OMB Control No. 3060-0819

Est. Burden: 16 hours Form No. 555 Edition: June 2023

#### **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections. The Form 555 must be submitted to USAC and filed with the Federal Communications Commission.

## IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

		Junuary 51% (Annuary)
Gunda Anna C. 1. (CAC	<u></u>	Comics Described Id. (CDV)
Study Area Code (SAC An Eligible Telecommunica	<i>'</i>	Service Provider Identification Number (SPIN) de a certification form for each SAC that provides Lifeline service).
Recertification Year	State	ETC Name
DBA, Marketing, or Of	ther Branding Name I/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
	any have affiliated ETCs	? Yes ♥ No ♥
ide a list of all ETCs that ar mined in accordance with S	re affiliated with the reporting En ection 3(2) of the Communication	TC, using page 4 and additional sheets if necessary. Affiliation shall be ons Act. That Section defines "affiliate" as "a person that (directly or indirect ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's S.	AC	Affiliated ETC's Name

### **Initial Certification** All ETCs must complete this section.

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

I am an officer of the company named	l above. I am authorized to ma	ake this certification for	the SAC listed above.
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Initial			

### **Annual Recertification Results**

Initial \_\_\_\_\_

Report the results of recertification efforts for the current calendar year.

Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.

A.	Subscribers eligible for recertification within current calendar year
B.	Subscribers de-enrolled prior to recertification attempts
C.	Total number of subscribers required to be recertified (A-B)
D.	Subscribers successfully recertified
E.	Subscribers de-enrolled for failed recertification
F.	Percentage de-enrolled for failed recertification (E/C)

I certify that the compar	ny listed above has procedures in	place to recertify consumer eligibility by relying upon notice
of eligibility from:	state Lifeline administrator	National Verifier
I am an officer of the co	mpany named above. I am author	rized to make this certification for the SAC listed above.

# officer of the company named above. I am authorized to make this certification for the SAC listed on this form Initial **ETCs Subject to the Non-Usage Requirements** All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month. No Is the ETC subject to the non-usage requirements? If yes, record the number of subscribers de-enrolled for non-usage by month in Block H below. G Н Subscribers De-Enrolled for Non-Usage Month January **February** March April May June July August September October November December **Total Subscribers** For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Signature Block By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC. Signed, Signature of Officer Printed Name and Title of Officer Email Address of Officer Date Person Completing This Certification Form Contact Phone Number

No Subscribers Certification Complete this section if ETC claimed no Lifeline subscribers.

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an