

Service Provider And Billed Entity Identification Number and General Contact Information Form

Estimated Average Burden Hours Per Response: 1.5 hours

FCC Form 498 is used to collect contact and remittance information for service providers and applicants that receive support from the Federal universal service support programs. For greater flexibility, this form allows service providers to use the same general contact information for all their contacts and the same remittance data collected for each of the four programs or multiple contact and remittance information. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Please read instructions, located at <https://www.usac.org/service-providers/resources/forms/>, before beginning this application.**Provider Type**

Please check one box below

 Service Provider School/Library or other Billed Entity**Submission Type**

Please check one box below

 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 subsequent revisions.)

499 Filer ID

(Required if your company is required to file the FCC Form 499)

Block 1: Organization Information [All Fields REQUIRED]1 _____
Company Name or Billed Entity2 _____
Name Entity or Company is Doing Business As (DBA) or Formerly Known As (FKA)3 Holding Company Name (For Service Providers) _____
4
Federal EIN, or TAX ID Number of Holding Company5 Check this Box if the Company is part of or maintains affiliate companies and complete page 2.6 _____
Street Address7 _____
Address Line 28 _____ 9 _____ 10 _____
City State Zip Code + 4**Block 2: General Contact Information [All Fields REQUIRED]**11 First: _____ Middle Initial: _____ Last: _____ 12 _____
General Contact (Company Preparer Name) Title13 (_____) _____
Phone Number Ext.14 _____
Street Address15 _____
Address Line 216 _____ 17 _____ 18 _____
City State Zip Code + 419 _____
E-mail Address**Block 3: Federal EIN, FCC Registration Number and Sam.gov UEI [All Fields REQUIRED]**20
Enter Federal Employer Identification Number
(Federal EIN or Tax ID Number)21 Corporation Partnership Other
(Check applicable corporate structure.)22
FCC Registration Number (CORES ID)23
Enter SAM.GOV Unique Entity ID
EFT (Optional)

Block 4: Affiliate Company Information

Please list all companies with which this FCC Form 498 ID is affiliated. The term "affiliate" means a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person. For purposes of this paragraph, the term "own" means to own an equity interest (or the equivalent thereof) of more than 10 percent.

Affiliate FCC Form 498 ID Number	Affiliate Company Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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(Attach additional copies of this page if necessary)

This page is for High Cost Program participants only.

For more information about the High Cost Program, please refer to: <https://www.usac.org/high-cost/>

Block 5: High Cost Support Financial Institution and Remittance Information [ALL Fields REQUIRED]

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.

24 Remittance Company Name, if different from Company Name _____

25 First: _____ Middle Initial: _____ Last: _____ 26 _____
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

27 (_____) 28 _____
Phone Number Ext E-mail Address for receipt of remittance advice

29 Remittance Financial Institution for ACH or locked box transfer of funds (required) _____

30 []
Financial Institution Account Number for ACH (required) 31 [] [] [] [] [] [] [] [] [] [] [] []
ACH Financial Institution Transit Number - must be nine digits (required)

Block 6: Company Contact for High Cost Support

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 7.

32 First: _____ Middle Initial: _____ Last: _____ 33 _____
Contact Name for High Cost Program Title
(Must be a company employee or designated representative)

34 Contact Address or PO Box for High Cost Program _____

35 Address Line 2 _____

36 _____ 37 _____ 38 _____
City State Zip Code + 4

39 (_____) 40 _____
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: <https://www.usac.org/lifeline/>

Block 7: Lifeline Support Financial Institution and Remittance Information [All Fields REQUIRED]

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.

41 Remittance Company Name, if different from Company Name _____

42 First: _____ Middle Initial: _____ Last: _____ 43 _____
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

44 (_____) 45 _____
Phone Number Ext E-mail Address for receipt of remittance advice

46 Remittance Financial Institution for ACH or locked box transfer of funds (required) _____

47
Financial Institution Account Number for ACH (required)

48
ACH Financial Institution transit Number - must be nine digits (required)

Block 8: Company Contact for Lifeline Support

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 9.

49 First: _____ Middle Initial: _____ Last: _____ 50 _____
Contact address for Lifeline Program Title
(Must be a company employee or designated representative)

51 Contact Address for Lifeline Program _____

52 Address Line 2 _____

53 _____ 54 _____ 55 _____
City State Zip Code + 4

56 (_____) 57 _____
Phone Number Ext E-mail Address of Lifeline Program Contact

This is a Supplemental Page for Participants in the High Cost and Lifeline Programs.

Block 9: High Cost and Lifeline Study Area/FCC Form 498 ID Association

This information will be used to associate the Study Area Codes (SAC) to this FCC Form 498 ID for the purposes of High Cost and Lifeline Support.

Check this box if there is no change to the SAC data on file.

Check this box if you are changing your organization's SAC data currently on file with USAC.

Study Area Code (SAC)	SAC Company Name	Study Area Type	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive

(Attach additional copies of this page if necessary)

This page is for Rural Health Care Support participants only.

For more information about Rural Health Care Support, please refer to: <https://www.usac.org/rural-health-care/>

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.

Check this box if this information is the same as the General Contact information (Block 2) and complete lines 81-83.

58 Remittance Company Name, if different from Company Name _____

59 First: _____ Middle Initial: _____ Last: _____ 60 _____
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

61 () _____ 62 _____
Phone Number Ext E-mail Address for receipt of remittance advice

63 Remittance Financial Institution for ACH or locked box transfer of funds (required) _____

64 Financial Institution Account Number for ACH (required) 65 ACH Financial Institution transit Number - must be nine digits (required)

Block 11: Company Contact for Rural Health Care Support

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 12.

66 First: _____ Middle Initial: _____ Last: _____ 67 _____
Contact Name for Rural Health Care Program Title
(Must be a company employee or designated representative)

68 Contact Address for Rural Health Care Program _____

69 Address Line 2 _____

70 _____ 71 _____ 72 _____
City State Zip Code + 4

73 () _____ 74 _____
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: <https://www.usac.org/e-rate/>

Block 12: Schools and Libraries Support Financial Institution and Remittance Information [ALL Fields REQUIRED]

Check this box to 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.

Check this box if this information is the same as the General Contact information (Block 2) and complete lines 105-107.

75 _____
Remittance Company Name, if different from Company or Billed Entity Name

76 First: _____ Middle Initial: _____ Last: _____ 77 _____
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

78 (_____) 79 _____
Phone Number Ext E-mail Address for receipt of remittance advice

80 _____
Remittance Financial Institution for ACH or locked box transfer of funds (required)

81 _____
Financial Institution Account Number for ACH (required)

82 _____
ACH Financial Institution Transit Number - must be nine digits (required)

Block 13: Company Contact for Schools and Libraries Support

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 14.

83 First: _____ Middle Initial: _____ Last: _____ 84 _____
Contact Name for Schools and Libraries Program Title
(Must be a company, or entity employee or designated representative)

85 _____
Contact Address for Schools and Libraries Program

86 _____
Address Line 2

87 _____ 88 _____ 89 _____
City State Zip Code + 4

90 (_____) 91 _____
Phone Number Ext E-mail Address of Schools and Libraries Program Contact

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

(Attach additional copies of this page if necessary)

Disbursement Offsets and Healthcare Connect Certification

Block 15: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For High Cost Participants

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 <https://www.usac.org/service-providers/resources/forms/> 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.

92 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

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 <https://www.usac.org/service-providers/resources/forms/> 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.

93 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

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 <https://www.usac.org/service-providers/resources/forms/> 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.

94 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

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.

95 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

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 its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Schools and Libraries payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number,

96 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."

Service Identification

Block 20: Principal Communications Types [REQUIRED Field]

Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see instructions.

- | | |
|--|---|
| <input type="checkbox"/> Audio Bridging Provider
<input type="checkbox"/> Coaxial Cable
<input type="checkbox"/> Non-Interconnected VoIP
<input type="checkbox"/> Private Service Provider
<input type="checkbox"/> Toll Reseller
<input type="checkbox"/> Incumbent LEC
<input type="checkbox"/> Operator Service Provider
<input type="checkbox"/> Satellite Service Provider
<input type="checkbox"/> Wireless Data
<input type="checkbox"/> Networking/Infrastructure | <input type="checkbox"/> Interconnected VoIP
<input type="checkbox"/> Paging and Messaging
<input type="checkbox"/> SMR (Dispatch)
<input type="checkbox"/> Shared-Tenant Service Provider
<input type="checkbox"/> Cellular/PCS/SMR
<input type="checkbox"/> Interexchange Carrier
<input type="checkbox"/> Payphone Service Provider
<input type="checkbox"/> Local Reseller
<input type="checkbox"/> Internet Service Provider
<input type="checkbox"/> School/Library or other Billed Entity Recipient |
|--|---|

DATA Act Business Types

Block 21: DATA Act Business Type (REQUIRED Field)

Select up to 3 boxes that best describe the reporting entity. Enter check marks. For additional description -- see instructions.

- | | |
|--|--|
| <input type="checkbox"/> State Government
<input type="checkbox"/> County Government
<input type="checkbox"/> City or Township Government
<input type="checkbox"/> Special District Government
<input type="checkbox"/> Regional Organization
<input type="checkbox"/> U.S. Territory or Possession
<input type="checkbox"/> Independent School District
<input type="checkbox"/> Public/State Controlled Institution of Higher Education
<input type="checkbox"/> Indian/Native American Tribal Government(Federally-Recognized)
<input type="checkbox"/> Indian/Native American Tribal Government (Other than Federally-Recognized)
<input type="checkbox"/> Indian /Native American Tribal Designated Organization
<input type="checkbox"/> PublicIndian Housing Authority | <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
<input type="checkbox"/> Private Institution of Higher Education
<input type="checkbox"/> Individual
<input type="checkbox"/> For-profit Organization (Other than Small Business)
<input type="checkbox"/> Small Business
<input type="checkbox"/> Hispanic-serving Institution
<input type="checkbox"/> Historically Black College or University (HBCU)
<input type="checkbox"/> Tribally Controlled College or University (TCCU)
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institution
<input type="checkbox"/> Non-domestic (non-U.S.) Entity
<input type="checkbox"/> Other |
|--|--|

Officer Certification

Block 22: Officer Certification [All Fields REQUIRED]

I certify that I am an officer of the above-named service provider, that I am authorized to submit this FCC Form 496 on behalf of the above named service provider, and that to the best of my knowledge, the data set forth in this form is true, accurate, and complete.

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)						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Signature of the Officer _____</td> <td style="width: 50%; border: none;">Date _____</td> </tr> <tr> <td style="border: none;">First: _____ Middle Initial: _____ Last: _____</td> <td style="border: none;">Title _____</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name _____</td> </tr> </table>		Signature of the Officer _____	Date _____	First: _____ Middle Initial: _____ Last: _____	Title _____	Printed Name _____	
Signature of the Officer _____	Date _____						
First: _____ Middle Initial: _____ Last: _____	Title _____						
Printed Name _____							

Notice: The Federal Communications Commission (the Commission) has designated the Universal Service Administrative Company (USAC) as administrator of Federal universal service. One of the functions of USAC is to provide a mechanism for the billing, collection, and disbursement of funds for the various Federal universal service programs. In an effort to implement these requirements and obligations, the Commission has adopted this collection of information. Pursuant to the Commission rules, 47 C.F.R. §§ 54.301, 54.303, 54.307, 54.309, 54.311, 54.407, 54.413, 54.515, 54.611, 54.702, 54.802, and 54.902, USAC must obtain information relating to service provider name and address, telephone number, Federal employee identification number, contact names and telephone numbers, and billing and collection information. Each service provider receiving Federal universal service support from the High Cost, Lifeline, Rural Health Care, or Schools and Libraries Programs, should complete the FCC Form 498. USAC will use this information in administering the billing, collections, and disbursement operations of the Federal universal service programs.

Reminder: 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 Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0824.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide for the Federal universal service billing, collections, and disbursement purposes. In addition, the Name, Address, and Business Type will be disclosed in accordance with FFATADATA Act reporting requirements. 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 order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your application may be disclosed 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 States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies, and/or your employer to offset your salary, IRS tax refund, or other payments to collect that debt. The Commission may also provide the information to these agencies through the matching of computer records where authorized.

If you do not provide the information we request on the form, the Commission may delay processing of your application, or may return your application without action.

This Notice is required by the Paperwork Reduction 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 average, 1.5 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 for response. If you have any comments on this estimate, or how we can improve the collections and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Washington D.C. 20554, Paperwork Reduction Project (3060-0824). We will also accept your comments via Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Questions?

See the FCC Form 498 Instructions found at <https://www.usac.org/service-providers/resources/forms>

Use this form for:

- 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)

Block 4: High Cost Banking and Remittance Payment Information

See Instructions Page (4)

Check this box if this information is the same as the general contact information

19 _____
Remittance Company Name

20 _____
Remittance Contact Name- Checks will be sent to Remittance Contact's attention

21 _____
Remittance Address

22 _____
Address 2

23 _____
City

26 (_____)
Phone Number

28 _____
Remittance Bank for ACH or locked box transfer of funds

29 _____
Bank Account Number for ACH

31 _____

Email Address of Remittance Contact if requesting electronic remittance statements instead of mailed paper copy statements

Block 5: Company Contact for High Cost Support Mechanism

See Instructions Page (11)

Same as general contact from lines (3-15) above

32 _____
Contact Name for High Cost Mechanism - Must be a company employee or designated representative

33 _____
Contact Address for High Cost Mechanism

34 _____
Address 2

35 _____
City

38 (_____)
Phone Number

40 _____
Email Address of Remittance Contact if requesting electronic remittance statements instead of mailed paper copy statements

Block 6: Low Income Banking and Remittance Payment Information

See Instructions Page (11)

This information is the same as the general contact information (Lines 3-15 above)

41 _____
Remittance Company Name

42 _____
Remittance Contact Name- Checks will be sent to Remittance Contact's attention

43 _____
Remittance Address

44 _____
Address 2

45 _____
City

48 (_____)
Phone Number

50

Remittance Bank for ACH or locked box transfer of funds

51

--	--	--	--	--	--	--	--

Bank Account Number for ACH

53

Email Address of Remittance Contact if requesting electronic remittance statements instead of mailed paper copy statemen

Block 7: Company Contact for Low Income Support Mechanism

See Instructions Page (11)

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Same as general contact from lines (3-15) above

54

Contact Name for Low Income Mechanism - Must be a company employee or designated representative

55

Contact Address for Low Income Mechanism

56

Address 2

57

City

60

()

Phone Number

62

Email Address of Remittance Contact if requesting electronic remittance statements instead of mailed paper copy statemen

tion (Lines 3-15 above).

24

State

27 (

Ext

Fax Number

--	--	--	--	--	--

30

--

ACH Bank Transfer Numbe

36

State

39 (

Ext

Fax Number

ts

46

State

49 (

Ext

Fax Number

--	--	--	--	--	--

52

--

ACH Bank Transfer Numbe

ts

58

State

61 (

Fax Number

Ext

ts

25

Zip Code

)

--	--	--	--	--	--	--	--	--	--	--

or

37

Zip Code

)

47

Zip Code

)

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r

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59

Zip Code

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