competitive



Incumbent

Competitive



Incumbent

Competitive



Incumbent

Competitive



Incumbent

Competitive



Incumbent

Competitive



Incumbent

Competitive



Incumbent

Competitive



Incumbent

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Incumbent

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Incumbent

Competitive

*(Attach additional copies of this page if necessary)*

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

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

**Block 10: Rural Health Care Support Financial Institution and Remittance Information [ALL Fields REQUIRED]**

*See Instruction Section III.K*

Check this box to discontinue use of this SPIN for Rural Health Care Support.

**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 complete lines 81-83.

**71** \_\_\_\_\_  
Remittance Company Name, if different from Company Name

**72** First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ **73** \_\_\_\_\_  
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

**74** \_\_\_\_\_  
Remittance Address

**75** \_\_\_\_\_  
Address Line 2

**76** \_\_\_\_\_ **77** \_\_\_\_\_ **78** \_\_\_\_\_  
City State Zip Code + 4

**79** ( \_\_\_\_\_ ) **80** ( \_\_\_\_\_ )  
Phone Number Ext Fax Number

**81** \_\_\_\_\_  
Remittance Financial Institution for ACH or locked box transfer of funds (required)

**82**                      
Financial Institution Account Number for ACH (required)

**83**             
ACH Financial Institution transit Number - must be nine digits (required)

**84** \_\_\_\_\_  
E-mail Address of Remittance Contact (Required if participating in the Rural Health Care Program)

**Block 11: Company Contact for Rural Health Care Support**

*See Instruction Section III.L*

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 12.

**85** First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ **86** \_\_\_\_\_  
Contact Name for Rural Health Care Program Title  
*(Must be a company employee or designated representative)*

**87** \_\_\_\_\_  
Contact Address for Rural Health Care Program

**88** \_\_\_\_\_  
Address Line 2

**89** \_\_\_\_\_ **90** \_\_\_\_\_ **91** \_\_\_\_\_  
City State Zip Code + 4

**92** ( \_\_\_\_\_ ) **93** ( \_\_\_\_\_ )  
Phone Number Ext Fax Number

**94** \_\_\_\_\_  
E-mail Address of Rural Health Care Program Contact

**This page is for Schools and Libraries Program participants only.**

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

**Block 12: Schools and Libraries Support Financial Institution and Remittance Information [ALL Fields REQUIRED]**

See Instruction Section III.M

Check this box discontinue use of this SPIN for Schools and Libraries Support.

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 complete lines 105-107.

95 \_\_\_\_\_  
Remittance Company Name, if different from Company Name

96 First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ 97 \_\_\_\_\_  
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

98 \_\_\_\_\_  
Remittance Address

99 \_\_\_\_\_  
Address Line 2

100 \_\_\_\_\_ 101 \_\_\_\_\_ 102 \_\_\_\_\_  
City State Zip Code + 4

103 (\_\_\_\_\_) \_\_\_\_\_ 104 (\_\_\_\_\_) \_\_\_\_\_  
Phone Number Ext Fax Number

105 \_\_\_\_\_  
Remittance Financial Institution for ACH or locked box transfer of funds (required)

106   
Financial Institution Account Number for ACH (required)

107   
ACH Financial Institution Transit Number - must be nine digits (required)

**Alternative Banking Information for the payment of Billed Entity Applicant Reimbursements**

Check this box if you wish to use the same banking information as listed in lines 105-107.

108 \_\_\_\_\_  
Remittance Financial Institution for ACH or locked box transfer of funds (required)

109   
Financial Institution Account Number for ACH (required)

110   
ACH Financial Institution Transit Number - must be nine digits (required)

111 \_\_\_\_\_  
E-mail Address of Remittance Contact (Required if participating in the Schools and Libraries Program)

**Block 13: Company Contact for Schools and Libraries Support**

See Instruction Section III.N

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 14.

112 First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ 113 \_\_\_\_\_  
Contact Name for Schools and Libraries Program Title  
(Must be a company employee or designated representative)

114 \_\_\_\_\_  
Contact Address for Schools and Libraries Program

115 \_\_\_\_\_  
Address Line 2

116 \_\_\_\_\_ 117 \_\_\_\_\_ 118 \_\_\_\_\_  
City State Zip Code + 4

119 (\_\_\_\_\_) \_\_\_\_\_ 120 (\_\_\_\_\_) \_\_\_\_\_  
Phone Number Ext Fax Number

121 \_\_\_\_\_  
E-mail Address of Schools and Libraries Program Contact

**Disbursement Offsets and Healthcare Connect Certification**

**Block 14: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Rural Healthcare Participants**

*See Instruction Section III.O*

The following information pertains only to telecommunications companies participating in the Rural Health Care Program. In accordance with FCC rule section 54.679 regarding Rural Health Care payments, a telecommunications company may choose to offset its payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Rural Health Care Program payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit <http://www.usac.org/cont/tools/forms/default.aspx> and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a SPIN.

122  Yes, I want my Rural Health Care Program 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 15: Certification to Assist Health Care Providers**

*See Instruction Section III.P*

In accordance with FCC rule section 54.640(b), service providers participating in the Healthcare Connect Fund must certify, as a condition of receiving support, that they will provide to health care providers, on a timely basis, all information and documents regarding supported equipment, facilities, or services that are necessary for the health care provider to submit required forms or respond to FCC or USAC inquiries. USAC may withhold disbursements to the service provider if the service provider, after written notice from USAC, fails to comply with this requirement.

123  I certify, as a condition of receiving support under the Healthcare Connect Fund, that the above-named service provider will provide to health care providers, on a timely basis, all information and documents regarding the supported equipment, facility(ies), or service(s) that are necessary for the health care provider to submit required forms or respond to FCC or USAC inquiries.

**Block 16: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Schools and Libraries Participants**

*See Instruction Section III.Q*

The following information pertains only to telecommunications companies participating in the Schools and Libraries Program. In accordance with FCC rule section 54.515 regarding Schools and Libraries Program payments, a telecommunications company may choose to offset its Schools and Libraries Program 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 payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit <http://www.usac.org/cont/tools/forms/default.aspx> and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a SPIN.

124  Yes, I want my Schools and Libraries Program 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."

**Service Identification**

**Block 17: Principal Communications Types [REQUIRED Field]**

*See Instruction Section III.R*

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



**Officer Certification**

**Block 18: Authorized Contact Signature [All Fields REQUIRED]**

*See Instruction Section III.S*

*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. 220(e), 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

**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 programs. 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 Programs, 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-PER, 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, Forms Processing  
2000 L Street, N.W., Suite 200  
Attn: FCC Form 498  
Washington, DC 20036**

Questions?

**See the FCC Form 498 Instructions found at <http://usac.org/sp/tools/forms.aspx>**

**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)