	rm 481 - Carrier Annual Reporting Ollection Form		FCC For OMB Co July 201	ontrol No. 3060-0986/OMB C	Sentral No. 3060-0819
<010>	Study Area Code	502284			
<015>	Study Area Name	BEEHIVE TEL CO - UT			
<020>	Program Year	2014			
<030>	Contact Name: Person USAC should contact with questions about this data	Jacob Warner			
<035>	Contact Telephone Number: Number of the person identified in data line <030:	435-837-6000			
<039>	Contact Email Address: Email of the person identified in data line <030>	jakew@beehive.net			
ANNUA	L REPORTING FOR ALL CARRIERS			54,3 Comple Requi	tion Completion
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(checi	k box when complete)
<200> <210>	Outage Reporting (voice)	no outages to report	(complete attached worksheet)		
<300> <310> <320> <330>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)		(attach descriptive document) (attach descriptive document)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice Fixed Mobile Number of Complaints per 1,000 customers (broad Fixed Mobile				, , , , , , , , , , , , , , , , , , ,
<1000> <1010> <1100> <1110>	Service Quality Standards & Consumer Protection Functionality in Emergency Situations Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers	(if)	(check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (check to indicate certification) (attach descriptive document) not, check to indicate certification) (complete attached worksheet) (complete attached worksheet)		
<2000> <2005> <3000>	Price Cap Carriers, Proceed to <u>Price Cap Additiona</u> Including Rote-of-Return Carriers offiliated with Pri Rate of Return Carriers, Proceed to <u>ROR Additiona</u>	ce Cap Local Exchange (Carriers (check to indicate certification) (complete attached worksheet) sheet		
<3005>			(check to indicate certification) (complete attached worksheet)		

<113> 14 14 15 16 15 16 17 18		<112>		<111>	<110>	<039>	<030>	<020>	<015>	<010>	(100) St Data Co
Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF) was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.	4.202(a) "5 (yes / no) O	Has your company received its ETC certification from the FCC? (yes / no)	Contact Email Address - Email Address of person identified in data line <030> jakew@beehive.net	Contact Name - Person USAC should contact regarding this data Jacob Warner Contact Telephone Number of parent identified in data 12-20-20-20-20-20-20-20-20-20-20-20-20-20	Program Year 2014	Study Area Name BEEHIVE TEL CO - UT	Study Area Code 502284	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

D (2)
5 E
C %
7 2
2. 8
9 6
7 5
) in E
3 %
ę
9
5
S
<u> </u>
"
1 1 1 1 1 1 1 1
E 0 2
UN 20
8 CC
n 481
Na. 30
8
8
3060-0306
86
ें ।
_ ≦
č
용
3
/B Control No.
,o
8
8
8
15
100 mary and 100 mary

														<220>	<039>	<035>	<030>	<020>	<015>	coros
										***************************************		Number	Reference	<a>>	Contact Email	Contact Telep	Contact Name	Program Year	Study Area Name	Study Area Code
												Date	Outage Start	<61>	Address - Ema	hone Number	Contact Name - Person USAC should contact regarding this data		ame	ode
										*****		Time	Outage Start	<b2></b2>	il Address of p	- Number of po	C should contai	-		
												Date	Outage Start Outage Start Outage End	<b3></b3>	erson identifie	erson identified	ct regarding thi			
												Time	Outage End	<b4></b4>	d in data line <	in data line <	is data			
	The second secon					W						Customers Affected	Number of	<c1></c1>	Contact Email Address - Email Address of person identified in data line <030> jakew@beehive.net	Contact Telephone Number - Number of person identified in data line <030> 435-837-6000	Jacob Warner	2014	BEEHIVE TEL CO -	-
						worksheet	סכב מונמכווקט	Soo attache			Customers	Customers Affected Total Number of		<c2></c2>	.net				- UT	
							Ċ	Σ.			(res / NO)	Affected	911 Facilities	¢d>						
											an mar appiy)	Description (Check	Service Outage	<e></e>						
											(res / No)		Did This Outage Affect Multiple	⇔						
											Resolution	Service Outage	-	⟨g⟩						
											Procedures	Preventative		≙						

												<703>	<702>	<701>	<039>	<035>	<030>	<020>	<015>	<010>	(700) P Data co	
											State	4				1	1	Program Year	1	Study Area Code	(700) Price Offerings In Data: Collection Form	
									The state of the s		Exchange (ILEC)	db	Single State-wide Residential Local Service Charge	Residential Local Service Charge Effective Date	l Address - Email Addre	Contact Telephone Number - Number of person identified in data line <030>	Contact Name - Person USAC should contact regarding this data	•	ame	ode	(700) Price Offerings Including Voice Rate Data Data Collection Form	
											SAC (CETC)	43>	ervice Charge	ctive Date	ss of person ide	er of person ide	contact regard				B	
											Rate Type	-			ntified in data l	ntified in data li	ing this data					
				1	See at						Residential Local Service Rate	ፈን ፈን ላን ነ		1/1/2013	Contact Email Address - Email Address of person identified in data line <030> jakew@beehive.net	ne <030> 435-837-6000	Jacob Warner	2014	BEEHIVE TEL CO	502284		
					See attached worksheet						State Subscriber Line Charge				Lve.net	00	ner		EL CO - UT			
											State Universal Service	 dels in									F	
											Mandatory Extended Area Service Charge	± <055							TAXABILITY OF THE PROPERTY OF		ECCLEOTI 483 OMB Control No. 2004-0868/QNN control No. 2004-0819 NN/2013	
											Total per line Rates and Fees	Ċ									113.00 (14. 3006-1819)	

heet	See attached worksheet	See 2	
Doing Business As Company or Brand Designation	SAC	Affiliates	
43>	- 42b	<813>	<813>
		1	<812>
		> Holding Company NA	<811>
		> Reporting Carrier Beehive Telephone Company, Inc UT	<810>
	net	> Contact Email Address - Email Address of person identified in data line <030> jakew@beehive.net	<039>
		1	<035>
		> Contact Name - Person USAC should contact regarding this data Jacob Warner	<030>
		Program Year	<020>
	UT	Study Area Name BEEHIVE TEL CO -	<015>
		> Study Area Code 502284	<010>
1772112		3.5	
		(800) Operating Companies Data Collection Form	(800) C
d o Sed			
7			

10/08/2013

<030>	<020>	<015>	<010>	(900) Tr Data Co
<030> Contact Name - Person USAC should contact regarding this data	<020> Program Year	<015> Study Area Name	<010> Study Area Code	Tribal Lands Reporting Collection Form
Jacob Warner	2014	BEEHIVE TEL CO - UT	502284	FCC Form 48.1 FOMBICONIC \$000,0985/0ML territo 170 - 2004-0815 JUN-2013

<910> Tribal Land(s) on which ETC Serves

<039>

Contact Telephone Number - Number of person identified in data line <030> 435-837-6000
Contact Email Address - Email Address of person identified in data line <030> jakewebeehive.net

The Confederated Tribes of the Goshute Reservation

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf) Tribal Engagement 10-05-2012

government pursuant to § 54.313(a)(9) includes: PDF, on line 920, demonstrates coordination with the Tribal each these boxes to confirm the status described on the attached If your company serves Tribal lands, please select (Yes, No, NA) for

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;

<922> Feasibility and sustainability planning;

<923> Marketing services in a culturally sensitive manner;

<924> Compliance with Rights of way processes

<925> Compliance with Land Use permitting requirements

<926> Compliance with Facilities Siting rules

<927> Compliance with Environmental Review processes

<928> Compliance with Cultural Preservation review processes

<929>

Compliance with Tribal Business and Licensing requirements.

Yes Yes Yes Yes Yes (Yes,No, Sex Select NA)

Page 7

10/08/2013

<1130>	<1120>	<039>	<035>	<030>	<020>	<015>	<010>	(1100) N. Data Coll
Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	Please check this box to confirm no terrestrial backhaul <1120> options exist within the supported area pursuant to § 54.313(G)	<039> Contact Email Address - Email Address of person identified in data line <030>	<035> Contact Telephone Number - Number of person identified in data line <030>	<030> Contact Name - Person USAC should contact regarding this data	<020> Program Year	<015> Study Area Name	<010> Study Area Code	(1100) No Terrestrial Backhaul Reporting Data Collection Form
		jakew@beehive.net	435-837-6000	Jacob Warner	2014	BEEHIVE TEL CO - UT	502284	FCG Form≠81 OMB Contro No. 3050-9986/∂MB Contro No. 4050-9810 μη 2013

<039>	<035>	<030>	<020>	<015>	<010>	(1200) Ti Lifeline Data Coll
<039> Contact Email Address - Email Address of person identified in data line <030> jakew@boehive.net	<035> Contact Telephone Number - Number of person identified in data line <030>	<030> Contact Name - Person USAC should contact regarding this data	<020> Program Year	<015> Study Area Name	<010> Study Area Code	(1200) Terms and Condition for Ufeline Customers Lifeling Data Collection Form
> jakew@bechive.net	435-837-6000	Jacob Warner	2014	BEEHIVE TEL CO - UT	502284 .	FCCForm481 3 DMB-control No. 3051-0385/6/VBL=ontrol No. 3051-0385/6/VBL=ont

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

http://jobs.utah.gov/housing/scal/utap.html

HTTP_

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

support, carriers must annually report:

<1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.



10/08/2013

<039> Contact Email Address - Email Address of person identified in data line <030> jakew@beehive.net	<035> Contact Telephone Number - Number of person identified in data line <030> 435-837-6000	<030> Contact Name - Person USAC should contact regarding this data	<020> Program Year	<015> Study Area Name	<010> Study Area Code	(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Nate-of-Peturn Corriers offiliated with Price Cap Local Exchange Corriers
<030> jákevébeehive.net	(030) 435-837-6000	Jacob Warner	2014	BEEHIVE TEL CO - UT	502284	Attitudes of an indicate section of the section of

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

:2021>	<2019> <2020>	<2017> <2018>	<2016>	<2012> <2013> <2014> <2015>	<2010> <2011>
community anchor institutions to which began providing access to broadband service in the preceding calendar year. Interim Progress Community Anchor Institutions	Interim Progress Certification Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of	Connect America Phase II Reporting (47 CFR § 54.3.13(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54,312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification	Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2))
Name of Attached Document Listing Required Information					

	Name of Attached Document Listing Required Information	Attach the worksheet listing required information	(3026)
		PDF of Balance Sheet, Income Statement and Statement of Cash Flows	(3025)
		Underlying information subjected to an officer certification.	(3024)
		Underlying information subjected to a review by an independent certified public accountant	(3023)
		contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Bertrewer	(3022)
		If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	
		Management letter issued by the independent certified public accountant that performed the company's financial audit.	(3021)
		Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows	(3019)
		If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313 $\{\eta\}$ 2), contains	
Beehive UT RUS Annual Report 2012	Name of Attached Document Listing Required Information	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited?	(3017) (3018)
		PDF of Balance Sheet, Income Statement and Statement of Cash Flows	(3016)
₹.		requires. Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	(3015)
(Yes/No)	Name of Attached Document Listing Required Information	Community Anchor Institutions (47 CFR § 5.4.313(f)[1](iii)) Is your company a Privately Held ROR Carrier (47 CFR § 5.4.313(f)[2]) If yes, does your company file the RUS annual report. Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)[2] compliance	(3012) (3013) (3014)
		contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	(3011)
	Name of Attached Document Listing Required Information	Milestone Certification (47 CFR \S 54.313(f)(1)(j)) Please check this box to confirm that the attached PDF , on line 3012,	(3010)
compliance with the financial reporting requirements set forth in 47 ted below is accurate.	its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the f CFR § 54.313(f)[2). I further certify that the information reported on this form and in the documents attached below is accurate.	CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate. Progress Report on 5 Year Plan	CHECK t
	jakew@beehive.net	Contact Email Address - Email Address of person identified in data line <030>	<039>
	0> 435-837-6000	Contact Telephone Number - Number of person identified in data line <030>	<035>
		2014	<020>
THE PROPERTY OF THE PROPERTY O	TEL CO - UT	вентуе	<015>
		Study Area Code 502284	· <010>
CONTRACTOR OF THE CONTRACTOR O			Data Col
The Foreign Age 1	The second of th	[3000] Rate Of Return Center Additional Documentation	(3000) Ru

	tion - Reporting Carr lection Form	ler FCC Form 481
<010>	Study Area Code	502294
<015>	Study Area Name	BEEHIVE TEL CO - UT
<020>	Program Year	2014
<030>	Contact Name - Pers	on USAC should contact regarding this data Jacob Warner
<035>	Contact Telephone N	lumber - Number of person identified in data line <030> 435-837-6000
<039>	Contact Email Addre	ss - Email Address of person identified in data line <030> jakev@beehive.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accu	racy of the Data Reported for the Annual Reporting for CAF or LI Recipients
l certify that I am an officer of the reporting carrier; my responsibilitie recipients; and, to the best of my knowledge, the information reporte	s include ensuring the accuracy of the annual reporting requirements for universal service support d on this form and in any attachments is accurate.
Name of Reporting Carrier: BEEHIVE TEL CO - UT	
Signature of Authorized Officer: CERTIFIED ONLINE	Date
Printed name of Authorized Officer: Wayne McCulley	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 435-837-6000	
Study Area Code of Reporting Carrier: 502284	Filing Due Date for this form: 10/15/2013

Data Col	tion - Agent / Carrier lection Form	1 M Con (122)	FCC Form 481
<010>	Study Area Code	502284	
<015>	Study Area Name	BEEHIVE TEL CO - UT	
<020>	Program Year	2014	
<030>	Contact Name - Person	USAC should contact regarding this data Jacob	Warner
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	435-837-6000
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jakew@beehive.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; n agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting carrier. y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Ag	ent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Repor	ting Carrier
	authorized to submit the annual reports for universal service support recipients on behalf of the the reporting carrier; and, to the best of my knowledge, the information reported herein is accur	
Name of Reporting Carrier:		**************************************
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:	Date	ė:
Printed name of Authorized Agent or Employee of Age	nt:	
Title or position of Authorized Agent or Employee of A	gent	
Telephone number of Authorized Agent or Employee	f Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
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), 18 of the United States Code, 18 U.S.C. § 1001.	, or fine or imprisonment under Title

Attachments

ı	at 200
1	6 6
	je je
1	
	9 3
	ng Compa n Form
1	
ı	mpanies m
1	1
1	, u
	a Property
	in the state of
	7.00
	74
	-questions
	100
	WINTER
l	
	1.187.4
1	
.	
ı	
-	
1	
į	
1	- 4 -2 -51
1	
ı	
I	- MANAGEMENT AND STREET
	1700
1	70.0
ı	
I	
1	Mark St.
	e la constant
1	
	ŞĕR
	B 8 8
1	Fig. 3
	.
	8
	3 8
ŀ	
1	STATE OF THE PARTY
	E 3
) NA
	andre e
	ordbuzs, n
	a Mules (1991)
	ovia sovieti.
	eronet Pilon til en standardstaförher melle so Palis
	ONBESTIVAN SISS
	OMBEGOTEST, EDGERO
	olyfigotreff, eigggrau
	6MRs. right sitespass

<813>	<812>	<811>	<810>	<039>	<035>	<030>	<020>	<015>	<010>	(800) Ope Data Coll
GID:	<812> Operating Company NA	<811> Holding Company NA	<810> Reporting Carrier Beehive Telephone Company, Inc UT	Contact Email Address - Email Address of person identified in data line <030>	<035> Contact Telephone Number - Number of person identified in data line <030> 435-837-6000	<030> Contact Name - Person USAC should contact regarding this data	<020> Program Year	Study Area Name	<010> Study Area Code	800) Operating Companies Data Collection Form
 ¥5.	ente part per teget de propriet de primition de la faite, de séphine mais en prés de la glabre mande de la com			0> jakew@beehive.net	0> 435-837-6000	Jacob Warner	2014	BEEHIVE TEL CO - UT	502284	
(a)				et				7		
E										HEARTH AND SOCIONARIAN TRUIT SOCIALIST CONTROL S

										Beehive Broadband LLC	Wirelessbeehive.com LLC	Beehive Telephone Co., Inc., NV	Affiliates	<813>
												552284	SAC	
									The second secon		Beehive Broadband	Beehive Telephone Co., Inc., NV	Doing Business As Company or Brand Designation	2E>7 - 1

Company Name

Beehive Telephone Company, Inc.

Tribal Entity

Confederated Tribes of the Goshute Reservation

Date and time of contact

October 5, 2012 at the Tribal Council Meeting, held at 9:00 am

Names of individuals involved in contact

From Beehive Telephone: Jacob Warner, Kevin Hall, and John Brewer

From the Goshute Tribe: Ed Naranjo, Madeline Greymountain, Amos Murphy, Richard

Henriod, Lavar Tom

Specific sections of 54.313 (a)(9) discussed:

- (i) A needs assessment and deployment planning with a focus on Tribal community anchor institutions
- (ii) Feasibility and sustainability planning
- (iii) Marketing services in a culturally sensitive manner
- (iv) Rights of way processes, land use permitting, facilities siting, environmental and cultural preservation review processes

Other as needed

Brief summary of key points of meeting

We discussed providing a map of the telephone facilities we have on the reservation. The Tribe has plans to increase business on the reservation in the next two years. We discussed our ability to provide telephone to meet their business needs.

We discussed providing new telephone service to housing the tribe has plans to build. We shared our plans to provide fiber to the home in the Ibapah area. The tribe expressed interest in bidding for the construction contract when we build fiber in the area.

The tribe has plans to provide power in the area and asked if we would be willing to buy power from them in the future. We discussed the Lifeline credit for those in need.

Follow-meeting	date	is	set	for
Not determined				

Route to:

NA

Filed in Tribal folder on 10/07/2012

State Energy Assistance & Lifeline

Utah Telephone Assistance Program (UTAP)

UTAP provides a discount on home landline phone service for eligible Utah customers. UTAP does not administer lifeline for mobile phones. Contact the Public Service Commission at 801-530-6716 for questions about Lifeline for mobile phones.

You may be eligible for UTAP if:

You have home landline service through a participating phone company and you qualify either by income or by program.

- To qualify by income, your gross household income must be at or below 135% of the federal poverty level.
- To qualify by program, someone in your household must be receiving help from one of these programs: HEAT, Medicaid, Food Stamps, Federal Public Housing Assistance, National Free School Lunch Program, SSI, Refugee Assistance or General Assistance.

To Apply for UTAP:

Print an application and mail it to:

UTAP

PO Box 147140

Salt Lake City, UT 84114

Call 1-800-948-7540 to have an application mailed to you.

For a list of Utah telephone companies participating in UTAP click here.

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162