File electronically at	http://usac.org/about/tools/e-file.aspx/	
FCC Form 498		OMB 3060-0824
Service Provider And Billed Entity Identit	fication Number and General Con	tact Information
Estimated Average B	Form Burden Hours Per Response: 1.5 hours	
FCC Form 498 is used to collect contact and remittance information for service provide flexibility, this form allows service providers to use the same general contact information for and remittance information. Please report any changes to this information on a revised making false statements on this form can be punished by fine or forfeiture, under the Con Code	or all their contacts and the same remittance data collected for each of t FCC Form 498 to prevent any delays in notification and the timeliness of	he four programs or multiple contact of disbursements. Persons willfully
Please read instructions, located at: http://us	sac.org/sp/tools/forms.aspx, before beginning this application.	
Pro	ovider Type	
Please check one box below		See Instruction Section III.A
Service Provider	School/Library or other Billed Entity	
Subi	mission Type	
Please check one box below		See Instruction Section III.B
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	
Service Provider Identification Number (FCC Form 498 ID) (To be inserted by USAC for first time applications. Required for sul	bsequent 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 REQ	UIRED]	See Instruction Section III.D
1		See manuchul Section m.D
Company Name or Billed Entity		-
2 Name Entity or Company is Doing Business As (DBA) or Formerly Kn	own As (FKA)	-
3 Check this Box if the Company is part of or maintains affiliate com	npanies and complete page 2.	
4		_
Street Address		
Address Line 2		_
6 7 8 City State	Zip Code + 4	_
City State	ZIP Code + 4	
Block 2: General Contact Information [All Fields F		
Block 2. General Gontact Information [All fields F		See Instruction Section III.E
9 First: Middle Initial: Last: General Contact (Company Preparer Name)	10 Title	_
11 ()	The	
Phone Number Ext.		-
12 Street Address		-
13		
Address Line 2		_
14 15 16 City State	Zip Code + 4	_
17 E-mail Address		-
Block 3: Federal EIN, DUNS and FCC Registration	Number [All Fields REQUIRED]	
18 Enter Federal Employer Identification Number (Federal EIN or Tax ID Number)	19 Corporation Partnership Other (Check applicable corporate structure.)	See Instruction Section III.F
	24	
20 Enter Dunn and Bradstreet Number (DUNS)	21 FCC Registration Number (CORES ID)	

This is a Supplemental Page for Companies with Affiliate Relationships

Block 4: Affiliate Company Information

Affiliate FCC Form 498 ID Number	Affiliate Company Name
	·
	· · · · · · · · · · · · · · · · · · ·

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.H
Check this box to discontinue use of this FCC Form 498 ID 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.	
Remittance Company Name, if different from Company Name	-
23 First: Middle Initial: Last: 24	_
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title	
25 () 26 Phone Number Ext E-mail Address for recipt of remittance advice	-
27 Remittance Financial Institution for ACH or locked box transfer of funds (required) 28 29 Financial Institution Account Number for ACH (required) ACH Financial Institution Transit Number - must be nine digit	- s (required)
Block 6: Company Contact for High Cost 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 7.	See Instruction Section III.I
30 First: Middle Initial: Last: 31	
Contact Name for High Cost Program Title (Must be a company employee or designated representative) Title	-
32 Contact Address or PO Box for High Cost Program	-
33	
Address Line 2	-
343536	_
City State Zip Code + 4	
37 () 38 Phone Number Ext E-mail Address of High Cost Program Contact	-

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]	
	nstruction Section III.J
Check this box to discontinue use of this FCC Form 498 ID for LifelineSupport.	
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.	
39	
Remittance Company Name, if different from Company Name	
40 First: Middle Initial: Last: 41 Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title	
42 () 43	
Phone Number Ext E-mail Address for recipt of remittance advice	
44	
Remittance Financial Institution for ACH or locked box transfer of funds (required)	
45 46 46 46 46 46 46 46 46 46 46 46 46 46	irod)
Financial Institution Account Number for ACH (required) ACH Financial Institution transit Number - must be nine digits (requ	lirea)
Block 8: Company Contact for Lifeline Support	
	nstruction 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.	
47 First: Middle Initial: Last: 48 Contact address for Lifeline Program Title	
(Must be a company employee or designated representative)	
49	
Contact Address for Lifeline Program	
50 Address Line 2	
51 52 53 City State Zip Code + 4	
54 () 55	
Phone Number Ext E-mail Address of Lifeline Program Contact	

ck 9: High Cost and Li	feline Study Area/FCC Form	498 ID Association	n
information will be used to asso Cost and Lifeline Support.	ciate the Study Area Codes (SAC) to this	FCC Form 498 ID for the	See Instruction Section
	no change to the SAC data on file.		if you are changing your organization's ntly on file with USAC.
Study Area Code (SAC)	SAC Company Name	Study Are	ea Type
		Incumbent	Competitive

This page is for Rural Health Care Support participants only.		
For more information about Rural Health Care Support, please refer to: http://www.usa	c.org/rhc/	
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 81-83.		
Remittance Company Name, if different from Company Name	-	
57 First: Middle Initial: Last: 58 Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title	_	
59 () 60		
Phone Number Ext E-mail Address for recipt of remittance advice	-	
61 Remittance Financial Institution for ACH or locked box transfer of funds (required)	-	
62 63 63 63 63 63 63 64 64 64 65 65 66 66 66 66 66 66 66 66 66 66 66	; (required)	
Block 11: Company 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.		
64 First: Middle Initial: Last: 86		
Contact Name for Rural Health Care Program Title (Must be a company employee or designated representative)		
(must be a company employee of designated representative) 65		
Contact Address for Rural Health Care Program	-	
66 Address Line 2	-	
67 68 69		
City State Zip Code + 4	-	
70 () 71 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://w	ww.usac.org/sl/
Block 12: Schools and Libraries Support Financial Institution and Remittance Information [ALL Fields REQUIRED]	
Check this box 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 105-107.	
72 Remittance Company Name, if different from Company or Billed Entity Name	
73 First: Middle Initial: Last: 74 Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title	
75 () 76 Phone Number Ext E-mail Address for recipt of remittance advice	
77 Remittance Financial Institution for ACH or locked box transfer of funds (required)	
Remittance Financial Institution for ACH or locked box transfer of funds (required)	
78 79 79 79 79 79 79 79 79 79 79 79 79 79	
Financial Institution Account Number for ACH (required) ACH Financial Institution Transit Number - must be	nine digits (required)
Block 13: Company Contact for Schools and Libraries Support	
_	See Instruction Section III.F
Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 14.	
80 First: Middle Initial: Last: 81	
Contact Name for Schools and Libraries Program Title (Must be a company, or entity employee or designated representative)	
(must be a company, or entity employee or designated representative) 82	
Contact Address for Schools and Libraries Program	_
83 Address Line 2	
84 85 86	
City State Zip Code + 4	
87 <u>()</u> 888	
Phone Number Ext E-mail Address of Schools and Libraries Program Contact	

This is a Supplemental Page for Schools, Libraries and Other Applicant Payment Recipients

Block 14: Billed Entity Number/FCC Form 498 Association

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

Billed Entity Number		Billed Entity Name	
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	Г		
	Γ		
	Г		
	Г		
	Г		
	Г		
	L		

See Instruction Section III.Q

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.		
89 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/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.		
90 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 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.		
91 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.		
92 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		
93 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."		

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Service Identification				
Block 20: Principal Communications Ty	ypes [REQUII	RED Field] See Instruction Section III.V		
Select up to 5 boxes that best describe the reporting entity. I Audio Bridging Provider Coaxial Cable Non-Interconnected VoIP Private Service Provider Toll Reseller Incumbent LEC Operator Service Provider Satellite Service Provider Wireless Data		ng with "1" to show the order of importance see instructions. nterconnected VoIP aging and Messaging MR (Dispatch) hared-Tenant Service Provider tellular/PCS/SMR nterexchange Carrier ayphone Service Provider ocal Reseller nternet Service Provider chool/Libraray or other Billed Entity Recipient		
	Officer Certification			
Block 21: Officer Certification [All Field	Is 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 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				

the functions of USAC is to provide a mechanis requirements and obligations, the Commission 54.515, 54.611, 54.702, 54.802, and 54.902, U names and telephone numbers, and billing and	sion (the Commission) has designated the Universal Service Administrative Company (USAC) as administrator of Federal universal service. One of sm for the billing, collection, and disbursement of funds for the various Federal universal service programs. In an effort to implement these has adopted this collection of information. Pursuant to the Commission rules, 47 C.F.R. §§ 54.301, 54.303, 54.307, 54.311, 54.407, 54.413, ISAC must obtain information relating to service provider name and address, telephone number, Federal employee identification number, contact d collection information. Each service provider receiving Federal universal service support from the High Cost, Lifeline, Rural Health Care, or Schools CC Form 498. USAC will use this information in administering the billing, collections, and disbursement operations of the Federal universal service
	o a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a get (OMB) control number. This collection has been assigned an OMB control number of 3060-0824.
universal service billing, collections, and disbur order, your form may be referred to the Federa the information in your application may be discl States Government is a party of a proceeding t	nunications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide for the Federal sement 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 I, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, losed 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 before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.
	rnment, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies, tax refund, or other payments to collect that debt. The Commission may also provide the information to these agencies through the matching of
If you do not provide the information we reques	st on the form, the Commission may delay processing of your application, or may return your application without action.
average, 1.5 hours. Our estimate includes the response. If you have any comments on this e	ction 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 time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form for stimate, or how we can improve the collections and reduce the burden it causes you, please write to the Federal Communications Commission, AMD- eduction Project (3060-0824). We will also accept your comments via Internet if you send them to PRA@fcc.gov. Please DO NOT SEND O THIS ADDRESS.
Mail this signed form to:	
US	SAC Customer Operations, Forms Processing
Att	00 L Street, N.W., Suite 200 tn: FCC Form 498 ashington, DC 20036
Questions?	
Se	e the FCC Form 498 Instructions found at http://usac.org/sp/tools/forms.aspx
	is form for:_ aw application for a Service Provider Identification Number

- 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) •