

**FCC Form 5641: Annual Report, Section 1.50007**  
Information Submitted Using Online Portal

Estimated Time Per Response: 3.5 hours

(Note: This is a representative description of the information to be collected via the online portal and is not intended to be a visual representation of what each Filer will see, the order in which they will see information, or the exact wording or directions used to collect the information.)

Item Number	Field(s) Description	Purpose/Instructions
<b>Filer Information</b>		
1	Filer FCC Registration Number (FRN)	An FRN is a 10-digit number that is assigned by the Commission Registration System (CORES) to a business or individual registering with the FCC. This unique FRN is used to identify the registrant's business dealings with the FCC. This information will be auto-generated from the information provided in the CORES for filers with associated usernames.
2	Filer Name	This is the name of the Filer submitting this request. This information may be auto-generated from existing information provided in the CORES but filer may have the opportunity to change information if necessary.

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3	Filer Information: <ul style="list-style-type: none"> <li>• Filer Street Name;</li> <li>• Filer City;</li> <li>• Filer State;</li> <li>• Filer Zip Code;</li> <li>• Filer Phone Number;</li> <li>• Filer Email;</li> <li>• Filer Company Website.</li> </ul>	This information may be auto-generated from the information provided in the CORES but filer may have the opportunity to change information to designate any updates.
<b>Contact Information</b>		
4	Contact different than Filer: <ul style="list-style-type: none"> <li>• Contact Name;</li> <li>• Contact Street Name;</li> <li>• Contact City;</li> <li>• Contact State;</li> <li>• Contact Zip Code;</li> <li>• Contact Phone #;</li> <li>• Contact Email.</li> </ul>	These items identify the contact representative, if different from the Filer. This is usually the headquarters offices of a large company, the law firm or other representative of the Filer, or the person or company that prepared or submitted the application on behalf of the Filer. If there is a question about the application, an FCC representative will communicate with the Filer's contact representative. This information may be auto-generated from existing information provided in the CORES but filer may have the opportunity to change information to designate a different contact for the filing.
5	Contact same as Filer: <ul style="list-style-type: none"> <li>• Contact Name;</li> <li>• Contact Street Name;</li> <li>• Contact City;</li> </ul>	These items identify the contact representative. This is usually the headquarters offices of a large company, the law firm or other representative of the Filer, or the person or company that prepared or submitted the application on behalf of the Filer. If there is a question about the application, an FCC representative will communicate with the

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	<ul style="list-style-type: none"> <li>• Contact State;</li> <li>• Contact Zip Code;</li> <li>• Contact Phone #;</li> <li>• Contact Email.</li> </ul>	<p>Filer's contact representative.</p> <p>This information may be auto-generated from existing information provided in the CORES but filer may have the opportunity to change information to designate a different contact for the filing.</p>
<b>Real Party in Interest Information</b>		
6	FCC Registration Number (FRN) for Real Party in Interest/Holding Company	<p>If a party other than the Filer is the real party in interest (e.g., a parent or other controlling entity), enter that party's 10-digit FCC Registration Number (FRN). The FRN is assigned by CORES to a business or individual registering with the FCC. This unique FRN is used to identify the registrant's business dealings with the FCC. This information helps the FCC identify the controlling party and affiliated Filers.</p>
7	Name of Real Party in Interest/Holding Company	<p>If a party other than the Filer is the real party in interest (e.g., a parent, holding company, or other controlling entity), enter that party's name in this item. If there is more than one real party in interest, attach an exhibit detailing all parties in interest. The name may be auto-generated but filer may have the opportunity to change information to designate a different name for the real party of interest/holding company.</p>
<b>Identifying Filer Type</b>		
8	Is the filer an ILEC or Non-ILEC commercial broadband	Information used to identify status of providers

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	provider?	
9	Is the Filer an Eligible Telecommunications Carrier (ETC), a library, a school or educational system, a healthcare provider, a government, a Tribal entity, or "other" entity (please specify)?	Eligible telecommunications carriers (ETCs) as defined in 47 CFR § 54.201 receiving universal service fund support. Information will help the FCC identify Filer type and track and analyze covered equipment user types.
10	If Filer is an ETC, then identify the Study Area Code(s), where you are designated as an ETC and associated Service Provider Identification Numbers (SPINs).	Information used to identify geographic areas where filer is designated as an ETC and Universal Service recipient.
11	Filer FCC Form 499 Filer ID Number(s) (if applicable).	An FCC Form 499 Filer ID Number is a 6-digit identifier assigned to telecommunications providers that report quarterly and annual revenue to the FCC. This information is used to cross-check filer information with other FCC records.
<b>Program Compliance</b>		
12	Have you purchased, leased or otherwise obtained communications equipment or services that is included on the Covered List developed per 47 CFR § 1.50002 on or after August 14, 2018 or within 60 days after the date on which the Commission places such equipment or service on the list per 47 CFR § 1.50003. (Yes/No)	Statutorily required to obtain information from filer.
13	If Filer answered "yes" in response to item 12, then Filer	Information needed to determine scope and scale of the presence of

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	<p>must identify obtained covered equipment and services including:</p> <ul style="list-style-type: none"> <li>• Locations of Covered Equipment (Physical Addresses and Geographic Coordinates)</li> <li>• Location Name (ex. "Central Office")</li> <li>• Location Type (ex. "Cell Site")</li> <li>• Equipment Category/Layer (ex. "Access Layer")</li> <li>• In Use/Operational (ex. "Yes/No")</li> <li>• Types of Covered Equipment (Make/Service Provided, Model/Product Identifier, Manufacturer)</li> <li>• Equipment Suppliers (ex. 3<sup>rd</sup> party/wholesale agent)</li> <li>• Dates of Equipment Obtained</li> <li>• Counts of Equipment</li> <li>• Historic/Original Equipment Costs</li> <li>• Estimated Equipment/Service Replacement Costs</li> <li>• Covered Equipment/Service Description of Use or Functionality</li> <li>• Supporting documentation evidencing purchase, lease, rental, or how otherwise obtained.</li> </ul>	<p>covered communications equipment and services obtained and to assess potential network security risks.</p> <p>Filer will need to report (by either the upload of a .csv/.txt/ other acceptable tabular file or enter via an interactive data entry) information on covered equipment by location providing additional details about each location where the covered communications equipment or services are located. Location information will include: latitude/longitude, street address, city, state, and ZIP code. System will assign unique identifier for each location reported by Filer.</p>
14	<p>If Filer answered "yes" in response to item 12, then Filer must provide a detailed justification as to why Filer purchased or otherwise obtained the covered communications equipment or services.</p>	<p>Statutorily required to obtain information from filer. Filer enter or upload attachment containing justification or enter into the system such information as well as answer radio button questions regarding the decision to procure covered equipment and services such as, but</p>

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		<p>not limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Why was covered equipment and services obtained rather than non-covered equipment and services?                             <ul style="list-style-type: none"> <li>• Equipment was the cheapest/most cost effective at the time</li> <li>• Bundled discounts or complementary services from the manufacturer were provided with the acquisition</li> <li>• Equipment was essential for operability within the network or interoperability with affiliate networks</li> <li>• No technologically feasible options were available at the time</li> <li>• Technology was acquired as part of the existing network during the acquisition of an affiliate or subsidiary company</li> <li>• Other (please specify)</li> </ul> </li> <li>2. Was the equipment on the Covered List at the time of acquisition/procurement?                             <ul style="list-style-type: none"> <li>• Yes/No</li> </ul> </li> <li>3. Does the covered equipment or services that must be reported support any other covered equipment and services that do not need to be reported?</li> </ol>

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		<ul style="list-style-type: none"> <li>• Yes/No</li> </ul>
15	<p>If Filer answered “yes” in response to item 12, then Filer must provide details on any removal and replacement plans or information on why they do not intend to remove and replace covered equipment and services.</p>	<p>Information will assist Commission in assessing network security risks. Filer will upload an attachment or enter information into the system providing details of plans and answer radio button questions regarding the decision to procure covered equipment and services such as, but not limited to, the following:</p> <ol style="list-style-type: none"> <li>1. When do you intend to remove and replace covered equipment? <ul style="list-style-type: none"> <li>• Equipment has been removed and/or replaced</li> <li>• Removal and Replacement Is In Progress</li> <li>• Removal and Replacement is Scheduled to begin within the next 6 months</li> <li>• Removal and Replacement is Scheduled to begin within the next 12 months</li> <li>• Removal and Replacement is Scheduled to begin in more than 12 months</li> </ul> </li> <li>2. Why does your company not intend to remove and replace covered equipment and services? <ul style="list-style-type: none"> <li>• No Feasible Technological Replacements</li> </ul> </li> </ol>

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		<ul style="list-style-type: none"> <li>• Replacement Costs Would Be Excessive</li> <li>• Technology Is Outdated with No Suitable Replacements</li> <li>• Not Currently Required To Remove and Replace Equipment</li> <li>• Technology Is Essential To Providing Service</li> <li>• Other</li> </ul> <p>3. What equipment manufacturers are currently being considered for removal and replacement of covered equipment and services?</p> <ul style="list-style-type: none"> <li>• (please specify from list)</li> </ul> <p>4. Is the equipment being removed expected to be replaced with equivalent or next generation equipment?</p> <ul style="list-style-type: none"> <li>• Yes/No</li> </ul> <p>5. Are Open RAN or "ORAN" compliant solutions being considered as part of the removal and replacement process?</p>
16	If Filer answered "yes" in response to item 12, then Filer must indicate whether reported covered communications equipment or service has been subsequently removed or replaced pursuant to the Commission's Supply Chain Reimbursement Program. (Yes/No)	Statutorily required to obtain information from filer.



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17	If Filer answered "yes" in response to item 12, then Filer must indicate whether they will continue to purchase, rent, lease, or otherwise obtain covered communications equipment or service. (Yes/No)	Statutorily required to obtain information from filer.
18	If Filer answered "yes" in response to item 17, then provide explanation why Filer will continue to purchase, rent, lease or otherwise obtain covered communications equipment or service.	Statutorily required to obtain information from filer. Filer will upload and/or enter attachment providing details of plans.
19	All filers will be prompted with a Comments/Explanations section to outline any other information regarding their decisions with covered equipment not otherwise covered in the questionnaire	Information will assist the Commission in evaluating ongoing network security risks and considerations that may not otherwise be obtained through the collection.
<b>Certifications</b>		
19	Filer certifies under penalty of perjury that all information provided in this filing is true and correct to the best of Filer's knowledge.	Certification necessary to ensure accuracy of information provided.
20	Certifying Official Name	Name of certifying official.
21	Certifying Official Title	Job title of certifying official.
22	Certifying Official Phone Number	Phone number of the certifying official.

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23	Certifying Official Email Address	Email address of the certifying official.
24	Certifying Date Signed	The date on which the filing is certified will be auto-generated.