# FCC Form 509
## Connect America Fund Broadband LoopSupport Mechanism
## CAF-BLS Cost and Revenue Data Collection Form

| CONNECT AMERICA FUND-BROADBAND LOOP SUPPORT ACTUAL COST AND REVENUE DATA COLLECTION | | | |
|---|---|---|---|
| **Block 1 - Contact Information** | | | |
| ROW # | DATA ELEMENT | FORMAT OF REQUESTED DATA | RESPONSE |
| **1** | Carrier Study Area Code | 6 numeric digits | |
| **2** | Carrier Study Area Name | alpha characters | |
| **3** | Service Provider Identification Number | 9 numeric digits | |
| **4** | Data Period (specify years) | mm/dd/yyyy - mm/dd/yyyy | |
| **5** | Date of Submission | mm/dd/yyyy | |
| **6** | Contact Name | alpha characters | |
| **7** | Contact Telephone Number [including area code] | 10 numeric digits | |
| **8** | Contact E-mail Address | alpha/numeric characters | |
| **Block 2 - Actual CAF-BLS by Study Area** | | | |
| **9** | Annual Common Line Costs for the reporting period | amount in $ | |
| **10** | Annual Consumer Broadband-Only Loop Costs for the reporting period | amount in $ | |
| **11** | Annual SLC Revenues for the reporting period | amount in $ | |
| **12a** | Average Monthly Broadband-Only Loops | numeric digits | |
| **12b** | Average Monthly Broadband-Only Loops * 12 * $42 | amount in $ | |
| **12c** | Lesser of Annual Consumer Broadband-Only Loop Costs or Average Monthly Broadband-Only Loops * 12 * $42 | amount in $ | |
| **12d** | Blended Average of Consumer Broadband-Only rates charged during time period pursuant to Section 69.132 | amount in $ | |
| **12e** | Apply Row 12d * Row 12a * 12 months | amount in $ | |
| **12** | Annual Consumer Broadband-Only Revenues for the reporting period (Provide the greater of Row 12c or Row 12e) | amount in $ | |
| **13** | Annual Special Access Surcharges for the reporting period | amount in $ | |
| **14** | Annual Line Port Costs in Excess of Basic Analog Service for the reporting period | amount in $ | |

# FCC Form 509
## Connect America Fund Broadband Loop Support Mechanism
## CAF-BLS Actual Cost and Revenue Data Collection Form



**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING FCC FORM 509 ON ITS OWN BEHALF:**

### Certification of Officer or Employee as to the Accuracy of the Data Reported in FCC Form 509, Connect America Fund-Broadband Loop Support Mechanism Annual CAF-BLS Actual Cost and Revenue Data Collection Form, on Behalf of Reporting Carrier

**I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism annual CAF-BLS actual cost and revenue data in FCC Form 509; and, to the best of my knowledge, the information reported on this form is accurate. Furthermore, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of costs to the consumer broadband-only loop and special access categories. 47 C.F.R. §54.903 (a)(3)(4).**

| | |
|---|---|
| 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.**

# FCC Form 509
## Connect America Fund Broadband Loop Support Mechanism

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 509 ON THE CARRIER'S BEHALF:**

### Certification of Officer or Employee to Authorize an Agent to File FCC Form 509, Connect America Fund-Broadband Loop Support Mechanism Annual CAF-BLS Actual Cost and Revenue Data Collection Form, on Behalf of Reporting Carrier

**I certify that (Name of Agent)_____ is authorized to submit the information reported on FCC Form 509 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 Connect America Fund-Broadband Loop Support Mechanism annual common line actual cost and revenue data provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism annual CAF-BLS actual cost and revenue data provided to the authorized agent is accurate. Furthermore, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of costs to the consumer broadband-only loop and special access categories. 47 C.F.R. §54.903 (a)(3)(4).**

| | | | | | |
|---|---|---|---|---|---|
| Name of Authorized Agent | | | | | |
| Name of Reporting Carrier | | | | | |
| Signature of authorized officer or employee | | | | | Date |
| Printed name of authorized officer or employee | | | | | |
| Email address of authorized officer or employee | | | | | |
| Title or position 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 509, Connect America Fund-Broadband Loop Support Annual CAF BLS Actual Cost and Revenue Data Collection Form, 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 509 on behalf of the reporting carrier; I have provided the Connect America Fund-Broadband Loop Support Mechanism annual CAF-BLS actual cost and revenue data reported herein based on 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 Connect America Fund-Broadband Loop Support Mechanism Annual CAF-BLS Actual Cost and Revenue Data Collection Form to the reporting carrier within 15 days of the filing date. Furthermore, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of costs to the consumer broadband-only loop and special access categories. 47 C.F.R. §54.903 (a)(3)(4).**

| | | | | | |
|---|---|---|---|---|---|
| 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 | | | | | |
| Email address of authorized agent or employee of agent | | | | | |
| Title or position 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 (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.**

# FCC Form 509
## Connect America Fund Broadband Loop Support Mechanism
## Annual CAF-BLS Actual Cost and Revenue Data

NOTICE: Section 54.903(a)(4) of the Federal Communications Commission's rules requires each rate-of-return incumbent telecommunications carrier that receives Connect America Fund-Broadband Loop Support (CAF-BLS) or Interstate Common Line Support (ICLS) to provide actual cost and revenue data for the prior calendar year to the Universal Service Administrative Company (USAC). USAC uses this information to reconcile the amount of CAF-BLS or ICLS that each carrier received based on forecasted data. This information must be submitted on December 31st 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 calculate and adjust the amount of support, if any, that each reporting carrier is eligible to receive from the CAF-BLS or ICLS mechanisms.

We have estimated that each response to this collection of information will take, on average, 4.0 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-PERM, 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. 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. We will use the information that you provide to determine CAF-BLS amounts. 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**.** In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law. Confidential treatment of the filed data may be requested in the cover letter by following the procedures set forth in Section 0.459 of the Commission’s rules, 47 C.F.R. § 0.459.

If you do not provide the information we request on this form, you are not eligible to receive any support under the CAF-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*.