



June 26, 2020

Utah Public Service Commission  
Heber M. Wells Building  
160 East 300 South  
Salt Lake City, UT 84114

**RE: Docket No: 20-999-13 – Viasat Carrier Services, Inc. – 2020 FCC Form 481 – Annual Lifeline and High Cost Recertification Filing**

Dear Staff,

Pursuant to FCC requirements under 47 C.F.R. §§ 54.313 & 54.422, enclosed please find for filing a copy of Viasat Carrier Services, Inc.'s FCC Form 481 – Annual Eligible Telecommunications Carrier Certification.

As the filing indicates, Viasat has not commenced high cost or Lifeline service.

If you have any questions regarding this filing, please contact me at (703) 714-1324 or [map@compliancegroup.com](mailto:map@compliancegroup.com).

Respectfully Submitted,

Marsha A. Pokorny  
Managing Consultant on behalf of Viasat Carrier Services, Inc.

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2018

<010> Study Area Code	509022
<015> Study Area Name	Viasat
<020> Program Year	2021
<030> Contact Name: Person USAC should contact with questions about this data	Peggy O'Connell-Pike
<035> Contact Telephone Number: Number of the person identified in data line <030>	7204936320 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	Margaret.OConnell-Pike@viasat.com
Form Type	54.313 and 54.422



(400) Number of Complaints per 1,000 customers  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

<010> Study Area Code 509022

<015> Study Area Name Viasat

<020> Program Year 2021

<030> Contact Name - Person USAC should contact regarding this data Peggy O'Connell-Pike

<035> Contact Telephone Number - Number of person identified in data line  
<030> 7204936320 ext.

<039> Contact Email Address - Email Address of person identified in data line  
<030> Margaret.OConnell-Pike@viasat.com

<400> Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.

<410> Complaints per 1000 customers for fixed voice

<420> Complaints per 1000 customers for mobile voice

**(500) Compliance With Service Quality Standards and Consumer Protection Rules**  
**Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

<010>	Study Area Code	509022
<015>	Study Area Name	Viasat
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	Peggy O'Connell-Pike
<035>	Contact Telephone Number - Number of person identified in data line <030>	7204936320 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Margaret.OConnell-Pike@viasat.com
<515>	Certify compliance with applicable minimum service standards	

**(600) Functionality in Emergency Situations  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

<010>	Study Area Code	509022
<015>	Study Area Name	Viasat
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Margaret.OConnell-Pike@viasat.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	509022 Utah (610) FUNCTIONALITY IN EMERGENCY SITUATIONS.pdf

## **(610) Descriptive document for Functionality in Emergency Situations**

Viasat has in place contingency plans for credible emergency situations for each of the major network facilities that are geographically distributed across the United States. These plans contain activation, required staffing, escalation, and communication procedures to deal with such emergencies. Additionally, all of the company's e ground-based facilities are equipped with independent power generators and sufficient fuel to operate for several days so as to mitigate power outages. The design of these facilities contains multiple levels of redundancy and autonomy that also mitigate the need for dedicated human interaction





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

**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018**

<010> Study Area Code	509022
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<039> Contact Email Address - Email Address of person identified in data line <030>	Margaret.OConnell-Pike@viasat.com

<900> Does the filing entity offer tribal land services? (Y/N) Yes

Navajo Nation, Paiute (UT), Ute Mountain

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

<920> Tribal Government Engagement Obligation

509022 Utah (920) Tribal Government Engagement Obligation.pdf

Name of Attached Document

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)(5) includes:

- <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.

Select Yes or No or Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable

### **(920) Tribal Government Engagement Obligation**

Viasat did not provide supported services in 2019. As Viasat continues to develop its service offers for 2020 and subsequent years, it will comply with all Commission requirements for Tribal Engagement, including, as applicable, 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; and (v) Compliance with Tribal business and licensing requirements.

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2018

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Margaret.OConnell-Pike@viasat.com

<1000> Voice services rate comparability certification Not Applicable

<1010> Attach detailed description for voice services rate comparability compliance

509022 Utah (1010) Voice and Broadband Service Rate Comparability Compliance.pdf

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Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

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Name of Attached Document

**(1010) Detailed Description for Voice Services & Broadband Rate Comparability Compliance**

Viasat did not provide the supported services in 2019. As Viasat continues to develop its service offers for 2020 and subsequent years, it will comply with all Commission requirements, including that voice service rates are no more than two standard deviations above the applicable national average urban rate.

<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	<b>FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018</b>
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<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) 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).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2018</b>
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans	509022 Utah (1210) Terms & Conditions of Voice Telephony Lifeline Plans.pdf  Name of Attached Document
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<1220> Link to Public Website	HTTP
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“Please check these boxes below to confirm that the attached document(s), 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, | <input checked="" type="checkbox"/> |
|--|-------------------------------------|
- |   |                                     |
|---|-------------------------------------|
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
|---|-------------------------------------|
- |   |                                     |
|---|-------------------------------------|
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |
|---|-------------------------------------|

## (1210) Terms & Conditions of Voice Telephony Lifeline Plans

**This Viasat Lifeline Program only applies to customers who are qualified to, and are receiving, Viasat Internet or Voice Service through a federal or state Connect America Fund program, or other similar program as designated by Viasat, and through a state or federal lifeline program ("Lifeline Service"). For Lifeline Service, all terms and conditions of the Customer Agreement apply, as well as these supplemental terms:**

1. As part of your receiving Lifeline Service, Viasat will discount your monthly Service fee for your Internet or Voice Service the amount of the then current federal or state discount (as applicable). The Lifeline Service discount will appear on your bill as a separate line item labeled "**Lifeline Discount.**"
2. You understand that Lifeline is a government assistance program, that the service is non-transferrable, that only eligible consumers may enroll in the program, and the program is limited to one discount per household.
3. You are only eligible for Lifeline Service if you (or your dependent or other person in your household) currently get benefits from the government program(s) listed on the Lifeline Program Application Form (FCC Form 5629) or your annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on the Lifeline Program Application Form (FCC Form 5629)).
4. You understand that your household can only get one Lifeline Service benefit, and, to the best of your knowledge, your household is not getting more than one Lifeline Service benefit. A "household" is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. If an adult has no or minimal income, and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians.
5. You agree that if you move you will give Viasat your new address within 30 days. You understand that you must notify Viasat within 30 days if you do not qualify for Lifeline Service anymore, including if:
  - a. You, or the person in your household that qualified, no longer qualify for any reason (such as, no longer qualifying through a government program or based on household income level).
  - b. Either you or someone in your household gets more than one Lifeline Service benefit (including, more than one lifeline broadband internet service, more than one lifeline telephone service, or both lifeline telephone and lifeline broadband internet services).

6. You agree that Viasat can give the Lifeline Service program administrator ("Administrator") all of the information you provided on the Lifeline Program Application Form (FCC Form 5629). You understand that this information is meant to help run the Lifeline Service program and that if you do not let Viasat give it to the Administrator, you will not be able to receive Lifeline Service benefits. You can also apply for Lifeline Service directly with the Administrator through the National Verifier, available at <https://www.lifelinesupport.org/national-verifier/> .
7. Security. You agree to take reasonable measures to protect the security of any devices you connect to the internet through the Service, including, without limitation, maintaining an up-to-date version of anti-virus and/or firewall software to protect your devices from malicious code, programs or other internal components (such as a computer virus, computer worm, computer time bomb or similar component). You expressly agree that if your computer or an internet connected device becomes infected and causes any of the prohibited activities listed in the Acceptable Use Policy, Viasat may immediately suspend your Service until such time as your computer is sufficiently protected to prevent further prohibited activities. You will be fully liable for all monthly fees and other charges under this Agreement during any period of suspension. Although Viasat has no obligation to monitor the Services or its network, Viasat and its authorized suppliers reserve the right to monitor bandwidth, usage, transmissions, and content from time to time in order to operate the Services, identify violations of this Agreement, or protect the Viasat network, the Services and other users of the Services. In all cases, you are solely responsible for the security of any device you choose to connect to the Service, including, without limitation, the security of any data stored or shared on such device(s). Viasat customer service representatives are available to Lifeline customers who need assistance obtaining access to free anti-virus software.
8. All the answers and agreements that you provided on Lifeline Program Application Form (FCC Form 5629) are true and correct to the best of your knowledge. You understand that willingly giving false or fraudulent information to get Lifeline Service program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.
9. Viasat or the National Verifier may have to check whether you still qualify at any time. If you need to recertify (renew) your Lifeline Service benefit, you understand that you have to respond by the applicable deadline communicated to you or you will be removed from the Lifeline Service program and your Lifeline Service benefit will stop.
10. You may transfer your Lifeline benefit to another Lifeline service provider at no charge for the transfer of benefits to another provider.
11. You were truthful about whether or not you are a resident of Tribal lands, as defined in section 2 of the Lifeline Program Application Form (FCC Form 5629).
12. De-enrollment. If you become ineligible for the Lifeline Program, you have an obligation to contact Viasat directly and de-enroll from the Lifeline-supported service. There are several other situations that might result in your being de-enrolled from Lifeline Discounts:
  - a. If Viasat has a reasonable basis to believe that you are no longer eligible, Viasat will send you a notice of impending termination of the Lifeline benefit. You will have 30 days from the date of the impending termination letter to demonstrate continued eligibility by re-certifying your continued eligibility. Viasat must terminate your Lifeline benefit if you fail to demonstrate continued eligibility within the 30-day time period.



- b. If USAC, the administrator of universal service, provides notification to Viasat that you have more than one discounted account, or that more than one member of your household is receiving service, Viasat must de-enroll you from the Lifeline program within five business days.
- c. You have an obligation to re-certify annually that only one member of your household receives program-supported service and that you continue to be eligible. If you fail to respond to Viasat's or the National Verifier's request for certification, Viasat or the National Verifier will provide you with notification that you have 60 days from the date of the notification to provide the requested certification. If you fail to provide the requested certification within the 60-day notification period, Viasat will de-enroll you from the Lifeline program within five business days from the end of the 60-day notification period.

13. Viasat Voice. Viasat Voice provides unlimited local and long distance calling to destinations in all 50 states, plus Canada. Fees apply for calls outside of these locations. You may contact Viasat at [number to be provided] to block calls that could result in additional fees. Call blocking, also known as toll limitation, is offered at no charge to Lifeline customers. Further, you may purchase a battery backup; we offer 8- and 24-hour options for a one-time fee of \$\_\_ and \$\_\_ respectively.

14. EasyCare Plan is optional for Lifeline subscribers. Viasat will provide EasyCare to Lifeline subscribers who elect the service free for the first 90 days. For more detail, see the EasyCare Plan Addendum.<sup>4</sup>

15. *If you are unable to resolve a dispute with Viasat, you may contact the [Agency Name]'s Bureau of Consumer Services (BCS). BCS will address Lifeline-related issues that include (1) eligibility disputes; (2) program offering issues; and (3) limited equipment-related issues. Contact the [Agency name and contact information] or submit a complaint form. **Mail:** [Agency Name and Contact Information].*

<b>(2005) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018

<010>	Study Area Code	509022
<015>	Study Area Name	Viasat
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	Peggy O'Connell-Pike
<035>	Contact Telephone Number - Number of person identified in data line <030>	7204936320 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Margaret.OConnell-Pike@viasat.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of 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(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2018.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

**(3005) Rate Of Return Carrier Additional Documentation  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

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(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a) Name of Consultant	(3007b) Name of Consultant Firm/Third Party

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of newly deployed locations in the prior calendar year associated with each of the following speed tiers.
  - (3008B1) Number of newly deployed locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
  - (3008B2) Number of newly deployed locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure 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.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input type="radio"/>
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:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="text"/>
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
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), contains:			
(3022)	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		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="text"/>

<b>(3005) Rate Of Return Carrier Additional Documentation (Continued)</b>	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

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**Financial Data Summary**

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

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**4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

**Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)**

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

**Community Anchor Institutions – FCC 14-98 (paragraph 79)**

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

**If yes to 4003A, please provide a response for 4003B.**

**4003b.** Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information



**(6005) Phase II Auction Reporting****Data Collection**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

April 2020

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<6010> Total amount of Phase II auction support,  
if any, the phase II Auction recipient carrier used  
for capital expenditures in the previous calendar year

<6011> Phase II Auction recipient performance requirements certification (Yes/No) **Yes**



**(7005) Phase-Down Support Reporting**  
**Data Collection**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

April 2020

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<7010> Price Cap Carrier and Fixed Competitive Eligible Telecommunications Carrier Phase-Down support requirement certification (Yes/No)

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<015>	Study Area Name	Viasat
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	Peggy O'Connell-Pike
<035>	Contact Telephone Number - Number of person identified in data line <030>	7204936320 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Margaret.OConnell-Pike@viasat.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:	Viasat
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/25/2020</span>
Printed name of Authorized Officer:	Eric Baulesh
Title or position of Authorized Officer:	Assistant General Counsel
Telephone number of Authorized Officer:	7204936110 ext.
Study Area Code of Reporting Carrier:	509022 <span style="float: right;">Filing Due Date for this form: 07/01/2020</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.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<010>	Study Area Code	509022
<015>	Study Area Name	Viasat
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	Peggy O'Connell-Pike
<035>	Contact Telephone Number - Number of person identified in data line <030>	7204936320 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Margaret.OConnell-Pike@viasat.com

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

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and 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:
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.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of 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), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

