

**FCC Form 508  
Interstate Common Line Support Mechanism  
Projected Annual Common Line Revenue Requirement Form**

<b>PROJECTED ANNUAL COMMON LINE REVENUE REQUIREMENT</b>			
<b>Block 1 - Contact Information</b>			
<b>ROW #</b>	<b>DATA ELEMENT</b>	<b>FORMAT OF REQUESTED DATA</b>	<b>RESPONSE</b>
<b>1</b>	Carrier Study Area Code	6 numeric digits	
<b>2</b>	Carrier Study Area Name	alpha characters	
<b>3</b>	Service Provider Identification Number	9 numeric digits	
<b>4</b>	Data Period (specify years)	07/01/20yy - 06/30/20yy	
<b>5</b>	Date of Submission	mm/dd/yyyy	
<b>6</b>	Contact Name	alpha characters	
<b>7</b>	Contact Telephone Number [including area code]	10 numeric digits	
<b>8</b>	Contact E-mail Address	alpha/numeric characters	
<b>Block 2 - Projected Annual Common Line Revenue Requirement by Study Area</b>			
<b>9</b>	Projected Common Line Revenue Requirement (July 1-June 30)	amount in \$	
<b>10</b>	Projected SLC Revenues (July 1-June 30)	amount in \$	
<b>11</b>	Projected Special Access Surcharges (July 1-June 30)	amount in \$	
<b>12</b>	Projected Line Port Costs in Excess of Basic Analog Service (July 1-June 30)	amount in \$	
<b>13</b>	Projected LTS (July 1-June 30)	amount in \$	

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<b>CORRECTIONS PROJECTED ANNUAL COMMON LINE REVENUE REQUIREMENT</b>			
<b>Block 1 - Contact Information</b>			
<b>ROW #</b>	<b>DATA ELEMENT</b>	<b>FORMAT OF REQUESTED DATA</b>	<b>RESPONSE</b>
<b>1</b>	Carrier Study Area Code	6 numeric digits	
<b>2</b>	Carrier Study Area Name	alpha characters	
<b>3</b>	Service Provider Identification Number	9 numeric digits	
<b>4</b>	Data Period (specify years)	07/01/20yy - 06/30/20yy	
<b>5</b>	Date of Correction	mm/dd/yyyy	
<b>6</b>	Contact Name	alpha characters	
<b>7</b>	Contact Telephone Number [including area code]	10 numeric digits	
<b>8</b>	Contact E-mail Address	alpha/numeric characters	
<b>Block 2 - Projected Annual Common Line Revenue Requirement by Study Area</b>			
<b>9</b>	Projected Common Line Revenue Requirement (July 1-June 30)	amount in \$	
<b>10</b>	Projected SLC Revenues (July 1-June 30)	amount in \$	
<b>11</b>	Projected Special Access Surcharges (July 1-June 30)	amount in \$	
<b>12</b>	Projected Line Port Costs in Excess of Basic Analog Service (July 1-June 30)	amount in \$	
<b>13</b>	Projected LTS (July 1-June 30)	amount in \$	

**FCC Form 508**  
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FCC Form 508  
 OMB Control No. 3060-0986

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING FCC FORM 508 ON ITS OWN BEHALF:**

**Certification of Officer or Employee as to the Accuracy of the Data Reported in FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier**

**I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Interstate Common Line Support Mechanism projected revenue requirement information in FCC Form 508; 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)	
<b>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.</b>				

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OMB Control No. 3060-0986

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:**

<b>Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier</b>				
<p>I certify that <b>(Name of Agent)</b> _____ is authorized to submit the information reported on FCC Form 508 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 Interstate Common Line Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Interstate Common Line Support Mechanism projected annual common line revenue requirement information provided to the authorized agent is accurate.</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)	
<b>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.</b>				

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

<b>Certification of Agent Authorized to File FCC Form 508, Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form, on Behalf of Reporting Carrier</b>				
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier; I have provided the Interstate Common Line Support Mechanism projected annual common line revenue requirement information reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. I also certify that I will provide copies of the Interstate Common Line Support Mechanism Projected Revenue Requirement Data Collection Form to the reporting carrier within 15 days.</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 (mm/dd/yyyy)	
<b>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.</b>				

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**Data Collection Form**

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NOTICE: Section 54.903(a)(3) of the Federal Communications Commission's rules requires all rate-of-return telecommunications carriers to provide information needed to calculate the Projected Annual Common Line Revenue Requirement for each of its study areas in the upcoming funding year to USAC, the universal service Administrator. This information must be submitted on March 31st of each year, in order for the carrier to be eligible to receive Interstate Common Line Support. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. The data in the form will be used to calculate the amount of support, if any, that each reporting carrier is eligible to receive from the Interstate Common Line Support Mechanism.

We have estimated that each response to this collection of information will take, on average, 1.60 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 or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Washington, D.C. 20554, Paperwork Reduction Project (3060-0986). We also will accept your comments via the Internet if you send them to [Judith-B.Herman@fcc.gov](mailto:Judith-B.Herman@fcc.gov). Please **DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS**.

Remember -- 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 3060-0986.

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 that you provide to determine Interstate Common Line Support amounts. If we believe there may be a violation or potential violation of a statute or 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 form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law. Confidential treatment of the filed data may be requested in the cover letter by following the procedures set forth in Section 0.459 of the Commission's rules, 47 C.F.R. § 0.459.

If you do not provide the information we request on this form, you are not eligible to receive support under the Interstate Common Line Support Mechanism, 47.C.F.R. § 54.903.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.