

# USAC

Universal Service Administrative Company

*Helping Keep Americans Connected*

Need Help? 



### Applicant Login:

BEN:

PIN:

Email:

Last Name:


[Login](#)

[Terms and Conditions of PIN Usage](#)

# USAC

Universal Service Administrative Company

*Helping Keep Americans Connected*

Need Help? 



[Home](#)  [New BEAR Form](#)  [Track Form](#)  [Bulk Download](#)  [Terms and Conditions](#)  [Deadline Extension](#)  [Logout](#)


# USAC

Universal Service Administrative Company

*Helping Keep Americans Connected*

Need Help? 



[Home](#)  [New BEAR Form](#)  [Track Form](#)  [Bulk Download](#)  [Terms and Conditions](#)  [Deadline Extension](#)  [Logout](#)

## Add BEAR Invoice

Applicant Form Identifier  

**Block 1: Header Information**

[Need Help?](#)

**1. Billed Entity Name** DIS STATE OF ARKANSAS      **2. Billed Entity Number** 157107      **3. Service Provider Identification Number (SPIN)** 123456789      **Service Provider Name** Spin Not Found

**Applicant FCC Form 498 ID**  
443005719

**4. Contact Name** EPC Testing  
**5. Contact Telephone Phone** ( 555 ) 555 - 5555 ext.   
**Contact Fax** ( 555 ) 555 - 5555  
**Contact Email** someuser@test.com

**6. Total Reimbursement Amount**  
(total from Block 2, Column 14)  
\$ 500.00

**Block 2: Line Item Information Per Funding Request Number**

[Need Help?](#)

7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)
--	---	-------------------	--------------------------	--	---	-------------------	--

1) 151234567 1898765432 ONE-TIM 03/28/2019 600 500

[Add Line Item](#)

**Block 3: Billed Entity Certification**

[Need Help?](#)

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form represent charges for eligible services and/or equipment delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form were already billed by the Service Provider and paid for by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C.** The discount amounts listed in this Billed Entity Applicant Reimbursement Form are for eligible services and/or equipment approved by the Fund Administrator pursuant to a Funding Commitment Decision Letter (FCDL).
- D.** I acknowledge that I may be audited pursuant to this application and will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.
- E.** I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

**Contact Information for Billed Entity Authorized Person:**

**15. Signature**

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

**16. Date** 11/28/2018

**17. Name**   
**18. Title/Position**   
**20. Address 1**   
**Address 2**   
**City**   
**State**   
**Zip Code**  -

**19. Phone Number** (  )  -  ext.   
**19a. Fax Number** (  )  -  ext.   
**19b. Email**   
**19c. Name of Authorized Person's Employer**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

OMB Number 3060 - 0858 Form 472

[SLD Home](#) | [Contact Us](#)

Client Service Bureau: 1-888-203-8100

© 1997 - 2018, Universal Service Administrative Company. All Rights Reserved.