

Service Provider And Billed Entity Identification Number and General Contact Information Form

Estimated Average Burden Hours Per Response: .75 hour

FCC Form 498 is used to collect contact and remittance information for service providers and billed entities 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.

Provider Type

Please check one box below

Service Provider

School/Library or other Billed Entity

See Instruction Section III.A

Submission Type

Please check one box below

Original Application for FCC Form 498 ID

Revision to existing FCC Form 498 on file with USAC

Request for FCC Form 498 ID Merger/Consolidation

Request for FCC Form 498 ID Deactivation

See Instruction Section III.B

Service Provider and Billed Entity Identification Number (FCC Form 498 ID)
 (To be inserted by USAC for first time applications. Required for subsequent revisions.)

See Instruction Section III.C

499 Filer ID
 (Required if your company is required to file the FCC Form 499)

Block 1: Organization Information [All Fields REQUIRED]

See Instruction Section III.D

1 _____
 Company or Billed Entity Name

2 _____
 Name Entity or Company is Doing Business As (DBA) or Formerly Known As (FKA)

3 _____ 4
 Holding Company Name (For Service Providers) Federal EIN, or TAX ID Number of Holding Company

5 Check this Box if the Company is part of or maintains affiliate companies and complete page 2.

6 _____
 Street Address

7 _____
 Address Line 2

8 _____ 9 _____ 10 _____
 City State Zip Code + 4

Block 2: General Contact Information [All Fields REQUIRED]

See Instruction Section III.E

11 First: _____ Middle Initial: _____ Last: _____ 12 _____
 General Contact (Company Preparer Name) Title

13 (_____)
 Phone Number Ext.

14 _____
 Street Address

15 _____
 Address Line 2

16 _____ 17 _____ 18 _____
 City State Zip Code + 4

19 _____
 E-mail Address

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

See Instruction Section III.F

20
 Enter Federal Employer Identification Number
 (Federal EIN or Tax ID Number)

21 Corporation Partnership Other
 (Check applicable corporate structure.)

22
 Enter Dun and Bradstreet Number (DUNS)

23
 FCC Registration Number (CORES ID)

This is a Supplemental Page for Companies with Affiliate Relationships

Block 4: Affiliate Company Information

See Instruction Section III.G

Please list all companies with which this FCC Form 498 ID is affiliated. The term "affiliate" means a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person. For purposes of this paragraph, the term "own" means to own an equity interest (or the equivalent thereof) of more than 10 percent.

Affiliate FCC Form 498 ID Number

Affiliate Company Name

(Attach additional copies of this page if necessary)

This page is for Lifeline Program participants only.

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

Block 7: Lifeline Support Financial Institution and Remittance Information [All Fields REQUIRED]

See Instruction Section III.J

Check this box to discontinue use of this FCC Form 498 ID for Lifeline 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 46-48.

41 _____
Remittance Company Name, if different from Company Name

42 First: _____ Middle Initial: _____ Last: _____ 43 _____
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

44 (_____) 45 _____
Phone Number Ext E-mail Address for receipt of remittance advice

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

47 _____ 48 _____
Financial Institution Account Number for ACH (required) ACH Financial Institution transit Number - must be nine digits (required)

Block 8: Organization Contact for Lifeline Support

See Instruction Section III.K

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

49 First: _____ Middle Initial: _____ Last: _____ 50 _____
Contact address for Lifeline Program Title
(Must be a organization employee or designated representative)

51 _____
Contact Address for Lifeline Program

52 _____
Address Line 2

53 _____ 54 _____ 55 _____
City State Zip Code + 4

56 (_____) 57 _____
Phone Number Ext E-mail Address of Lifeline Program Contact

This is a Supplemental Page for Participants in the High Cost and Lifeline Programs.

Block 9: High Cost and Lifeline Study Area/FCC Form 498 ID Association

See Instruction Section III.L

This information will be used to associate the Study Area Codes (SAC) to this FCC Form 498 ID for the purposes of High Cost and Lifeline 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

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive

(Attach additional copies of this page if necessary)

This page is for Rural Health Care Program participants only.

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

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

Check this box to discontinue use of this FCC Form 498 ID 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.

See Instruction Section III.M

Check this box if this information is the same as the General Contact information (Block 2) and complete lines 63-65.

58 _____
Remittance Company Name, if different from Company Name

59 First: _____ Middle Initial: _____ Last: _____ 60 _____
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

61 (_____) _____ 62 _____
Phone Number Ext E-mail Address for receipt of remittance advice

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

64

--	--	--	--	--	--	--	--	--	--	--

Financial Institution Account Number for ACH (required)

65

--	--	--	--	--	--	--	--

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

Block 11: Organization Contact for Rural Health Care 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 12.

66 First: _____ Middle Initial: _____ Last: _____ 67 _____
Contact Name for Rural Health Care Program Title
(Must be a company employee or designated representative)

68 _____
Contact Address for Rural Health Care Program

69 _____
Address Line 2

70 _____ 71 _____ 72 _____
City State Zip Code + 4

73 (_____) _____ 74 _____
Phone Number Ext 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]

Check this box to discontinue use of this FCC Form 498 ID 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.

See Instruction Section III.O

Check this box if this information is the same as the General Contact information (Block 2) and complete lines 80-82.

75 _____
Remittance Company Name, if different from Company or Billed Entity Name

76 First: _____ Middle Initial: _____ Last: _____ 77 _____
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

78 (_____) 79 _____
Phone Number Ext E-mail Address for receipt of remittance advice

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

81
Financial Institution Account Number for ACH (required)

82
ACH Financial Institution Transit Number - must be nine digits (required)

Block 13: Organization Contact for Schools and Libraries Support

See Instruction Section III.P

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

83 First: _____ Middle Initial: _____ Last: _____ 84 _____
Contact Name for Schools and Libraries Program Title
(Must be a company, or entity employee or designated representative)

85 _____
Contact Address for Schools and Libraries Program

86 _____
Address Line 2

87 _____ 88 _____ 89 _____
City State Zip Code + 4

90 (_____) 91 _____
Phone Number Ext E-mail Address of Schools and Libraries Program Contact

Block 14: Billed Entity Number/FCC Form 498 Association

See Instruction Section III.Q

Please list all Billed Entity Numbers with which this FCC Form 498 ID affiliated.

<u>Billed Entity Number</u>	<u>Billed Entity Name</u>
<input data-bbox="215 417 545 451" type="text"/>	<input data-bbox="745 417 1089 451" type="text"/>
<input data-bbox="215 468 545 501" type="text"/>	<input data-bbox="745 468 1089 501" type="text"/>
<input data-bbox="215 518 545 552" type="text"/>	<input data-bbox="745 518 1089 552" type="text"/>
<input data-bbox="215 569 545 602" type="text"/>	<input data-bbox="745 569 1089 602" type="text"/>
<input data-bbox="215 619 545 653" type="text"/>	<input data-bbox="745 619 1089 653" type="text"/>
<input data-bbox="215 669 545 703" type="text"/>	<input data-bbox="745 669 1089 703" type="text"/>
<input data-bbox="215 720 545 753" type="text"/>	<input data-bbox="745 720 1089 753" type="text"/>
<input data-bbox="215 770 545 804" type="text"/>	<input data-bbox="745 770 1089 804" type="text"/>
<input data-bbox="215 821 545 854" type="text"/>	<input data-bbox="745 821 1089 854" type="text"/>
<input data-bbox="215 871 545 905" type="text"/>	<input data-bbox="745 871 1089 905" type="text"/>
<input data-bbox="215 921 545 955" type="text"/>	<input data-bbox="745 921 1089 955" type="text"/>
<input data-bbox="215 972 545 1005" type="text"/>	<input data-bbox="745 972 1089 1005" type="text"/>
<input data-bbox="215 1022 545 1056" type="text"/>	<input data-bbox="745 1022 1089 1056" type="text"/>
<input data-bbox="215 1073 545 1106" type="text"/>	<input data-bbox="745 1073 1089 1106" type="text"/>
<input data-bbox="215 1123 545 1157" type="text"/>	<input data-bbox="745 1123 1089 1157" type="text"/>
<input data-bbox="215 1173 545 1207" type="text"/>	<input data-bbox="745 1173 1089 1207" type="text"/>
<input data-bbox="215 1224 545 1257" type="text"/>	<input data-bbox="745 1224 1089 1257" type="text"/>
<input data-bbox="215 1274 545 1308" type="text"/>	<input data-bbox="745 1274 1089 1308" type="text"/>
<input data-bbox="215 1325 545 1358" type="text"/>	<input data-bbox="745 1325 1089 1358" type="text"/>
<input data-bbox="215 1375 545 1409" type="text"/>	<input data-bbox="745 1375 1089 1409" type="text"/>
<input data-bbox="215 1425 545 1459" type="text"/>	<input data-bbox="745 1425 1089 1459" type="text"/>
<input data-bbox="215 1476 545 1509" type="text"/>	<input data-bbox="745 1476 1089 1509" type="text"/>
<input data-bbox="215 1526 545 1560" type="text"/>	<input data-bbox="745 1526 1089 1560" type="text"/>

(Attach additional copies of this page if necessary)

Disbursement Offsets and Healthcare Connect Certification

Block 15: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For High Cost Participants

See Instruction Section III.R

The following information pertains only to telecommunications companies participating in the High Cost Program. 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 High Cost 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 FCC Form 498 ID.

92 Yes, I want my High Cost 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 16: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Lifeline Participants

See Instruction Section III.S

The following information pertains only to telecommunications companies participating in the Lifeline Program. 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 Lifeline 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 FCC Form 498 ID.

93 Yes, I want my Lifeline 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 17: 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 FCC Form 498 ID.

94 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 18: Certification to Assist Health Care Providers

See Instruction Section III.T

In accordance with FCC rule section 54.640(b), service providers participating in the Healthcare Connect Fund Program 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.

95 I certify, as a condition of receiving support under the Healthcare Connect Fund Program, 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 19: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Schools and Libraries Participants

See Instruction Section III.U

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

96 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 20: Principal Communications Types [REQUIRED Field]

See Instruction Section III.V

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

Officer Certification

Block 21: Officer Certification [All Fields REQUIRED]

See Instruction Section III.W

I certify that I am an officer of the above-named service provider, that I am authorized to submit this FCC Form 498 data on behalf of the above named service

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.

Officer Information

Check this box if this information is the same as the General Contact information (Block 2)

Signature of the Officer _____

Date _____

First: _____ Middle Initial: _____ Last: _____ Title _____

Printed Name _____

E-mail Address of Company Officer _____

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, Lifeline, 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 hour. 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-PERM, 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.**

To submit this form: **Access the USAC E-File System here: <http://usac.org/about/tools/e-file.aspx/>**

For support: **USAC Customer Operations, Forms Processing**
700 12th Street NW Suite 900
Washington, DC 20005
(888) 641-8722
CustomerSupport@usac.org

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

Use this form for:

- New application for a FCC Form 498 ID (FKA SPIN/Service Provider Identification Number)
- Revision to existing 498 data currently on file with USAC
- Merger or Consolidation of FCC Form 498 ID (Additional documentation is required, please see page 2 of the instructions)
- Deactivation of an FCC Form 498 ID (Please see page 2 of the instructions)