

**Annual Lifeline Eligible Telecommunications Carrier Certification Form** All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

**Deadline: January 31st (Annually)**

509006	143033426	
Study Area Code (SAC)	Service Provider Identification Number (SPIN)	
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for <b>each SAC</b> that provides Lifeline service).</i>		
2023	UT	Assurance Wireless USA, L.P.
Recertification Year	State	ETC Name
Assurance Wireless		T-Mobile USA, Inc.
DBA, Marketing, or Other Branding Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>		Holding Company Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>

**Does the reporting company have affiliated ETCs? Yes  No**

*Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.*

Affiliated ETC's SAC	Affiliated ETC's Name
639003	T-Mobile Puerto Rico LLC
299018	Assurance Wireless USA, L.P.
239018	Assurance Wireless USA, L.P.
199013	Assurance Wireless USA, L.P.
159018	Assurance Wireless USA, L.P.
319023	Assurance Wireless USA, L.P.
449061	Assurance Wireless USA, L.P.
189009	Assurance Wireless USA, L.P.
279034	Assurance Wireless USA, L.P.
219012	Assurance Wireless USA, L.P.
169003	Assurance Wireless USA, L.P.
209015	Assurance Wireless USA, L.P.
289028	Assurance Wireless USA, L.P.
329011	Assurance Wireless USA, L.P.
259032	Assurance Wireless USA, L.P.
139003	Assurance Wireless USA, L.P.
129005	Assurance Wireless USA, L.P.
569003	Assurance Wireless USA, L.P.
579003	Assurance Wireless USA, L.P.
529014	Assurance Wireless USA, L.P.
359126	Assurance Wireless USA, L.P.

249013	Assurance Wireless USA, L.P.
179012	Assurance Wireless USA, L.P.
229015	Assurance Wireless USA, L.P.
409025	Assurance Wireless USA, L.P.
309005	Assurance Wireless USA, L.P.
269027	Assurance Wireless USA, L.P.
109010	Assurance Wireless USA, L.P.
119003	Assurance Wireless USA, L.P.
589006	Assurance Wireless USA, L.P.
419024	Assurance Wireless USA, L.P.
339032	Assurance Wireless USA, L.P.
469014	Assurance Wireless USA, L.P.
479015	Assurance Wireless USA, L.P.
499015	Assurance Wireless USA, L.P.
369018	Assurance Wireless USA, L.P.
429025	Assurance Wireless USA, L.P.
459018	Assurance Wireless USA, L.P.
549016	Assurance Wireless USA, L.P.
559021	Assurance Wireless USA, L.P.
349033	Assurance Wireless USA, L.P.

**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 above. I am authorized to make this certification for the SAC listed above.

Initial   LW  

**Annual Recertification Results**

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 company 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 company named above. I am authorized to make this certification for the SAC listed above.

Initial   LW  

**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 officer of the company named above. I am authorized to make this certification for the SAC(s) 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.

Is the ETC subject to the non-usage requirements? Yes  No

If yes, record the number of subscribers de-enrolled for non-usage by month in Block H below.

G	H
Month	Subscribers De-Enrolled for Non-Usage
<b>January</b>	220
<b>February</b>	184
<b>March</b>	216
<b>April</b>	228
<b>May</b>	267
<b>June</b>	307
<b>July</b>	347
<b>August</b>	403
<b>September</b>	513
<b>October</b>	515
<b>November</b>	663
<b>December</b>	452
<b>Total Subscribers</b>	4315

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,

Larry Weians

\_\_\_\_\_  
Signature of Officer

larry.j.weians@t-mobile.com

\_\_\_\_\_  
Email Address of Officer

Lyndsey Mitchell

\_\_\_\_\_  
Person Completing This Certification Form

Larry Weians - Vice President

\_\_\_\_\_  
Printed Name and Title of Officer

01-25-2024

\_\_\_\_\_  
Date

(913) 315-5049

\_\_\_\_\_  
Contact Phone Number