

Lifeline Program SAC Request & Update

Date: Please complete all that apply*:

	Designation Type*:	Lifeline Only	High Cost and Lifeline
Service Provider Type*:	CETC	LBP	Operating State*:
SPIN/498 ID:			499 ID:

CARRIER INFORMATION

Carrier Name*:

DBA Name:
(if applicable)

Carrier Address*:

Docket Number*:

Service Provider Effective Date*:

Designation Granted*:	FCC	State	Both	Facilities Based*:	Yes	No
Technology Type*:	Fixed Voice		Mobile Voice	Tribal Lands*:	Yes	No
	Fixed BIAS		Mobile BIAS	Prepaid*:	Yes	No

HOLDING COMPANY INFORMATION

Holding Company*:

Company Officer Name*:

Company Contact*:

Contact Title*:

Contact Address*:

Contact Phone No.*:

Contact Email Address*:

REQUESTOR INFORMATION

Name*:

Company*:

Phone No.*:

Email Address*:

*Indicates required field provided by the Carrier

Submit this completed form to HCOOrders@usac.org. In addition, you must include the following as an attachment: Designation Order, Postal Zip Code/Census Block where Lifeline BIAS service will be offered, Lifeline-supported terms and conditions, Compliance Plan, and Forbearance Documentation, if applicable.

Please be advised, if you do not have a 498 ID prior to filling out this form, you will need to provide the 498 ID when you receive it. If you do not provide the 498 ID upon receipt, it could delay disbursement.