Instructions for Completing the Service Provider Identification Number and Contact Information Form

The FCC Form 498 is used to collect contact, remittance, and payment information for service providers that receive support from the federal universal service programs. For greater flexibility, this form allows service providers to use the same information for all of the programs, different contact and remittance information for each of the four programs, or multiple contact and remittance information. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements.

I. Introduction

On May 8, 1997, the Federal Communications Commission (the Commission) released a Report and Order on Universal Service in CC Docket No. 96-45 that established new federal universal service fund, consistent with the universal service provisions contained in section 254 of the Communications Act of 1934, as amended.

The Commission appointed the Universal Service Administrative Company (USAC) administrator of the federal universal service fund and disburses funds for the High Cost, Low Income, Rural Health Care, and Schools and Libraries Programs. One of the functions of USAC is to provide a means for the billing, collection, and disbursement of funds for all four programs.

Pursuant to 47 C.F.R. §§ 54.202, 54.301, 54.303, 54.307, 54.309, 54.311, 54.407, 54.422, 54.515, 54.611, 54.702, 54.802, and 54.902, USAC must obtain information relating to service provider name, address, telephone number, Federal Employee Identification Number (Federal EIN or tax ID number), contact names and telephone numbers, billing, and collection information.

To that end, the Commission and USAC have developed a Service Provider Identification Number and Contact Information Form, FCC Form 498, to collect this information from service providers that receive support from the High Cost, Low Income, Rural Health Care, and Schools and Libraries Programs.

This document provides instructions for completing the FCC Form 498. Each service provider that receives federal universal service support under any of the four programs must complete this form. First time applicants will be assigned a Service Provider Identification Number (SPIN). This form will be used to collect the following information: service provider name, address, phone numbers, e-mail addresses, contact names, and billing and collection information. USAC will use this information to administer the billing, collection, and disbursement operations of the federal universal service programs.

II. FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

A. Who Should File the FCC Form 498

All service providers that participate in the High Cost, Low Income, Rural Health Care, or Schools and Libraries Universal Service Programs must file FCC Form 498 to receive disbursement payments.

Service providers should complete an FCC Form 498 in order to:

- Apply for a new SPIN.
- Revise an existing FCC Form 498.
- Consolidate, merge, or deactivate existing SPINs due to a merger, acquisition, or consolidation of companies.
- Deactivate a SPIN and end participation in the federal universal service programs. High Cost and Low Income program recipients must comply with 47 C.F.R. § 54.205 if relinquishing High Cost or Low-Income federal universal service support.

USAC will rely on the data provided in this form to disburse federal universal service support consistent with the specifications of the service provider. This form allows service providers to specify which addresses and payment information to use for each of the programs in which they participate. For example, service providers participating in all four programs may use a single financial institution and remittance contact for all support payments. Other service providers may wish to have federal universal service program payments sent to different financial institutions. Such service providers would follow directions provided below to specify a separate remittance contact and financial institution information for each of the programs in which they participate.

Further, the information in this form will enable certain service providers to offset payments from the Schools and Libraries and/or Rural Health Care Programs against any federal universal service contribution obligations. Contributors are companies that are obligated to make payments to federal universal service. Each contributor and each contributor's business unit should complete the FCC Form 498. For each contributor or business unit, USAC will assign a number upon receipt of a complete and correct FCC Form 498. Copies of the FCC Form 498 may be reproduced and completed for as many business units as are providing service.

B. When and Where to File

Service providers must submit the FCC Form 498 before support payments will be authorized. Original applications must be sent to:

USAC Customer Operations, Forms Processing

Attn: FCC Form 498
2000 L Street, N.W. Suite 200
Washington, DC 20036

Revisions to the FCC Form 498 can be filed electronically at:

http://www.usac.org/sp/about/498/default.aspx

C. Where to Get More Information

Please direct any questions about completing this form to USAC via:

Internet at: http://www.usac.org/sp/tools/forms.aspx
E-mail at: CustomerSupport@usac.org
Telephone at: 888-641-8722 or Fax 888-637-6226

III. SPECIFIC INSTRUCTIONS

The following section describes the service provider information that should be provided on the FCC Form 498.

A. Form Overview

Indicate, by checking the appropriate box, the action being requested with the submission of this form. For an original application, all fields must be completed. To initiate revisions, all lines in Blocks 1-3 and 15-16 must be completed. FCC Form 498 is USAC's official record of contact and remittance information. Service providers, therefore, must keep the information in this form current. Failure to maintain current information may affect the timeliness of payment.

THE FOLLOWING 4 OPTIONS MUST BE CERTIFIED BY A COMPANY OFFICER:

1. Original Application for SPIN: Please check this box if this is the company's initial FCC Form 498.

2. Revision to Existing FCC Form 498 on file with USAC: Please check this box if this is a revision to an existing FCC Form 498 on file with USAC. If it is a revision, please include the company's previously assigned SPIN.

3. Request for SPIN Merger/Consolidation: Please check this box to consolidate the activity of multiple SPINs into one SPIN, or merge a SPIN into your SPIN due to an acquisition or merger. Additional documentation is required. Please see Appendix A on page 19 of the instructions for additional information.

4. Request for SPIN Deactivation: Please check this box to discontinue participation in all federal universal service programs and deactivate the SPIN in its entirety. High Cost and Low Income recipients must comply with 47 C.F.R. § 54.205 if relinquishing High Cost

or Low Income federal universal service support. Additional documentation is required. Please see Appendix A on page 19 of the instructions for additional information.

Service Provider Identification Number (SPIN): Leave this field blank if this is the initial submission of an FCC Form 498. USAC will process the form within seven to 10 business days of receipt and will assign a SPIN to the company. Within 48 hours after processing has been completed, USAC will notify the company of the assigned SPIN.

For all subsequent submissions of FCC Form 498 (e.g., revisions to original data), please include your assigned SPIN. Revisions to previously filed information cannot be processed without the SPIN.

FCC Form 499 Filer ID: Companies who are required to file the FCC Form 499 must provide the FCC Form 499 Filer ID (Telecom Relay Service (TRS) Company Code) as it appears on the Telecommunications Reporting Worksheet FCC Form 499. This must be indicated for all companies that are required to file the FCC Form 499.

B. Block 1: General Company Information

Block 1 requires you to identify the legal name and address of the service provider.

Item (1) Company Name: Provide the full legal name of the company providing service as it appears on articles of incorporation, registration, or other legal documents.

Item (2) Name Company Is Doing Business As (DBA) or Formerly Known As (FKA): Provide the name currently used by the service provider, or if this form effects a name change, provide the name formerly used.

Item (3) Affiliated Entities: Check this box if this SPIN has or maintains affiliated entities as defined in Section III.E

Items (4, 5, 6, 7, & 8) Service Provider's Address: Provide the service provider's full mailing address, street address or route number, city, state, and zip code. Do not include a post office box. USAC will reject any FCC Form 498 that uses a post office box.

C. Block 2: General Contact Information

Block 2 requires the contact information for the individual preparing this form. The General Contact is the point of contact for questions regarding billing, collection, and disbursement related matters. The General contact is also designated as the service provider's main point of contact for the e-file system, and in addition to the officer on file, may access the additional forms for the universal service support programs, and acts as the service provider's main point of contact for the organization's authorized e-file users. The General Contact can change remittance information for any of the four programs.

Items (9, 10, 11, & 12) General Contact Information: Provide the name, title, phone number, and fax number for the person that should be contacted with questions regarding the billing, collection, and disbursement of funds for the service provider. Only the General Contact or an Officer of the company is permitted to make revisions to the FCC Form 498, but the Officer listed in Block 16 must certify any revisions.

Items (13, 14, 15 16, 17, & 18) Address and E-Mail Address of General Contact: Provide the General Contact's full mailing address, street address or route number, city, state, zip code, and e-mail address. Please do not use a post office box. USAC will reject any FCC Form 498 that uses a post office box. A confirmation notice will be sent to the e-mail address listed in Block 2. The e-mail address must be specific to the General Contact. Generic e-mail addresses are not accepted in this block. USAC will reject all forms with a generic e-mail address.

D. Block 3: Federal EIN, DUNS and FRN Number

Block 3 requires the service provider's Federal Employer Identification Number (Federal EIN or tax ID number), business structure, Dunn and Bradstreet Identification Number (DUNS), and Federal Registration Number (FRN).

Item (19) Federal EIN: Enter the service provider's Federal EIN. Please do not use individual social security numbers for the Federal EIN. For companies required to indicate their 499 Filer ID, the Federal EIN listed on the FCC Form 498 must match the Federal EIN listed on the FCC Form 499.

Item (20) Business Structure: Check one of the three boxes indicating whether the service provider is a corporation, partnership or other.

Item (21) DUNS: Enter the service provider's nine digit DUNS number.

Item (22) FRN: Enter the service provider's nine digit FRN.

Supplemental Page for Companies with Affiliate Relationships

E. Block 4: Affiliate Company Information

Please complete this section if you checked the box on item (3) on page 1 indicating that your company maintains affiliate relationships as defined in section 3(1) of the Communications Act.

"The term "affiliate" means a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person. For purposes of this paragraph, the term "own" means to own an equity interest (or the equivalent thereof) of more than 10 percent."

Please list the SPIN number as well as the name of affiliated companies as defined above.

If your organization has more than twenty two (22) affiliates, please submit an additional sheet(s) to USAC.

High Cost Program

F. Block 5: High Cost Financial Institution and Remittance Information

Please complete this section only if your company receives support from the High Cost Program, including the Connect America Fund and Mobility Fund component of the Connect America Fund. Block 5 requires financial institution and remittance information that will be used to direct any High Cost payments and remittance information. Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358. If the remittance contact is the same as the General Contact in Block 2, please check the box to indicate this in Block 5 and continue with lines 33 to 35.

Check the box at the top of the page to maintain the SPIN (Service Provider Identification Number) but cease participation in the High Cost Program. High Cost recipients must comply with 47 C.F.R. § 54.205 if relinquishing High Cost universal service support for this program.

Item (23) High Cost Remittance Company Name: Provide the name of the company that will receive payment for High Cost payments if different than the company indicated in item 1.

Items (24 & 25) High Cost Remittance Contact Name and Title: Provide the name and title of the High Cost remittance contact person who will answer questions regarding the remittance of High Cost Support payments to the service provider. All High Cost remittance statements will be sent to the High Cost remittance contact's attention.

Items (26, 27, 28, 29 & 30) Address of High Cost Remittance Contact: Provide the full mailing address, street address or route number, city, state, and zip code of the High Cost remittance contact. Please do not use a post office box. USAC will reject any FCC Form 498 that uses a post office box. This is the address to which High Cost program remittance statements will be sent.

Item (31 & 32) Telephone and Fax Number of High Cost Remittance Contact: Provide the telephone, extension and fax number of the High Cost remittance contact.

Item (33) Name of High Cost Remittance Financial Institution: High Cost Program payments are made via Automatic Clearing House (ACH), and financial institution

information is required to process such payments. If you do not provide this information, you will not receive payment.

Items (34 & 35) High Cost Remittance Financial Institution Account Number and Transit Number for ACH Payments: Provide the ACH financial institution account number and financial institution transit number. Please be sure that the transit number is nine digits. If you do not provide this information, you will not receive payment.

Item (36) E-mail Address of High Cost Remittance Contact: Provide the e-mail address of the High Cost Program remittance contact. This e-mail address will be used for your electronic remittance statements and outreach.

G. Block 6: Company Contact for High Cost Program

Please complete Block 6 only if a service provider receives support from the High Cost Program. Block 6 requires the service provider's High Cost contact information. If the High Cost Program contact information is the same as that presented in Block 2, please check the box to indicate this in Block 6 and continue onto the next block. Otherwise, please complete the contact information in Block 5. The General Contact or an Officer of the company is permitted to make revisions to the FCC Form 498, but the Officer listed in Block 16 must certify any revisions.

Items (37, 38, 38, 40, 41, 42 & 43) Name and Address of High Cost Program Contact: Provide the High Cost Program company contact person's name, title, mailing address, street address or route number, city, state, and zip code. Please do not use a post office box. USAC will reject any FCC Form 498 that uses a post office box. USAC will send all High Cost Program correspondence to this address. The High Cost Program contact should be an employee of the service provider. This High Cost Program contact is authorized to request additional High Cost Program information related to this SPIN.

Items (44, 45, & 46) Phone Number, Fax, and E-Mail Address of High Cost Program Contact: Provide the phone number, fax number, and e-mail address of the High Cost Program contact person who will receive correspondence and answer questions regarding the High Cost Program.

Low Income Program

H. Block 7: Low Income Financial Institution and Remittance Information

Please complete this section only if your company receives support from the Low Income Program, also known as the Lifeline Program. Block 7 requires financial institution and remittance information that will be used to direct any Lifeline Program payments and remittance information. Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358. If the remittance contact is the same as

the General Contact in Block 2, please check the box to indicate this in Block 7. Continue in Block 7 with lines 57 to 59.

Check the box at the top of the page to maintain the SPIN (Service Provider Identification Number) but cease participation in the Lifeline Program. Lifeline recipients must comply with 47 C.F.R. § 54.205 if relinquishing Lifeline federal universal service support.

Item (47) Low Income Remittance Company Name: Provide the name of the company that will receive payment for Lifeline Program payments if different than the company indicated in item 1.

Items (48 & 49) Low Income Remittance Contact Name and Title: Provide the name and title of the Lifeline Program remittance contact person that will answer questions regarding the remittance of Lifeline Program payment to the service provider. All Lifeline Program remittance statements will be sent to the remittance contact person's attention.

Items (50, 51, 52, 53, & 54) Address of Low Income Remittance Contact: Provide the full mailing address, street address or route number, city, state, and zip code of the Lifeline Program remittance contact for the service provider. Please do not use a post office box. USAC will reject any FCC Form 498 that uses a post office box. This is the address to which Lifeline Program remittance statements will be sent.

Item (55 & 56) Telephone and Fax Number of Low Income Remittance Contact: Provide the telephone number, extension and fax number of the Lifeline Program remittance contact.

Item (57) Name of Low Income Remittance Financial Institution: Lifeline Program payments are made via electronic Automatic Clearing House (ACH), and financial institution information is required to process such payments. If you do not provide this information, you will not receive payment.

Items (58 & 59) Low Income Remittance Financial Institution Account Number and Transit Number for ACH Payments: Provide the ACH financial institution account number and financial institution transit number. Please be sure that the transit number is nine digits. If you do not provide this information, you will not receive payment.

Item (60) E-mail Address of Low Income Remittance Contact: Provide the e-mail address of the Lifeline Program remittance contact. This e-mail address will be used for your electronic remittance statements and outreach.

I. Block 8: Company Contact for Low Income Program

Please complete this block only if your company participates in the Lifeline Program. Block 8 requires completion of the Lifeline Program contact information. If the Lifeline Program contact information is the same as that presented in Block 2, please check the box in Block 8 and continue onto the next block. Otherwise, please complete the Lifeline Program contact information in Block 8. The General Contact or an Officer of the company is permitted to make revisions to the FCC Form 498, but the Officer listed in Block 16 must certify any revisions.

Items (61, 62, 63, 64, 65, 66 & 67) Name, Title, and Address of Service Provider's Low Income Program Contact: Provide the Lifeline Program contact person's name, title, mailing address, street address or route number, city, state, and zip code. Please do not use a post office box. USAC will reject any FCC Form 498 that uses a post office box. USAC will send all Lifeline Program correspondence to this address. The Lifeline Program contact should be an employee of the service provider. This Lifeline Program contact is authorized to request additional Lifeline Program information related to this SPIN.

Items (68, 69, & 70) Phone Number, Fax, and E-mail Address of Low Income Program Contact: Provide the phone number, fax number, and e-mail address of the Lifeline Program contact person who will receive Lifeline Program correspondence and answer questions regarding the Lifeline Program.

J. Block 9: High Cost and Low Income Study Area Code (SAC)/SPIN Association

Companies that do not receive support from the High Cost and Low Income Programs and do not have SAC assignments may proceed to Block 10.

For providers that receive support from the High Cost and Low Income Programs, please list the Study Area Codes (SACs) you wish to have associated with the Service Provider Identification Number (SPIN) data.

Box One (1): Check this box if you are not changing the existing SAC data currently on file with USAC. ***If you check this box, you may proceed to Block 10.***

Box Two (2): Check this box if you wish to update the SAC data currently on file with USAC. Be sure to include **all** of the SACs you wish to associate with the SPIN.

SAC: Please indicate the six (6) digit SAC.

SAC Company Name: Please enter the name of the Company associated to the SAC.

Incumbent: Check this box if the SPIN associated with this SAC is listed with USAC as an Incumbent Carrier for that area.

Competitive: Check this box if the SPIN associated with this SAC is listed with USAC as a Competitive Carrier for that area.

If your organization has more than twenty two (22) SAC codes, please submit an additional sheet with those codes to USAC.

Rural Health Care Program

K. Block 10: Rural Health Care Financial Institution and Remittance Information

It is mandatory that all Rural Health Care Program disbursement payments must be offset against the service provider's federal universal service contribution obligations, for telecommunications carriers that do not meet the de minimis standard.

Please complete this section only if your company receives support from the Rural Health Care Program. Block 10 requires financial institution and remittance information that will be used to direct any Rural Health Care Program payments and remittance information. Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358. *In accordance with 47 C.F.R § 54.611, USAC will offset the service provider's Rural Health Care Program payments against the service provider's universal support contribution obligation.* If the remittance contact is the same as the General Contact in Block 2, please check the box to indicate this in Block 10 and continue with lines 81 to 83.

Check the box at the top of the page if to maintain your SPIN (Service Provider Identification Number) but cease participation in the Rural Health Care Program.

Items (71) Rural Health Care Remittance Company Name: Provide the name of the company that will receive payment for Rural Health Care Program payments if different than the company indicated in item 1.

Items (72 & 73) Rural Health Care Remittance Contact Name and Title:
Provide the name and title of the remittance contact person who will answer questions regarding the remittance of Rural Health Care Program payments to the service provider. All Rural Health Care Program remittance statements will be sent to the remittance contact person's attention.

Items (74, 75, 76,77 & 78) Address of Rural Health Care Remittance

Contact: Provide the full mailing address, street address or route number, city, state, and zip code of the Rural Health Care Program remittance contact. Please do not use a post office box. USAC will reject any FCC Form 498 that uses a post office box. This is the address to which Rural Health Care Program remittance statements will be sent.

Item (79 & 80) Telephone and Fax Number of Rural Health Care Remittance Contact: Provide the telephone number, extension and fax number of the Rural Health Care Program remittance contact.

Item (81) Name of Rural Health Care Remittance Financial Institution: Rural Health Care Program payments are made via electronic Automatic Clearing House (ACH), and financial institution information is required to process such payments. If you do not provide this information, you will not receive payment.

Items (82 & 83) Rural Health Care Remittance Financial Institution Account Number and Transit Number for ACH Payments: Provide the ACH financial institution account number and transit number. Please be sure that the transit number is nine digits. If you do not provide this information, you will not receive payment.

Item (84) E-mail Address of Rural Health Care Remittance Contact: Provide the e-mail address of the Rural Health Care Program remittance contact. This e-mail address will be used for your electronic remittance statements and outreach.

L. Block 11: Company Contact for Rural Health Care Program

Please complete this section only if your company receives support from the Rural Health Care Program. Block 11 requires completion of the Rural Health Care Program contact information. If the Rural Health Care Program contact information is the same as that presented in Block 2, please check the box to indicate this in Block 11 and continue onto the next block. Otherwise, please complete the Rural Health Care Program contact information in Block 11. The General Contact or an Officer of the company is permitted to make revisions to the FCC Form 498, but the Officer listed in Block 16 must certify any revisions.

Items (85, 86, 87, 88, 89, 90 & 91) Name, Title, and Address of Rural Health Care Program Contact: Provide the Rural Health Care Program contact person's name, title, mailing address, street address or route number, city, state, and zip code. Please do not use a post office box. USAC will reject any FCC Form 498 that uses a post office box. USAC will send all Rural Health Care Program correspondence to this address. The Rural Health Care Program contact should be an employee of the service provider. This contact is authorized to request additional Rural Health Care Program information related to this SPIN.

Items (92, 93 & 94) Phone, Fax, and E-mail Address of Service Provider's

Rural Health Care Program Contact: Provide the phone number, fax number, and e-mail address of the Rural Health Care Program contact person who will receive correspondence and answer questions regarding the Rural Health Care Program.

Schools and Libraries Program Payments

M. Block 12: Schools and Libraries Financial Institution and Remittance Information

Please complete this section only if your company receives support from the Schools and Libraries Program. Block 12 requires financial institution and remittance information that will be used to direct any Schools and Libraries Program payments and remittance information. Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358. If the remittance contact is the same as the General Contact in Block 2, please check the box to indicate this in Block 12 and continue with lines 105 to 107.

Check the box at the top of the page to maintain your SPIN (Service Provider Identification Number) but cease participation in the Schools and Libraries Program.

Item (95) Schools and Libraries Remittance Company Name: Provide the name of the company that will receive payment for Schools and Libraries Program payments if different than the company indicated in item 1.

Items (96 & 97) Schools and Libraries Remittance Contact Name and Title: Provide the name and title of the Schools and Libraries Program remittance contact person who will answer questions regarding the remittance of Schools and Libraries Program payments to the service provider. All Schools and Libraries Program remittance statements will be sent to the remittance contact person's attention.

Items (98, 98, 100, 101 & 102) Address of Schools and Libraries Remittance Contact: Provide the full mailing address, street address or route number and city, state, and zip code of the Schools and Libraries Program remittance contact. Please do not use a post office box. USAC will reject any FCC Form 498 that uses a post office box. This is the address to which Schools and Libraries Program remittance statements will be sent.

Item (103 & 104) Telephone and Fax Number of Schools and Libraries Remittance Contact: Provide the telephone number, extension and fax of the Schools and Libraries Program remittance contact.

Item (105) Name of Schools and Libraries Remittance Financial Institution: Schools and Libraries Program payments are made via electronic Automatic Clearing House

(ACH), and financial institution information is required to process such payments. If you do not provide this information, you will not receive payment.

Items (106 & 107) Schools and Libraries Remittance Financial Institution Account Number and Transit Number for ACH Payments: Provide the ACH financial institution account number and transit number. Please be sure that the transit number is nine digits. If you do not provide this information, you will not receive payment.

Alternative Financial and Banking Information for BEAR (Billed Entity Applicant Reimbursements)

Complete Lines 108-110, if you wish your Schools and Libraries Program payments for applicant reimbursements be paid to a separate banking account.

Check the box to utilize the same banking information as listed in lines 105-107.

Item (108) Name of Alternative Schools and Libraries Remittance Financial Institution: Schools and Libraries Program payments are made via electronic Automatic Clearing House (ACH), and financial institution information is required to process such payments. If you do not provide this information, USAC will default to the banking information listed in lines 105-107.

Items (109 & 110) Alternative Schools and Libraries Remittance Financial Institution Account Number and Transit Number for ACH Payments: Provide the ACH financial institution account number and transit number. Please be sure that the transit number is nine digits. If you do not provide this information, USAC will default to the banking information listed in lines 105-107.

Item (111) E-mail Address of Schools and Libraries Remittance Contact: Provide the e-mail address of the Schools and Libraries Program remittance contact. This e-mail address will be used for your electronic remittance statements and outreach.

N. Block 13: Company Contact for Schools and Libraries Program

Please complete this block only if your company receives support from the Schools and Libraries Program. Block 13 requires completion of the Schools and Libraries Program contact information. If the Schools and Libraries Program contact information is the same as that presented in Block 2, please check the box in Block 13 and continue onto the next block. Otherwise, please complete the contact information in Block 13. The General Contact or an Officer of the company is permitted to make revisions to the FCC Form 498, but the Officer listed in Block 16 must certify any revisions.

Items (112,113,114,115, 116, 117 & 118) Name, Title, and Address of Service Provider Schools and Libraries Program Contact: Provide the Schools and Libraries

Program contact person's name, title, mailing address, street address or route number, city, state, and zip code. Please do not use a post office box. USAC will reject any FCC Form 498 that uses a post office box. USAC will send all Schools and Libraries Program correspondence to this address. This contact should be an employee of the service provider. This contact is authorized to request additional Schools and Libraries Program information related to this SPIN.

Items (119, 120 &121) Phone, Fax, and E-Mail Address of Service Provider Schools and Libraries Program Contact: Provide the phone number, fax number, and e-mail address of the Schools and Libraries Program contact person who will receive correspondence and answer questions regarding the Schools and Libraries Program.

O. Block 14: Offsetting Disbursement Payments against Federal Universal Service Contribution Obligations

This block only relates to telecommunications carriers participating in the Schools and Libraries and Rural Health Care Programs. In accordance with section 54.515 of the Commission's rules regarding Schools and Libraries Program support, a telecommunications carrier may choose to offset the amount eligible for support under the Schools and Libraries Program against its federal universal service contribution obligation. In accordance with section 54.611 of the Commission's rules regarding Rural Health Care Program support, a telecommunications carrier **MUST** offset the amount eligible for support under the Rural Health Care Program against its federal universal service contribution obligation. A telecommunications carrier must have an FCC Form 499 Filer ID number to offset its Schools and Libraries or Rural Health Care Program disbursement payments against its federal universal service contribution obligation. To obtain an FCC Form 499 Filer ID number, visit www.usac.org/sp/tools/forms.aspx and select FCC Form 499. You do not need an FCC Form 499 Filer ID number to be issued a SPIN.

Item (122) Offset Indicator: The service provider must indicate (by checking the box or leaving it blank) whether or not it is requesting to have its Schools and Libraries Program invoice payments offset against the service provider's federal universal service contribution obligations.

P. Block 15: Principal Communications Business Types

Block 15 requires the selection of a Principal Communications Business Code.

Principal Communications Business: Mark the boxes that describe the telecommunications activity or activities of the organization. If more than one is appropriate, please label the activities in order of importance to the company's business, e.g., enter a "1" in the box for the type of entity that represents the most important part of the organization's business, enter a "2" in the box that represents the next most important part, etc. Select no more than 5 of the following categories:

Code	Description

Audio Bridging Provider	Allows end users to transmit a call (using telephone lines), to a point specified by the user (the conference bridge), without change in the form or content of the information as sent and received (voice transmission).
Coaxial Cable	Uses coaxial cable (cable TV) facilities to provide local exchange services or telecommunications services that link customers with interexchange facilities, local exchange networks, or other customers.
Non-Interconnected VoIP	Provides non-interconnected VoIP service, which is a service that (i) enables real-time voice communications that originate from or terminate to the user's location using Internet protocol or any successor protocol and (ii) requires Internet protocol compatible customer premises equipment, but (iii) is not an interconnected VoIP service.
Private Service Provider	Offers telecommunications to others for a fee on a non-common carrier basis. This would include a company that offers excess capacity on a private system that it uses primarily for internal purposes. This category does not include SMR or Satellite Service Providers.
Toll Reseller	Provides long distance telecommunications services primarily by reselling the long distance telecommunications services of other carriers.
Incumbent LEC	(Incumbent Local Exchange Carrier) Provides local exchange service. An incumbent LEC generally is a carrier that was at one time franchised as a monopoly service provider or has since been found to be an incumbent LEC. See 47 U.S.C. § 251(h).
Operator Service Provider	Serves customers needing the assistance of an operator to complete calls, or needing alternate billing arrangements, such as collect calling.
Satellite Service Provider	Provides satellite space segment or earth stations that are used for telecommunications service.
Wireless Data	Provides mobile or fixed wireless data services using wireless technology. This category includes the provision of wireless data services by resale.
CAP/CLEC	(Competitive Access Provider/Competitive Local Exchange Carrier) Competes with incumbent local exchange carriers (LECs) to provide local exchange services, or

	telecommunications services that link customers with interexchange facilities, local exchange networks, or other customers, other than Coaxial Cable providers.
Interconnected VoIP	Provides “interconnected VoIP service,” which is a service that (1) enables real-time, two-way voice communications; (2) requires a broadband connection from the user’s location; (3) requires Internet protocol compatible customer premises equipment (CPE); and (4) permits users generally to receive calls that originate on the public switched telephone network and to terminate calls to the public switched telephone network.
Paging and Messaging	Provides wireless paging or wireless messaging services. This category includes the provision of paging and messaging services by resale.
SMR (Dispatch)	Primarily provides dispatch services and mobile services other than wireless telephony. While dispatch services may include interconnection with the public switched network, this category does not include carriers that primarily offer wireless telephony. This category includes LTR dispatch or community repeater systems.
Shared-Tenant Service Provider / Building LEC	Manages or owns a multi-tenant location that provides telecommunications services or facilities to the tenants for a fee.
Cellular/PCS/SMR	(Cellular, Personal Communications Service, or Specialized Mobile Radio Service Provider) Primarily provides wireless telecommunications services (wireless telephony). This category includes all providers of real-time two-way switched voice services that interconnect with the public switched network, including providers of prepaid phones and public coast stations interconnected with the public switched network.
Interexchange Carrier	Provides long distance telecommunications services substantially through switches or circuits that it owns or leases.
Payphone Service Provider	Provides access to telephone networks through pay telephone equipment, special teleconference rooms, etc. Payphone service providers are also referred to as pay telephone aggregators.
Local Reseller	Provides local exchange or fixed telecommunications services by reselling services of other carriers.

Internet Service Provider	Provides access to the Internet.
Non-Traditional Provider (NTP)	Company that does not provide telecommunications services.

Q. Block 16: Authorized Contact Signature

Block 16 requires the signature of the Company Officer authorized to certify that the data set forth in the FCC Form 498 is true, accurate, and complete. Incomplete information or incorrect filling of this form will result in it being rejected to the company and the form will not be processed. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. secs. 220(e), 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001. In addition, Block 16 requires the date, printed name, title, and e-mail address of the Company Officer certifying the form. The e-mail address will be used for return confirmation and related correspondence only. Generic e-mail addresses are not accepted in this block. USAC will reject all forms with a generic e-mail address.

Companies may provide a General Contact in Block 2 separate from the Company Officer. This individual will be able to retrieve the FCC Form 498 information on file with USAC as well as be given access to USAC's on-line filing system. This person will also be able to input new SPIN data for Officer certification.

Incomplete information or incorrect filing of the form will result in it being rejected to the company and the form will not be processed.

Notice on e-certification: Authorized Officers and General Contacts may be granted access to the on-line FCC Form 498 system. This will allow service providers to manage their FCC Form 498 data on-line. For certification, access requirements and additional information, please visit http://www.usac.org/sp/tools/forms.aspx or contact USAC via telephone at 888-641-8722. Save time, avoid problems. File electronically at https://forms.usac.org

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Notice: The Federal Communications Commission (the Commission) has designated the Universal Service Administrative Company (USAC) as administrator of federal universal service. One of the functions of USAC is to provide a means for billing, collection, and disbursement of funds for the various federal universal service programs. In an effort to implement these requirements and obligations, the Commission has adopted this collection of information. Pursuant to the Commission's rules, 47 C.F.R. §§ 54.202, 54.301, 54.303, 54.307, 54.309, 54.311, 54.407, 54.422, 54.515, 54.611, 54.702, 54.802, and
54.902, USAC must obtain information relating to service provider name and address, telephone number, Federal EIN, contact names and telephone numbers, billing, collection, and disbursement information. Each service provider receiving federal universal service

support from the High-Cost, Low-Income, Rural Health Care, or Schools and Libraries programs, should complete the FCC Form 498. USAC will use this information in administering the billing, collection, and disbursement operations of federal universal service.

Reminder: You are not required to respond to a collection of information sponsored by the federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0824.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide for federal universal service billing, collection, and disbursement purposes. If we believe there may be a violation or potential violation of a state or federal statute, or of a Commission regulation, rule, or order, your form may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, a court, or other governmental or adjudicative bodies when (a) the Commission; or (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, the Commission regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the federal government, the information you provide also may be disclosed to the Department of the Treasury Financial Management Service, other federal agencies, and/or your employer to offset your salary, IRS tax refund, or other payments to collect that debt. The Commission also may provide this information to these agencies through the matching of computer records where authorized.

If you do not provide the information we request on the form, the Commission may delay processing you application, or may return your application without action.

This Notice is required by the Paperwork Reduction Act of 1995, P.L. 104-13, 44 U.S.C. Section 3501 et seq. We have estimated that each response to this collection of information will take, on average, 1.5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0824). We also will accept your comments via Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

Appendix A:

SPIN Merger/Consolidation Requirements.

To successfully process a Merger/Consolidation request, USAC requires the following information:

- ✓ Copies of sale, acquisition or merger documentation indicating the date of sale, clearly demonstrating the surviving organization's unfettered right to all SPIN data and activity.
- ✓ Only the first and last page (signature page) of the FCC Form 498 is required for SPINS that will be impacted by a merger/consolidation request.
- ✓ A complete FCC Form 498 for the SPIN that will be the replacement/surviving SPIN.
- ✓ A federal W-9 form indicating the Federal EIN (or Tax ID number).
- ✓ Updated FCC Form 499 Filer ID information (where applicable).

SPIN Deactivation Requirements.

To successfully process a SPIN Deactivation, USAC requires the following information:

- ✓ A brief cover letter explaining the deactivation, and any supporting documents.
- ✓ Only the first and last page (signature page) of the FCC Form 498 is for a SPIN being deactivated.
- ✓ Updated FCC Form 499 Filer ID information (where applicable).