# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

State (An Eligible Telecommunications Carrier (ETC) must provide a ce	rtification form for each state in which it provides Lifeline service).
Study Area Code(s) (SAC)	ETC Name(s)
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
	Affiliation shall be determined in accordance with section 3(2) of the that (directly or indirectly) owns or controls, is owned or controlled by, or is C. § 153(2). See also 47 C.F.R. § 76.1200.
formation, or other similar legal document. An officer i laws (or partnership agreement), and would typically be	position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate by-president, vice president for operations, vice president for a sole proprietorship, the owner must sign the
Section 1: All ETCs MUST COMPLETE SECTION 1-	- Initial Certification
I certify that the company listed above has certification	procedures in place either to:
program, and that, to the best of my knowledge,	y documentation prior to enrolling a consumer in the Lifeline, the company was presented with documentation of each based eligibility prior to his or her enrollment in Lifeline or
B) Confirm consumer eligibility by relying upor state Lifeline administrator prior to enrolling a	n access to a state database and/or notice of eligibility from the consumer in the Lifeline program.
I am an officer of the company named above. I listed above. <b>Initial</b>	am authorized to make this certification for the Study Area(s)

# Section 2: All ETCs MUST COMPLETE SECTION 2– Annual Recertification

Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	В	С
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.

A) I certify that the company listed above has procedures in place recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility got Lifeline. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_

D	Е	F =D-E	G	H = (F+G)	I
Number of	Number of	Number of Non-	Number of	Number of Subscribers	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	De-enrolled or	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Scheduled to be De-	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Enrolled as a Result of	to Recertification
Eligibility Through			Longer Eligible	Non-Response or	Attempt
Attestation				Ineligibility	_

#### AND/OR

In the space below, please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on \_\_\_\_\_\_ prior to enrolling a subscriber in the Lifeline program. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

J	К	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

#### OR

What is the percentage of subscribers de-enrolled for this ETC?

M	N	0	$\mathbf{P} = \mathbf{N} + \mathbf{O}$	$Q = ((P \div M) * 100)$
Number of Subscribers Claimed on February FCC Form(s) 497 (From Column A)	Number of Subscribers De- Enrolled or Scheduled to be De- Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers De- enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Total Number of Subscribers De-enrolled or Scheduled to be De- enrolled	Percentage of Subscribers De-enrolled or Scheduled to be De-enrolled that were Claimed on the February FCC Form(s) 497

Section 4: ALL ETCS MUST COMPLETE APPROPRIATE CHECK BOX; PRE-PAID ETCS MUST COMPLETE ALL OF SECTION 4

Is the ETC Pre-Paid?	
<b>Yes</b> ☐ <b>No</b> ☐ (A Pre-Paid ETC does not assess or collect a monthly fee from its Lifeline subscribers)	
If yes, record the number of subscribers de-enrolled for non-usage by month in column S below.	

### Non-Usage Results Applicable to Pre-Paid ETCs:

R	S
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

## Signature Block: ALL ETCS MUST COMPLETE SIGNATURE FIELDS

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Signature of Officer	Printed Name of Officer
Fitle of Officer	Date
Person Completing this Certification Form	Contact Phone Number
ETO	C Identification
SAC	ETC Name
Holding	Company Name(s)
SAC	Holding Company Name
DBA, Marketing o	or Other Branding Name(s)
DBA, Marketing o	or Other Branding Name(s)  Name
DBA, Marketing o	or Other Branding Name(s)  Name
DBA, Marketing o	or Other Branding Name(s) Name
DBA, Marketing o	or Other Branding Name(s)  Name
DBA, Marketing o	or Other Branding Name(s)  Name
DBA, Marketing o	or Other Branding Name(s)  Name

# **Affiliated ETCs**

SAC	Name
	Y The second sec
	V .