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Schools and Libraries Universal Service

Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form (Form 486)

(Note: This is a representative description of the information to be collected electronically. This table is not a visual representation of what service providers will see when they use the online FCC Form 486).

Form 486 Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form	**Field**	**Rules**
Block 1: Billed Entity Information		
Name of Billed Entity	**1**	**Must be entered using alphabetic characters**
Billed Entity Number	**2**	**Must be entered using a valid nine digit SPIN number (1430XXXX)**
FCC Registration Number	**3**	**This is the unique FCC identifier for the organization listed as the applicant. If this information has already been entered into the user's profile, it will be pre-populated into this submission.**
Applicant Type	**4**	**Required to select whether the applicant is a, school library, or consortium**
Funding Year:	**5**	**Must be entered using numeric character in the year format (YYYY)**

Complete Mailing Address of Billed Entity Street Address, P. O. Box or Route Number	**6**	**This is the mailing address for the billed entity. If this information has already been entered into the user's profile, it will be pre-populated into this submission.**
City of Billed Entity	**7**	**Must be entered using alphabetic characters**
State of Billed Entity	**8**	**Must be entered using alphabetic characters**
Zip Code of Billed Entity	**9**	**Must be entered using numeric characters**
Telephone Number with Area Code and Extension of Billed Entity	**10**	**Must be entered using numeric characters, must be nine digits (xxx-xxx-xxxx)**
Fax Number of Billed Entity	**11**	**Must be entered using numeric characters, must be nine digits (xxx-xxx-xxxx)**
Contact Name	**12**	**User must provide the name of the person who should be contacted with questions about this application. If this information has already been entered into the user's profile, it will be pre-populated into this submission.**
Complete Mailing Address of Contact Person Street Address, P. O. Box or Route Number	**13**	**User must provide the mailing address of the person who should be contacted with questions about this application. If this information has already been entered**

		into the user's profile, it will be pre-populated into this submission.
City of Contact Person	**14**	**Must be entered using alphabetic characters**
State of Contact Person	**15**	**Must be entered using alphabetic characters**
Zip Code of Contact Person	**16**	**Must be entered using numeric characters**
Telephone Number with Area Code and extension of Contact Person	**17**	**Must be entered using numeric characters, must be nine digits (xxx-xxx-xxxx)**
Fax Number with Area Code of Contact Person	**18**	**Must be entered using numeric characters, must be nine digits (xxx-xxx-xxxx)**
Email Address of Contact Person	**19**	**Valid email address must be entered. Email must be composed of a username and domain name (username@domain.extension)**
Block 2: Service Information		
FRN Number	**20**	**USAC's online system assigns a unique number or FRN to each funding request**
Application Number	**21**	**This is a USAC-assigned unique identifier for the application**
FRN Nickname	**22**	**Applicants can provide a unique name for each funding request number (FRN) for their own**

		recordkeeping purposes
Category of Service	**23**	**Choices include: Category One – Data Transmission and/or Internet Access; Voice Services Category Two – Internal Connections; Basic Maintenance of Internal Connections; Managed Internal Broadband Services.**
SPIN:	**24**	**Must be entered using a valid nine digit SPIN number (1430XXXX)**
Service Provider	**25**	**The online system will populate the full legal name associated with the Service Provider Identification Number entered. Applicant will manually input this information if the service provider information is not already in the system.**
Actual Service Start Date	**26**	**Provide the date of when the service started.**
Approved Service Start Date	**27**	**Provide the date of the approved service start date**
Block 3 Early Filing Information and CIPA Waiver Request		
Early Filing	**28**	**IF THE FRNS ON THIS FCC FORM 486 ARE FOR SERVICES STARTING ON**

		OR BEFORE JULY 31 OF THE FUNDING YEAR
CIPA Waiver	**29**	**IF REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.**

Block 4 Certifications and Signature

Signature of authorized person	**30**	**The form must be certified electronically with the authorized person's applicant name and password**
Date	**31**	**Auto generated by system**
Printed name of authorized person	**32**	**Must be entered using alphabetic characters**
Title or position of authorized person	**33**	**Must be entered using alphabetic characters**
Name of authorized person's employer	**34**	**Must be entered using alphabetic characters**
Telephone number of authorized person	**35**	**Must be entered using numeric characters, must be nine digits (xxx-xxx-xxxx)**
Email address of authorized person	**36**	**Valid email address must**

		be entered. Email must be composed of a username and domain name (username@domain.extension)
Address of authorized person	**37**	**Must be entered using alphanumeric characters**
CERTIFICATIONS: **A. The Funding Requests listed in this FCC Form 486 have been approved by USAC as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.** **B. I am providing notification that as of the date of the start of discounted services, I am unable to make the certifications required by The Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certifications(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this FCC Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year in which they apply for discounts.** **C. I certify that the services listed on this FCC Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the FCC Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this FCC Form 486 except for those services provided under tariff or on a month-to-month basis. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.** **D. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services received an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for at least ten years (or whatever retention period is required by the rules in effect at the time of this certification) after the latter of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records, including FCC Forms 479 where required, and, if audited will make such records available to the**	**38**	

Administrator. **E. I certify that as of the date of the start of discounted services: a. the recipient(s) of service represented in the Funding Request Number(s) on this FCC Form 486 has (have) compiled with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).** **F. I certify that as of the date of the start of discounted services: Pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254 (h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486: (FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.** **G. I certify that as of the date of the start of discounted services: The Children's Internet Protection Act does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this FCC Form 486 is (are) receiving discount services only for telecommunications services.** **H. I certify as the Billed Entity for the consortium that the only services that been approved for discount under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.** **I. I certify as the Billed Entity for the consortium that I have collected duly completed and signed FCC Forms 479 from all eligible members of the consortium** **J. I certify that some or all of the eligible consortium members checked FCC Form 479 item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information.** **K. I certify that no eligible consortium members checked FCC 479 item 6d to seek a CIPA Waiver.**		