

**FCC Form 507  
 Connect America Fund-Broadband Loop Support Mechanism  
 Line Count Report**

| <b>LINE COUNT DATA COLLECTION</b>    |   |                                 |                 |                              |
|--------------------------------------|---|---------------------------------|-----------------|------------------------------|
| <b>Block 1 - Contact Information</b> |   |                                 |                 |                              |
| <b>ROW #</b>                         | <b>DATA ELEMENT</b>   | <b>FORMAT OF REQUESTED DATA</b> | <b>RESPONSE</b> | <b>NO. OF ACQUIRED LINES</b> |
| <b>1</b>                             | Carrier Study Area Code                                       | 6 numeric digits                |                 |                              |
| <b>2</b>                             | Carrier Study Area Name                                       | alpha characters                |                 |                              |
| <b>3</b>                             | Service Provider Identification Number                        | 9 numeric digits                |                 |                              |
| <b>4</b>                             | Data As Of  | mm/dd/yyyy                      |                 |                              |
| <b>5</b>                             | Contact Name  | alpha characters                |                 |                              |
| <b>6</b>                             | Contact Telephone Number [including area code]                | 10 numeric digits               |                 |                              |
| <b>7</b>                             | Contact Email address   | alpha/numeric characters        |                 |                              |
| <b>Block 2 - Line Counts</b>         |   |                                 |                 |                              |
| <b>8</b>                             | Residential and Single-Line Business Access Lines in Service  | numeric digits                  |                 |                              |
| <b>9</b>                             | Multi-Line Business Access Lines in Service                   | numeric digits                  |                 |                              |
| <b>10</b>                            | Consumer Broadband-Only Lines in Service                      | numeric digits                  |                 |                              |
| <b>11</b>                            | Total Number of Lines in Service in Study Area                | numeric digits                  |                 |                              |
| <b>12</b>                            | Name of Carrier From Which Lines Were Acquired, If Applicable | alpha characters                |                 |                              |
| <b>13</b>                            | Study Area Code From Which Lines Were Acquired, If Applicable | 6 numeric digits                |                 |                              |

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FCC Form 507  
 OMB Control No. 3060-0986

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING FCC FORM 507 ON ITS OWN BEHALF:**

|  |  |  |  |
|--|--|--|--|
| <b>Certification of Officer or Employee as to the Accuracy of the Data Reported in FCC Form 507, Line Count Report for Connect America Fund, on Behalf of Reporting Carrier</b>  |  |  |  |
| <p>I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the actual line count data reported on FCC Form 507; and, to the best of my knowledge, the information reported on this form is accurate.</p> |  |  |  |
| Name of Reporting Carrier  |  |  |  |
| Signature of authorized officer or employee  |  |  | Date                                       |
| Printed name of authorized officer or employee   |  |  |  |
| Title or position of authorized officer or employee  |  |  |  |
| Email address of authorized officer or employee  |  |  |  |
| Telephone number of authorized officer or employee: (    )    -    , ext.  |  |  |  |
| Study Area Code of Reporting Carrier   |  |  | Filing Due Date for this form (mm/dd/yyyy) |
| <b>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.</b>                    |  |  |  |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 507 ON THE CARRIER'S BEHALF:**

| Certification of Officer or Employee to Authorize an Agent to File FCC Form 507, Line Count Report for Connect America Fund, on Behalf of Reporting Carrier  |  |  |  |      |
|--|--|--|--|------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on FCC Form 507 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the actual line count data provided to the authorized agent; and, to the best of my knowledge, the actual line count data provided to the authorized agent is accurate. |  |  |  |      |
| I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information 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 Authorized Agent   |  |  |  |      |
| Name of Reporting Carrier  |  |  |  |      |
| Signature of authorized officer or employee  |  |  |  | Date |
| Printed name of authorized officer or employee   |  |  |  |      |
| Title or position of authorized officer or employee  |  |  |  |      |
| Email address of authorized officer or employee  |  |  |  |      |
| Telephone number of authorized officer or employee: (____)____-____, ext. _____  |  |  |  |      |
| Study Area Code of Reporting Carrier   |  |  | Filing Due Date for this form (mm/dd/yyyy) |      |
| 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 FCC Form 507, Line Count Report for Connect America Fund-Broadband Loop Support Mechanism, on Behalf of Reporting Carrier  |  |  |  |      |
|--|--|--|--|------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the information reported on FCC Form 507 on behalf of the reporting carrier; I have provided the line count data reported herein based on actual line count data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. I also certify that I will provide copies of the line count filing to the reporting carrier within 15 days. |  |  |  |      |
| Name of Reporting Carrier  |  |  |  |      |
| Name of Authorized Agent   |  |  |  |      |
| Signature of authorized agent or employee of agent   |  |  |  | Date |
| Printed name of authorized agent or employee of agent  |  |  |  |      |
| Title or position of authorized agent or employee of agent   |  |  |  |      |
| Email address of authorized agent or employee of agent   |  |  |  |      |
| Telephone number of authorized agent: (____)____-____, ext. _____  |  |  |  |      |
| Study Area Code of Reporting Carrier   |  |  | Filing Due Date for this form (mmddyyyy) |      |
| 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.   |  |  |  |      |

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OMB Control No. 3060-0986

NOTICE: Sections 54.313(f)(5) and 54.903(a)(1) of the Federal Communications Commission's rules requires all rate-of-return telecommunications carriers to provide line count information on FCC Form 507 to USAC, the universal service Administrator. Carriers receiving Connect America Fund Broadband Loop Support (CAF BLS) must submit this information annually on March 31st of each year. Carriers that receive Alternative Connect America Model (A-CAM) I, A-CAM II, or Alaska Plan support are required to file by July 1st of each year. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. The data in the form will be used to monitor and analyze high-cost universal service programs.

We have estimated that each response to this collection of information will take, on average, **6.00** 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 how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-0233), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). Please **DO NOT SEND COMPLETED DATA COLLECTION FORMS 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 Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0233.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or potential violation of a statute or 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 form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you are not eligible to receive support under the Connect America Fund BLS Mechanism, 47.C.F.R. § 54.903.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, *et seq.*