

<b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	500758
<015> Study Area Name	DIRECT COMMUNICATIONS CEDAR VALLEY, LLC
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Bruce Stead
<035> Contact Telephone Number: Number of the person identified in data line <030>	2085482345
<039> Contact Email Address: Email of the person identified in data line <030>	bruce@directcom.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	54,313 Completion Required	54,422 Completion Required
--	----------------------------------	----------------------------------

			(check box when complete)	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<i>(attach descriptive document)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<i>(attach descriptive document)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0			
<420> Mobile	0.0			
<430> Number of Complaints per 1,000 customers (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 500758uc510	<i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 500758uc610	<i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1010> [ ]	<i>(attach descriptive document)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**  
*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

<2000>	<i>(check to indicate certification)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 500758

<015> Study Area Name DIRECT COMMUNICATIONS CEDAR VALLEY, LLC

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Bruce Steed

<035> Contact Telephone Number - Number of person identified in data line <030> 2085482345

<039> Contact Email Address - Email Address of person identified in data line <030> bruce@directcom.com

<110> Has your company received its ETC certification from the FCC?  
if your answer to Line <110> is yes, do you have an existing §54.202(a) "5  
year plan" filed with the FCC? (yes / no)  (yes / no)

<111> (yes / no)  (yes / no)

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.

<112> 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.

Name of Attached Document (.pdf)

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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481  
OMB Control No.: 3060-0986/OMB Control No.: 3060-0819  
July 2013

<010> Study Area Code 500758  
 <015> Study Area Name DIRECT COMMUNICATIONS CEDAR VALLEY, LLC  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Bruce Steed  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2085482345  
 <039> Contact Email Address - Email Address of person identified in data line <030> bruce@directcom.com

<010> MORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d1> 911 Facilities Affected (Yes / No)	<d2> Service Outage Description (Check all that apply)	<d3> Did This Outage Affect Multiple Study Areas (Yes / No)	<d4> Service Outage Resolution	<d5> Preventative Procedures

--- See attached worksheet ---

<u>&lt;a1&gt;</u>	<u>&lt;a2&gt;</u>	<u>&lt;a3&gt;</u>	<u>&lt;a4&gt;</u>	<u>&lt;a5&gt;</u>	<u>&lt;a6&gt;</u>	<u>&lt;a7&gt;</u>	<u>&lt;a8&gt;</u>	<u>&lt;a9&gt;</u>	<u>&lt;a10&gt;</u>	<u>&lt;a11&gt;</u>	<u>&lt;a12&gt;</u>	<u>&lt;a13&gt;</u>	<u>&lt;a14&gt;</u>	<u>&lt;a15&gt;</u>	<u>&lt;a16&gt;</u>	<u>&lt;a17&gt;</u>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees								
<010>	Study Area Code	500758														
<015>	Study Area Name	DIRECT COMMUNICATIONS CEDAR VALLEY, LLC														
<020>	Program Year	2014														
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Stead														
<035>	Contact Telephone Number - Number of person identified in data line <030>	2085482345														
<038>	Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com														
<701>	Residential Local Service Charge Effective Date	1/1/2013														
<702>	Single State-wide Residential Local Service Charge															
<703>																

Attachment A

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0966 / OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 500758  
<015> Study Area Name DIRECT COMMUNICATIONS CEDAR VALLEY, LLC  
<020> Program Year 2014  
<030> Contact Name - Person USAC should contact regarding this data Bruce Streed  
<035> Contact Telephone Number - Number of person identified in data line <030> 2085482345  
<039> Contact Email Address - Email Address of person identified in data line <030> bruce@direct.com

<01> State	<02> Exchange (ILEC)	<03> Residential Rate	<04> State Regulated Fees	<05> Total Rate and Fees	<06> Broadband Service - Download Speed (Mbps)	<07> Broadband Service - Upload Speed (Mbps)	<08> Usage Allowance (GB)	<09> Usage Allowance Action Taken When Limit Reached (Select)
-- See attached worksheet --								

(800) Operating Companies  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 500758  
 <015> Study Area Name DIRECT COMMUNICATIONS CEDAR VALLEY, LLC  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Bruce Steed  
 <035> Contact Telephone Number - Number of person identified in data line <030> 208548345  
 <039> Contact Email Address - Email Address of person identified in data line <030> bruce@directcom.com

<810> Reporting Carrier Direct Communications Cedar Valley  
 <811> Holding Company  
 <812> Operating Company Direct Communications Cedar Valley

<813>	<81>	<82>	<83>
Affiliates	SAC	Doing Business As Company or Brand Designation	
	-- See attached worksheet --		

FCC Form 481  
OMB Control No. 3050-0986/OMB Control No. 3050-0819  
July 2013

**(900) Tribal Lands Reporting Data Collection Form**

<010> Study Area Code 500758  
 <015> Study Area Name DIRECT COMMUNICATIONS CEDAR VALLEY, LLC  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Bruce Stend  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2085482345  
 <039> Contact Email Address - Email Address of person identified in data line <030> bruce@directcom.com

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

---

<920> Tribal Government Engagement Obligation

---

Name of Attached Document (.pdf)

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

Select (Yes, No, NA)

- <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.

**(1100) No Terrestrial Backhaul Reporting Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	500758
<015>	Study Area Name	DIRECT COMMUNICATIONS CEDAR VALLEY, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035>	Contact Telephone Number - Number of person identified in data line <030>	2085482345
<039>	Contact Email Address - Email Address of person identified in data line <030>	bruce@directcomm.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> 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)



**(1200) Terms and Condition for Lifeline Customers  
Lifeline  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 500758  
 <015> Study Area Name DIRECT COMMUNICATIONS CEDAR VALLEY, LLC  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Bruce Steed  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2085482345  
 <039> Contact Email Address - Email Address of person identified in data line <030> bruce@directcom.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 500758ut1210  
 Name of attached document (.pdf) http://jobs.utah.gov/housing/sea1/atap.html

<1220> Link to Public Website 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 support, carriers must annually report:

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

<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.

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

**[2000] Price Cap Carrier Additional Documentation**  
 Data Collection Form  
 Including Rate-of-Return Carriers affiliated with Price-Cap Local Exchange Carriers

<010> Study Area Code 500758  
 <015> Study Area Name DIRECT COMMUNICATIONS CEDAR VALLEY, LLC  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Bruce Steed  
 <035> Contact Telephone Number - Number of person identified in data line <030> 2085492345  
 <039> Contact Email Address - Email Address of person identified in data line <030> bruce@dfireetcon.com

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.

<2010>	Incremental Connect America Phase I reporting	<input type="checkbox"/>
<2011>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2012>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<2013>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	<input type="checkbox"/>
<2014>	2013 Frozen Support Certification	<input type="checkbox"/>
<2015>	2014 Frozen Support Certification	<input type="checkbox"/>
<2016>	2015 Frozen Support Certification	<input type="checkbox"/>
<2017>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<2018>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	<input type="checkbox"/>
<2019>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<2020>	Connect America Phase II Reporting (47 CFR § 54.313(e))	<input type="checkbox"/>
<2021>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2022>	5th year Broadband Service Certification	<input type="checkbox"/>
<2023>	Interim Progress Certification	<input type="checkbox"/>
<2024>	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 community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2025>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>
<2026>	Name of Attached Document Listing Required Information	<input type="checkbox"/>

**(3000) Rate of Return Carrier Additional Documentation Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0985/OMB Control No. 3060-0819  
JULY 2013

<010> Study Area Code 500758

<015> Study Area Name DIRECT COMMUNICATIONS CEDAR VALLEY, LLC

<020> Program Year 2014

<030> Contact Name - Person USA should contact regarding this data Bruce Steed

<035> Contact Telephone Number - Number of person identified in data line <030> 2065482345

<039> Contact Email Address - Email Address of person identified in data line <030> bruce@directcom.com

**Progress Report on 5 Year Plan**

**3010** Milestone Certification (47 CFR § 54.313(f)(1)(i))  
Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(i), 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** Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))  
Is your company a Privately Held ROR Carrier (47 CFR § 54.313(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 requires:  
Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  
PDF of Balance Sheet, Income Statement and Statement of Cash Flows  
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?

**3012** Management letter issued by the independent certified public accountant that performed the company's financial audit.  
If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3025 pursuant to § 54.313(f)(2), 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 Borrowers,  
Underlying information subjected to a review by an independent certified public accountant  
Underlying information subjected to an officer certification.

**3013** PDF of Balance Sheet, Income Statement and Statement of Cash Flows  
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?  
If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3025 pursuant to § 54.313(f)(2), contains:  
Management letter issued by the independent certified public accountant that performed the company's financial audit.

**3014** Underlying information subjected to a review by an independent certified public accountant  
Underlying information subjected to an officer certification.  
PDF of Balance Sheet, Income Statement and Statement of Cash Flows  
Attach the worksheet listing required information

**3015** Name of Attached Document Listing Required Information

**3016** Name of Attached Document Listing Required Information

**3017** Name of Attached Document Listing Required Information

**3018** Name of Attached Document Listing Required Information

**3019** Name of Attached Document Listing Required Information

**3020** Name of Attached Document Listing Required Information

**3021** Name of Attached Document Listing Required Information

**3022** Name of Attached Document Listing Required Information

**3023** Name of Attached Document Listing Required Information

**3024** Name of Attached Document Listing Required Information

**3025** Name of Attached Document Listing Required Information

**3026** Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	500758
<015> Study Area Name	DIRECT COMMUNICATIONS CEDAR VALLEY, LLC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Bruce Steed
<035> Contact Telephone Number - Number of person identified in data line <030>	2085482345
<039> Contact Email Address - Email Address of person identified in data line <030>	bruce@directcom.com

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	DIRECT COMMUNICATIONS CEDAR VALLEY, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 09/25/2013</span>
Printed name of Authorized Officer:	Kip Wilson
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	208-548-2345
Study Area Code of Reporting Carrier:	500758 <span style="float: right;">Filing Due Date for this form: 10/15/2013</span>
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.	

## Attachments

Direct Communications -- Cedar Valley complies with the service standards of the state of Utah as promulgated in Utah Rules R746-240 (Telecommunications Service Rule) and R746-340 (Service Quality for Telecommunications Corporations). These rules are designed to establish and enforce uniform telecommunications service practices and procedures and create reasonable service standards to ensure that adequate and satisfactory service is provided to the public. The Company is committed to providing the highest quality service to its customers.

Pursuant to 47 C.F.R. § 54.313(a)(6) and/or 47 C.F.R § 54.422(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) Direct Communications Cedar Valley meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Direct Communications Cedar Valley's central and or remote office(s) by use of fixed generator and batteries that provide it with XX hours of emergency power service. In addition, Direct Communications Cedar Valley's field electronics have 6-8 hours of back-up power by use of fixed/mobile generators and batteries. Direct Communications Cedar Valley has no SONET technology in its network. Direct Communications Cedar Valley has no redundant paths within its network to provide for the capability to reroute traffic Direct Communications Cedar Valley has equipped its remote offices/or field gear with Emergency Stand Alone technology that will provide for call completion and access to 911 in emergency situations. Direct Communications Cedar Valley is capable of managing traffic spikes resulting from emergency situations.

# 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