

## FORM 481

Welcome to Online Certification System

Form Type 54.313

Filing Number

Status Saved Not Certified

[Preview PDF](#)

- Carrier Contact Information
- (200) Service Outage Reporting (voice)
- (400) Number of Complaints per 1,000 Customers
- (500) Compliance With Service Quality Standards and Consumer Protection Rules
- (600) Functionality in Emergency Situations
- (800) Operating Companies
- (900) Tribal Lands Reporting
- (1000) Voice and Broadband Service Rate Comparability
- (1100) Terrestrial Backhaul Reporting
- Validate Filing

## CARRIER CONTACT INFORMATION



[Instructional Video](#)

(010) Study Area Code	<input type="text" value="619003"/>
(015) Study Area Name	<input type="text" value="MATANUSKA-KENAI, INC. - CL"/>
(020) Program Year	<input type="text" value="2018"/>
(030) Contact Name	<input type="text"/>
(035) Contact Telephone Number	<input type="text"/>
	Ext. <input type="text"/>
(039) Contact Email Address	<input type="text"/>

[Next](#)

[Save](#)

[Exit](#)