

FCC Form 690 Screens

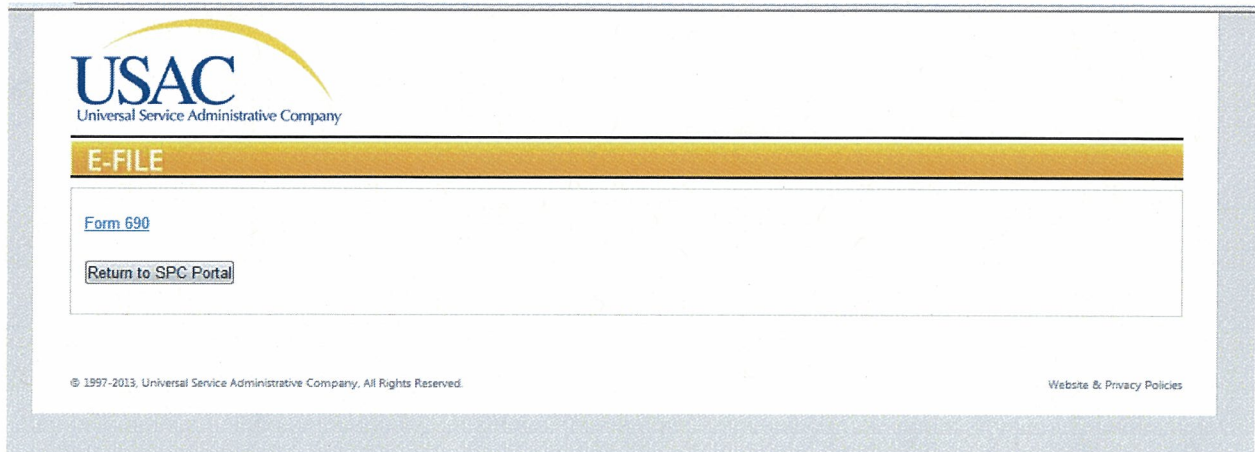
FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 18 hours. 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 or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1185), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - 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 OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507

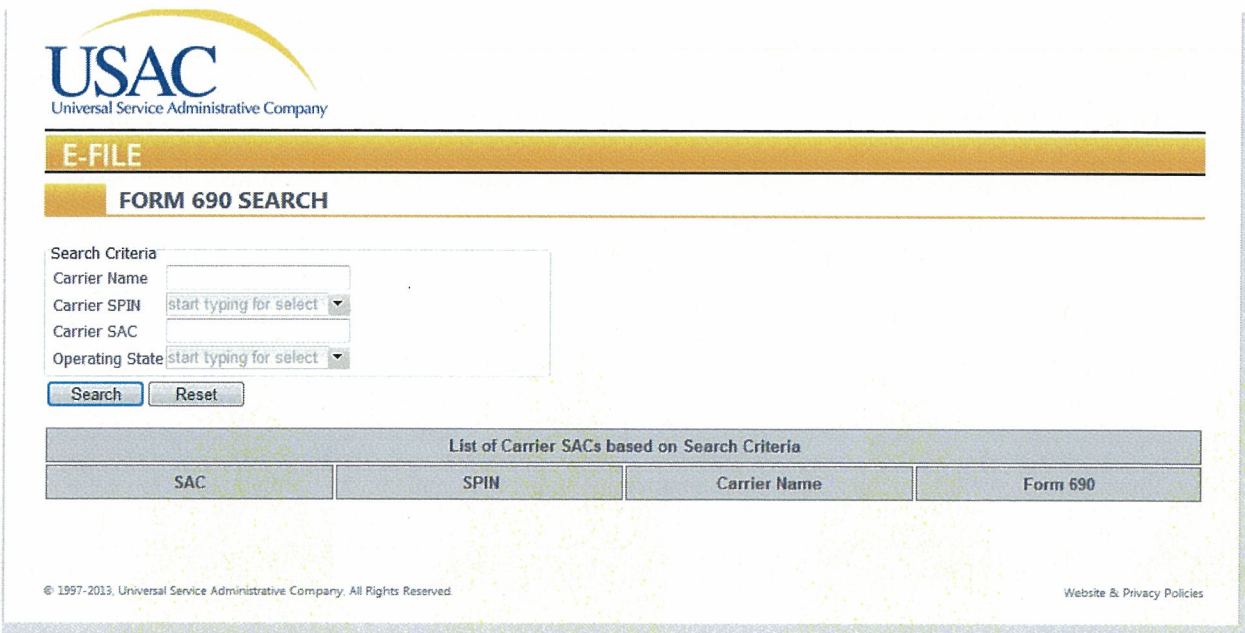
USAC FCC Form 690 Electronic Filing Screens

Logged in as Carrier role



The screenshot shows the USAC E-FILE interface for Form 690. At the top left is the USAC logo (Universal Service Administrative Company). Below it is a yellow header bar with the text "E-FILE". The main content area contains a link for "Form 690" and a button labeled "Return to SPC Portal". At the bottom, there is a copyright notice: "© 1997-2013, Universal Service Administrative Company. All Rights Reserved." and a link for "Website & Privacy Policies".

Search page



The screenshot shows the USAC E-FILE search interface for Form 690. At the top left is the USAC logo (Universal Service Administrative Company). Below it is a yellow header bar with the text "E-FILE". Underneath is another yellow bar with the text "FORM 690 SEARCH". The search criteria section includes four fields: "Carrier Name" (text input), "Carrier SPIN" (dropdown menu with "start typing for select"), "Carrier SAC" (text input), and "Operating State" (dropdown menu with "start typing for select"). Below these fields are "Search" and "Reset" buttons. A table header is displayed below the search area, titled "List of Carrier SACs based on Search Criteria". The table has four columns: "SAC", "SPIN", "Carrier Name", and "Form 690". At the bottom, there is a copyright notice: "© 1997-2013, Universal Service Administrative Company. All Rights Reserved." and a link for "Website & Privacy Policies".

List of Carrier SACs based on Search Criteria			
SAC	SPIN	Carrier Name	Form 690

Entered a study area code and clicked Search



E-FILE

FORM 690 SEARCH

Search Criteria

Carrier Name	<input type="text"/>
Carrier SPIN	start typing for select ▼
Carrier SAC	268002
Operating State	start typing for select ▼

List of Carrier SACs based on Search Criteria			
SAC	SPIN	Carrier Name	Form 690
268002	143036622	East Kentucky Network, LLC	Form 690

[Return to SPC Portal](#)

Clicked Create Annual Reporting – Form 690 and next screen is **Data Collection Form** page

E-FILE

FORM 690

[Preview PDF](#)

- [Data Collection Form](#)
- [\(060\) Coverage and Performance Report](#)
- [\(090\) Project Update Information](#)
- [Validate Filing](#)

DATA COLLECTION FORM

(010) Study Area Code	<input type="text" value="268002"/>
(015) Study Area Name	<input type="text" value="East Kentucky Network, LLC"/>
(020) Program Year	<input type="text" value="2015"/>
(030) Contact Name	<input type="text"/>
(035) Contact Telephone Number	<input type="text"/>
	Ext. <input type="text"/>
(039) Contact Email Address	<input type="text"/>

(040) Has the information required pursuant to § 54.1009 been provided with a Form 481 filing (Y/N)? *

Yes No

(050) Has the contact info changed since prior filing (Y/N)? *

Yes No

(080) Does this study area cover tribal lands (Y/N)? *

Yes No

Clicked yes for (040) and section (041) was populated

DATA COLLECTION FORM

(010) Study Area Code: 268002

(015) Study Area Name: East Kentucky Network, LLC

(020) Program Year: 2015

(030) Contact Name: John Smith *

(035) Contact Telephone Number: 1231231234 *

Ext:

(039) Contact Email Address: johnsmith@gmail.com *

(040) Has the information required pursuant to § 51.1009 been provided with a Form 481 filing (Y/N)? *

Yes No

Next New Row Select All Rows Delete Checked Rows

(041) Attach a description of the documents filed with the Form 481 reporting

Next New Row Select All Rows Delete Checked Rows

(042) Cite the Study Area Code for the Form 481 reporting:

(043) Cite the date of the Form 481 reporting: (MMDD/YYYY)

(050) Has the contact info changed since prior filing (Y/N)? *

Yes No

(080) Does this study area cover tribal lands (Y/N)? *

Yes No

Next Save Exit

Next screen is (060) Coverage and Performance Report page

• Validate Filing

(060) COVERAGE AND PERFORMANCE REPORT

(140) Coverage and Performance Report Year

(140a1) Coverage and Performance Start Date (MM/DD/YYYY)

(140a2) Coverage and Performance End Date (MM/DD/YYYY)

Coverage and Performance Data	Actions

Upload Coverage Data

[Click to Upload](#)

(Use 141_Coverage_Upload_Template.xlsm provided on USAC website)

[Previous](#) [Next](#) [New Row](#) [Select All Rows](#) [Delete Checked Rows](#)

(141a1) State	(141a2) County	(141a3) Census Block	(141b1) Resident Population per Census Block	(141b2) Resident Population Newly Reached by Service	(141b3) Total Resident Population Reached by Service	(141c1) Road Miles per Census Block	(141c2) Road Miles per Census Block Newly Served	(141c3) Total Road Miles Covered per Census Block	(141d) Coverage and Performance Data attached			
------------------	-------------------	----------------------------	--	---	---	--	---	--	--	--	--	--

[Previous](#) [Next](#) [New Row](#) [Select All Rows](#) [Delete Checked Rows](#)

Resident Population per Census Block (141b1) summed over all Census Blocks

Resident Population Newly Reached by Service summed (141b2) over all Census Blocks

Total Resident Population Reached by Service (141b3) summed over all Census Blocks

Road Miles per Census Block (141c1) summed over all Census Blocks

Road Miles per Census Block Newly Served (141c2) summed over all Census Blocks

Total Road Miles Covered per Census Block (141c3) summed over all Census Blocks

Percentage of Population reached by service (141b3/141b1)

Percentage of Road Miles covered by service (141c3/141c1)

[Previous](#) [Next](#) [Save](#) [Exit](#)

Next screen is (080) Tribal Lands Reporting page

(080) TRIBAL LANDS REPORTING

(142) State

(143) County

(144) Tribal Lands on which the ETC serves

(145) Tribal Government Engagement Obligation	Actions
<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="New Row"/> <input type="button" value="Select All Rows"/> <input type="button" value="Delete Checked Rows"/>	

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with Tribal government pursuant to § 54.1004 includes:

(146) Needs assessment and deployment planning with a focus on Tribal community anchor institutions;

(147) Feasibility and sustainability planning;

(148) Marketing services in a culturally sensitive manner;

(149) Compliance with Rights of way processes;

(150) Compliance with Land Use permitting requirements;

(151) Compliance with Facilities Siting rules;

(152) Compliance with Environmental Review processes;

(153) Compliance with Cultural Preservation review processes;

(154) Compliance with Tribal Business and Licensing requirements;

Clicked on New Row button for section (145); drop down arrow button displays answers to choose from

(142) State

(143) County

(144) Tribal Lands on which the ETC serves

(145) Tribal Government Engagement Obligation	Actions
<input type="button" value="Click to Upload"/>	<input type="text"/>

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with Tribal government pursuant to § 54.1004 includes:

(146) Needs assessment and deployment planning with a focus on Tribal community anchor institutions;

(147) Feasibility and sustainability planning;

(148) Marketing services in a culturally sensitive manner;

(149) Compliance with Rights of way processes;

(150) Compliance with Land Use permitting requirements;

(151) Compliance with Facilities Siting rules;

(152) Compliance with Environmental Review processes;

(153) Compliance with Cultural Preservation review processes;

(154) Compliance with Tribal Business and Licensing requirements;

Next screen is (090) Project Update Information page

(090) PROJECT UPDATE INFORMATION

(200) Date Authorized to Receive Support (MM/DD/YYYY)

(201) Target Completion Date (MM/DD/YYYY)

(202) Total Mobility Fund Support Awarded

(203) Total Mobility Fund Support Disbursed

(209) Network will Support 3G/4G Mobile Service*

3G 4G

(210) Actual Completion Date (MM/DD/YYYY)

(211) Project Status Description attachments	Actions
--	---------

Check these boxes, if the attached PDF contains explanation of your company's Network Deployment and Project Status

(212) Status of Network Deployment - Network Design

(213) Status of Network Deployment - Construction

(214) Status of Network Deployment - Deployment

(215) Status of Network Deployment - Maintenance

(216) Project Budget Status

(217) Project Plan Status

Validate Filing page; clicking Validate button produces error messages at the bottom



E-FILE

FORM 690

- Data Collection Form
- (060) Coverage and Performance Report
- (080) Tribal Lands Reporting
- (090) Project Update Information
- Validate Filing

VALIDATE FILING

[Preview PDF](#)

Please click the "Validate" button to determine whether or not this filing is eligible to be certified.

- (060) Coverage and Performance Report: Electronic Shapefiles attachments is required.
- (060) Coverage and Performance Report: Drive Test Results attachments OR Scattered Site Test Results attachments is required.
- (060) Coverage and Performance Report: Coverage Upload Table: (141d) Certifying Electronic Shapefiles are attached: at least one record with Yes is required.
- (060) Coverage and Performance Report: Coverage Upload Table: [1] (141c3) Total Road Miles Covered per Census Block cannot be greater than (141c1) Road Miles per Census Block

Logged in as Certifying Officer and entered a study area code. Clicked on Create Annual Reporting – Form 690 button and the next screen is **Data Collection Form** and **(060) Coverage and Performance Report**. Both screens are same as in the Carrier role

Next screen after (060) is (071) Urban Rate Comparability Certification Compliance – Reporting Carrier Certification page

• Validate Filing

(071) URBAN RATE COMPARABILITY CERTIFICATION COMPLIANCE - REPORTING CARRIER CERTIFICATION

The Reporting Carrier offers service in supported areas at rates that are within a reasonable range of rates for similar service plans offered by mobile wireless providers in urban areas.

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILLING CERTIFICATION ON ITS OWN BEHALF:

Certification of Officer as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form is accurate.

Name of Reporting Carrier:	<input type="text" value="United States Cellular Corporation"/>	
Signature of Authorized Officer:	<input type="text" value="CERTIFIED ONLINE"/>	Date: <input type="text"/>
Printed Name of Authorized Officer:	<input type="text"/>	
Title or Position of Authorized Officer:	<input type="text"/>	
Telephone Number of Authorized Officer:	<input type="text"/>	
Ext.	<input type="text"/>	
Study Area Code of Reporting Carrier:	<input type="text" value="108001"/>	Filing Due Date for this Form: <input type="text" value="07/01/2014"/>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Next screen (090) Project Update Information is same as Carrier role

After (090) is Accuracy Certification – Reporting Carrier Certification page

[Preview PDF](#)

- Data Collection Form
- (060) Coverage and Performance Report
- (071) Urban Rate Comparability Certification Compliance - Reporting Carrier Certification
- (090) Project Update Information
- Accuracy Certification - Reporting Carrier Certification
- Validate Filing

ACCURACY CERTIFICATION - REPORTING CARRIER CERTIFICATION

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILLING CERTIFICATION ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed Name of Authorized Officer:

Title or Position of Authorized Officer:

Telephone Number of Authorized Officer:

Ext.

Study Area Code of Reporting Carrier: Filing Due Date for this Form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Validate Filing page is same

Logged in as Carrier Agent and entered study area code. Clicked on Create Annual Reporting – Form 690 button and the next screens **Data Collection Form** and **(060) Coverage and Performance Report** are the same

After **(060)** is **(072) Urban rate Comparability Certification Compliance – Agent Certification** page

FORM 690 [Preview PDF](#)

- Data Collection Form
- (060) Coverage and Performance Report
- (072) Urban Rate Comparability Certification Compliance - Agent Certification
- (090) Project Update Information
- Accuracy Certification - Agent Certification
- Validate Filing

(072) URBAN RATE COMPARABILITY CERTIFICATION COMPLIANCE - AGENT CERTIFICATION

The Reporting Carrier offers service in supported areas at rates that are within a reasonable range of rates for similar service plans offered by mobile wireless providers in urban areas.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILLING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I certify that (Name of Agent) [REDACTED] is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the compliance with 47 CFR §54.1009(a)(4) as reported to the authorized agent; and, to the best of my knowledge, the certification provided to the authorized agent is accurate.

Name of Authorized Agent: [REDACTED]

Name of Reporting Carrier: Carolina West Wireless, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date: [REDACTED]

Printed Name of Authorized Officer: [REDACTED]

Title or Position of Authorized Officer: [REDACTED]

Telephone Number of Authorized Officer: [REDACTED]

Ext. [REDACTED]

Study Area Code of Reporting Carrier: 238025 Filing Due Date for this Form: 07/01/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:	<input type="text" value="Carolina West Wireless, Inc."/>		
Name of Authorized Agent or Employee of Agent:	<input type="text"/>		
Signature of Authorized Agent or Employee of Agent:	<input type="text" value="CERTIFIED ONLINE"/>	Date:	<input type="text"/>
Printed Name of Authorized Agent or Employee of Agent:	<input type="text"/>		
Title or Position of Authorized Agent or Employee of Agent:	<input type="text"/>		
Telephone Number of Authorized Agent or Employee of Agent:	<input type="text"/>		
Ext.	<input type="text"/>		
Study Area Code of Reporting Carrier:	<input type="text" value="238025"/>	Filing Due Date for this Form:	<input type="text" value="07/01/2014"/>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Next screen (090) Project Update Information is same as the Carrier and Certifying Officer roles

Accuracy Certification – Agent Certification page is the next screen

FORM 690

[Preview PDF](#)

- Data Collection Form
- (060) Coverage and Performance Report
- (072) Urban Rate Comparability Certification Compliance - Agent Certification
- (090) Project Update Information
- Accuracy Certification - Agent Certification
- Validate Filing

ACCURACY CERTIFICATION - AGENT CERTIFICATION

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILLING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) [REDACTED] is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate

Name of Authorized Agent: [REDACTED]
Name of Reporting Carrier: Carolina West Wireless, Inc.
Signature of Authorized Officer: CERTIFIED ONLINE Date: [REDACTED]
Printed Name of Authorized Officer: [REDACTED]
Title or Position of Authorized Officer: [REDACTED]
Telephone Number of Authorized Officer: [REDACTED]
Ext. [REDACTED]
Study Area Code of Reporting Carrier: 238025 Filing Due Date for this Form: 07/01/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:	Carolina West Wireless, Inc.		
Name of Authorized Agent or Employee of Agent:			
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date:	
Printed Name of Authorized Agent or Employee of Agent:			
Title or Position of Authorized Agent or Employee of Agent:			
Telephone Number of Authorized Agent or Employee of Agent:			
Ext.			
Study Area Code of Reporting Carrier:	238025	Filing Due Date for this Form:	07/01/2014

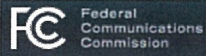
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Validate Filing page is the same

The Create Payment 2 – Form 690 and Create Payment 3 – Form 690 buttons (for Disbursement Reports) on the List of Form 690 page displays the same pages as the Create Annual Reporting – Form 690 button.

FCC MFI Geospatial Data Collection Screens

FCC log in



MFI Geospatial Data Collection


FRN Log In

FRN:

Password:

Log In

[MFI Geospatial Collection Resources](#)
[Cores password reset](#)

 If you have any questions or need assistance, please email <https://esupport.fcc.gov/request.htm> or call 1-877-480-3201 (TTY: 1-717-338-2824).

Federal Communications Commission

445 12th Street SW

Washington, DC 20554

Phone: 1-888-225-5322

TTY: 1-888-835-5322

Fax: 1-866-418-0232

[RSS](#)

[Privacy Policy](#)

[Moderation Policy](#)

[Website Policies & Notices](#)

[Required Browser & Plug-ins](#)

[FOIA](#)


[No Fear Act Data](#)

[Open Government Directive](#)


[Plain Writing Act](#)

[2009 Recovery and Reinvestment Act](#)

Carrier Contact Information – Items 120 through 128 on FCC Form 690

 Federal Communications Commission	MFI Geospatial Data Collection	Log Out
0000000000 - Cover Page		OMB #3060-1188
<p>* Indicates required field</p> <p>* First Name: <input type="text"/></p> <p>* Last Name: <input type="text"/></p> <p>Title: <input type="text"/></p> <p>* Street Address 1: <input type="text"/></p> <p>Street Address 2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>* State: <input type="text" value="Select..."/></p> <p>* Zip Code: <input type="text"/></p> <p>* Phone: <input type="text"/></p> <p>Phone Extension: <input type="text"/></p> <p>* E-Mail: <input type="text"/></p> <p>Methodologies Used to Create the Data: <i>If you copy and paste information from another software program into the textbox, please make sure to paste it as plain, unformatted text.</i></p>		

Coverage and Performance Report (060)


Federal Communications Commission

MFI Geospatial Data Collection

[Contact Info](#) [Log Out](#)

0000000000
OMB #2060-1185

Uploaded Files

SAC Selection- Please select the study area codes (SACs) that you wish to upload files by selecting a state from the **Select State** drop down below and then click **Select** for the appropriate SAC ID. Click **View Selection** to view only the selected SAC IDs. If you accidentally select an erroneous SAC ID, click on **Deselect**.

Upload Files and Status - Click **Update File Status** to view the latest status of the submitted file(s). Once the zip file(s) has/have been uploaded, the file will be listed under the **Uploaded Files** section below.

You will need to click **Update File Status** to update or refresh the **Status** of the processing of the uploaded files. While a zip file extraction is **Processing**, you must click **Update File Status** in order to check on whether the system has completed the extraction process and the file is **Ready for Review**. **Ready for Review** will not appear automatically.

You may click on the **Map** button to view the polygon prior to certifying or click on the **Thumbs Up** button to certify the selected SAC or the **Trash** button to delete the file and start over.

Once you have uploaded and certified a Data/Broadband file and a Voice file, you may select the **Prepare Zip file for USAC**.
[See the complete instructions for further guidance.](#)

Study Area Codes 62 days to 07/01/ 2014

1 Selected SACs
 0 Uploaded shapes
 0 Certified shapes

Select State: ▼

000002 - City, WV

TS4000000000 - West Virginia

Annual Report - Certified Shapes

Zip File	Type	Upload Date	Status	Certification	Actions

Annual Report - Non Certified Shapes

Zip File	Type	Upload Date	Status	Certification	Actions

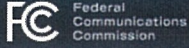
Disbursement - Certified Shapes

Zip File	Type	Upload Date	Status	Certification	Actions

Disbursement - Non Certified Shapes

Zip File	Type	Upload Date	Status	Certification	Actions

Coverage and Performance Report (060)



Upload MFI Coverage and Performance Data

OMB #3060-1185

Drag & drop 1 ZIP file per SAC anywhere on this page to upload or click the **Add Files** button to browse for a file.

Select the type of upload (Annual or Disbursement) from the drop down selection below and then the appropriate radial button for type of information.

The MFI data should be submitted as a zipped (.zip) file containing all the component files for each information type. The shapefile and encapsulating zip file names must contain the 6-digit study area code and state two-letter code (123456_ST).

Shapefile templates for each type are provided in the link below.

[Download a Broadband/Data shapefile template \(ZIP file\).](#)

[Download a Voice shapefile template \(ZIP file\).](#)

[Download a Test Drive shapefile template \(ZIP file\).](#)

[Download a Propagation shapefile template \(ZIP file\).](#)

Additional information on this data collection can be found on the FCC's XXXXXXXXXXXX webpage.

Click **Add File** to browse for a file. Click **Upload File** to upload the file to the selected SAC. You may remove the file and start over by clicking **Remove** or **Start Over**.

Click **View List of Uploaded Files** to return to the previous page.

Please select the type of upload:

Annual Report

Please select the type of information the file contains:

- Data/Broadband
- Voice
- Test Drive
- Propagation

[« View List of Uploaded Files](#)

[+ Add File](#)

Coverage and Performance Report (060)

FC Federal Communications Commission

MFI Geospatial Data Collection

Contact Info

Light
Satellite

Marshall
Mountain View
Lenile
Clinton
Shelley
Vernon Ferry
Hector
Dover
Heber Springs
Guy
Rose Blud
Greenbrier

SAC 000002
Annual Report - Data/Broadband

Certify & Accept

[View Study Area Codes](#)

Click on a shaded region on the map to display the polygon attributes.

[Reset Map](#)

Map data © OpenStreetMap contributors, CC-BY-SA

Certification – Reporting Carrier Certification Page

Certifying Official Contact Information

* **Confidential:**
Request for
confidential treatment
has or has not been
filed pursuant to
Commission's rules.

No

* **First Name:**

* **Last Name:**

* **Street Address 1:**

Street Address 2:

* **City:**

* **State:**

Select...

* **Zip Code:**

* **Phone:**

(999) 999-9999

Phone Extension:

* **E-Mail:**

Notes:

*If you copy and paste
information from
another software
program into the
textbox,
please make sure to
paste it as plain,
unformatted text.*