

LIFELINE REQUIREMENTS AND DRAFT PROPOSAL
Docket 10-2528-01
Attachment 2

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

 State
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

 Study Area Code(s) (SAC)

 ETC Name(s)

 Holding Company Name(s)

 DBA, Marketing or Other Branding Name(s)

<i>Affiliated ETCs (include names and SACs, attach additional sheets if necessary)</i>	
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Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

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(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

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(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 2: *All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through G and/or H through J in the tables below. Attach additional sheets if necessary).*

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers) (Record the number of subscribers de-enrolled for non-usage by month in columns L and M below).

L	M
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

Signature of Officer

Printed Name of Officer

Title of Officer

Date

Person Completing this Certification Form

Contact Phone Number

Submit to USAC using only ONE method:

Fax to: (202) 776-0080
 E-mail to: LiVerifications@usac.org
 Mail to: USAC - Low Income Program
 2000 L Street, NW, Suite 200
 Washington, DC20036

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

This document contains proposed modified information collection requirements. The Commission, as part of its continuing effort to reduce paperwork burdens, invites the general public and the Office of Management and Budget (OMB) to comment on the information collection requirements contained in this document, as required by the Paperwork Reduction Act of 1995, Public Law 104-13. In addition, pursuant to the Small Business Paperwork Relief Act of 2002, Public Law 107-198, *see* 44 U.S.C. 3506(c)(4), we seek specific comment on how we might further reduce the information collection burden for small business concerns with fewer than 25 employees.