Field Name	Field Description	Data Description	Required Status	Conditional Requirements	Type	Length	Format	Default Value
applicationId	Application ID	The subscriber's application ID from National Verifier.	Optional		Alphanumeric	12	XXXXXX-XXXXX	
transactionType	Transaction Type	There are a number of transactions you can perform with NLAD. Every transaction must have its type declared in this field. For batch transactions, each row of the batch file is a single transaction, meaning each row must have the transaction type entered.	Required		Alphabetic			
		verify - Used to verify an ACP eligible subscriber.						
		enroll - Used to enroll an ACP eligible subscriber.						
		deEnrollDeceased - Used to de-enroll an ACP subscriber who is deceased.						
		deEnrollLeaving - Used to de-enroll an ACP who is opting out of the program, or is no longer eligible for benefits.						
		deEnrollNonUsage - Used to de-enroll an ACP who has not used their benefits for 30 days.						
		transfer - Used to transfer an ACP from another provider.						
		update - Used to update an ACP record.						
updateInd	Update Indicator	Field that indicates if the user intends to perform the Update request without being required to input all of the subscriber's PII. 1 = First Name, Date of Birth, Last 4 Digits of SSN, Tribal ID, and BQP information are not required and cannot be provided. Primary address fields are optional.	Optional		Numeric	1		

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		0 or null = All PII fields must be provided.						
transactionEffectiveDate	Transaction Effective Date	The transaction effective date is the date the transaction is effective with the provider. For example, if you sign up a subscriber on 12/10/2021, but submit the enroll transaction for that subscriber on 12/11/2021, the transaction effective date is 12/10/2021, which is what should be entered in this field.	Required		Date		mm/dd/yyyy	
sac	Study Area Code	This is the 6-digit number associated with the provider providing the ACP benefit to the subscriber. Every transaction must include the appropriate SAC number for that subscriber.	Required		Numeric	6	xxxxxx	
lastName	Last Name	Full, last name of subscriber. Minimum of two alphabetic characters. Accepts the SPACE character, and these special characters: Name / Character Apostrophe / ' Accent Grave / ` Dash / -	Required		Alphabetic	50		
firstName	First Name	First name of subscriber. Accepts the SPACE character, and these special characters: Name / Character Apostrophe / ' Accent Grave / ` Dash / -	Required on Enroll, Verify, Transfer, and De-Enroll Transactions. Conditional on Update transactions.	When updateInd = 1, then firstName cannot be provided on Update transactions.	Alphabetic	50		
middleName	Middle Name	Middle name of subscriber. Accepts the SPACE character, and these special characters: Name / Character Apostrophe / ' Accent Grave / ` Dash / -	Optional		Alphabetic	50		

		Period	.					
phoneNumber	Telephone Number	Telephone number associated with the monthly service of the ACP subscriber. This can be the new number you are assigning to the subscriber. This field is only intended to be populated if the service for which the service provider claims the monthly benefit is associated with the phone number provided. For example, if the service provider claims reimbursement for home internet service, the provider should use the consumer email address or contact phone number fields. No two subscribers can have the same phone number.	Conditional	Either phone number, consumer email, or contact phone number must be provided.	Numeric	10	xxxxxxxxxx	
phoneNumberInEbbp	Phone Number in EBBP	Subscriber's current phone number in NLAD, associated with their ACP or EBB Program benefit. This field is conditional when de-enrolling a subscriber.	Conditional	Phone number or subscriber ID must be provided on de-enroll and update transactions	Numeric	10	xxxxxxxxxx	
last4ssn	Last Four Digits of Social Security Number	Last four digits of the subscriber's social security number. If the subscriber does not have an SSN4, please enter "0000" into this field.	Conditional	last4ssn or tribalId must be provided when application ID is not provided. If application ID is provided for enrollment, last4snn must not be provided. When updateInd = 1, then last4ssn cannot be provided on Update transactions.	Numeric	4	xxxx	
tribalId	Tribal Identification Number	The Tribal identification number, or Tribal enrollment number of the subscriber. Providers that have collected partial Tribal IDs may submit them so long as they have at least two characters. This field accepts some special characters, including (but not limited to) the dash character (-). If the subscriber does not have a Tribal ID or an SSN4, enter "0000" in the last4ssn field.	Conditional	last4ssn or tribalId must be provided when application ID is not provided. If application ID is provided for enrollment, tribalId must not be provided. When updateInd = 1, then tribalId cannot be provided on Update transactions.	Alphanumeric	20		
dob	Date of Birth	Subscriber's date of birth.	Required on Enroll, Verify, Transfer, and	When updateInd = 1, then dob cannot be provided on Update transactions.	Date		mm/dd/yyyy	

| | | | De-Enroll Transactions.

Conditional on Update transactions. | | | | | |
|---|---|---|---|---|---|---|---|---|
| serviceType | Service Type | The service provided to the subscriber that meets the minimum service requirements, if applicable.
Available values:
DSL, Cable, Fiber, FixedWireless, Satellite, MobileBroadband | Required | | Alphabetic | 21 | | |
| primaryAddress1 | Street Address | Subscriber's street address. | Conditional | primaryAddress1 must be provided when applicationId is not provided. If application ID is provided for enrollment, primaryAddress1 must not be provided.

If updateInd = 0 or null or is not included, then primaryAddress1 must be provided. | Alphanumeric | 50 | | |
| primaryAddress2 | Secondary Address | Subscriber's secondary address. | Conditional | primaryAddress2 is optional when applicationId is not provided. If application ID is provided for enrollment, primaryAddress2 must not be provided.

If updateInd = 0 or null or is not included, then primaryAddress2 is optional transactions. | Alphanumeric | 50 | | |
| primaryCity | City | Subscriber's city of residence. | Conditional | primaryCity must be provided when applicationId is not provided. If application ID is provided for enrollment, primaryCity must not be provided. | Alphabetic | 50 | | |

				If updateInd = 0 or null or is not included, then primaryCity must be provided.			
primaryState	State	Subscriber's state of residence.	Conditional	primaryState must be provided when applicationId is not provided. If application ID is provided for enrollment, primaryState must not be provided. If updateInd = 0 or null or is not included, then primaryState must be provided.	Alphabetic	2	
primaryZipCode	ZIP	Subscriber's ZIP code of residence. Accepts a dash character (-).	Conditional	primaryZipCode must be provided when applicationId is not provided. If application ID is provided for enrollment, primaryZipCode must not be provided. If updateInd = 0 or null or is not included, then primaryZipCode must be provided.	Numeric	10	xxxxx or xxxxx-xxxx
primaryUrbanizationCode	Urbanization Code	This field is used only for Puerto Rico addresses that have an urbanization code.	Conditional	primaryUrbanizationCode is optional when applicationId is not provided. If application ID is provided for enrollment, primaryUrbanizationCode must not be provided. If updateInd = 0 or null or is not included, then primaryUrbanizationCode is optional	Alphabetic	50	
mailingAddress1	Mailing Street Address	Subscriber's mailing street address.	Optional		Alphanumeric	50	
mailingAddress2	Mailing Secondary Address	Subscriber's secondary mailing address.	Optional		Alphanumeric	50	

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mailingCity	Mailing City	Subscriber's mailing city.	Optional		Alphabetic	50	
mailingState	Mailing State	Subscriber's mailing state.	Optional		Alphabetic	2	
mailingZipCode	Mailing ZIP	Subscriber's mailing ZIP code. Accepts a dash character (-).	Optional		Numeric	10	xxxxx or xxxxx-xxxx
mailingUrbanizationCode	Mailing Urbanization Code	This field is used only for Puerto Rico addresses that have an urbanization code.	Optional		Alphabetic	50	
serviceInitializationDate	Service Initiation Date	Date that the service provider determined that the subscriber was eligible for ACP or EBB Program service.	Required		Date		mm/dd/yyyy
bqpLastName	BQP Last Name	Last name of the benefit-qualifying person (BQP).	Conditional	bqpLastName is optional when applicationId is not provided. If application ID is provided for enrollment, bqpLastName must not be provided. Required if any BQP field is provided. When updateInd = 1, then bqpLastName cannot be provided on Update transactions.	Alphabetic	50	
bqpFirstName	BQP First Name	First name of the BQP.	Conditional	bqpFirstName is optional when applicationId is not provided. If application ID is provided for enrollment, bqpFirstName must not be provided. Required if any BQP field is provided. When updateInd = 1, then bqpFirstName cannot be provided on Update transactions.	Alphabetic	50	
bqpMiddleName	BQP Middle Name	Middle name of the BQP.	Conditional	bqpMiddleName is optional when applicationId is not provided. If application ID	Alphabetic	50	

				is provided for enrollment, bqpMiddleName must not be provided. When updateInd = 1, then bqpMiddleName cannot be provided on Update transactions.			
bqpDob	BQP Date of Birth	Date of birth of the BQP.	Conditional	bqpDob is optional when applicationId is not provided. If application ID is provided for enrollment, bqpDob must not be provided. Required if any BQP field is provided. When updateInd = 1, then bqpDob cannot be provided on Update transactions.	Date		mm/dd/yyyy
bqpLast4ssn	BQP Last Four Digits of Social Security Number	Last four digits of the BQP's social security number. If the BQP does not have a Tribal ID or an SSN4, enter "0000" in the last4ssn field.	Conditional	bqpLast4ssn is optional when applicationId is not provided. If application ID is provided for enrollment, bqpLast4ssn must not be provided. Required if any BQP field is provided. BQP last4ssn or tribalId must be provided. When updateInd = 1, then bqpLast4ssn cannot be provided on Update transactions.	Numeric	4	xxxx
bqpTribalId	BQP Tribal Identification Number	Tribal identification number of the BQP. If the BQP does not have a Tribal ID or an SSN4, enter "0000" in the last4ssn field.	Conditional	bqpTribalId is optional when applicationId is not provided. If application ID is provided for enrollment, bqpTribalId must not be provided.	Alphanumeric	20	

				Required if any BQP field is provided. BQP last4ssn or tribalId must be provided. When updateInd = 1, then bqpTribalId cannot be provided on Update transactions.				
ebbpTribalBenefitFlag	EBBP Tribal Benefit Flag	Providers may use this flag to claim Tribal support for a qualified subscriber to whom the provider is offering service on Tribal lands.	Required		Bit	1	0 = no / 1 = yes	default = 0
etcGeneralUse	ETC General Use	This field is for general provider use. A provider may populate this field with any value, and it will be returned along with transaction error messages. For example, a provider could enter a unique identifier in this field that will allow them to automate the process of looking up a subscriber in their own database when a transaction fails. This field accepts alphanumeric characters, the SPACE character, and these special characters:<table><tr><td>Name</td><td>Character</td></tr><tr><td>Dash</td><td>-</td></tr><tr><td>Underscore</td><td>_</td></tr><tr><td>Colon</td><td>:</td></tr><tr><td>Pound</td><td>#</td></tr><tr><td>At Sign</td><td>@</td></tr><tr><td>Period</td><td>.</td></tr></table>	Optional		Alphanumeric	50		
includeSubscriberId	Include Subscriber ID	This field is an optional field to be included on Enroll transactions and Benefit Transfer transactions if the provider wants the subscriber ID to be returned on a successful transaction.	Optional		Bit	1	0 = no/ 1 = yes	default = 0
repId	Representative ID	Representative ID is the identifying ID of individual provider representative linked to a subscriber transaction. A Representative ID is optional on all subscriber related transactions being performed by a provider representative.	Conditional	A Representative ID must be provided if the repNotAssisted indicator is not used.	Alphanumeric	9		

repNotAssisted	Representative not assisted value	Providers may use this field to describe the reason why a Rep ID is not required for the transaction.	Conditional	The repNotAssisted indicator must be "1" if a Representative ID is not provided.	Numeric	1	0 = Rep Assisted/1 = No Rep Assisted	
deviceReimbursementDate	One-time Device Reimbursement Date	The date when a device was delivered to household for purposes of requesting the one-time device reimbursement. A device reimbursement date must be provided in order to claim the device benefit.	Optional		Date		mm/dd/yyyy	
deviceType	One-time device type	The type of device that was provided to the subscriber. Available values: laptop, desktop computer, tablet Not case sensitive.	Conditional	Required if deviceReimbursementDate is provided	Alphabetic	50		
deviceMake	One-time device make	The make of the device that was provided to the subscriber. This field accepts alphanumeric characters, the SPACE character, and these special characters: 	Name	Character
---	---
Dash	-
Apostrophe	'
Underscore	_
Pound	#
Colon	:
Semicolon	;
At Sign	@
Ampersand	&
Exclamation	!
Parenthesis	( )
Period	.		Conditional	Required if deviceReimbursementDate is provided	Alphanumeric	50		

| consumerFee | Consumer Fee | When the consumerFee = 1, it indicates that the subscriber was charged a fee for monthly service. | Required | | Bit | 1 | 1 = yes / 0 = no |
modelNumber	Model Number	A unique number given to each product made by computer hardware. This field accepts alphanumeric characters, the SPACE character, and these special characters: 	Name	Character
Dash	-
Apostrophe	'
Underscore	_
Pound	#
Colon	:
Semicolon	;
At Sign	@
Ampersand	&
Exclamation	!
Parenthesis	( )
Period	.		Conditional	Required when is Device Reimbursement Date is provided.	Alphanumeric	50	
deviceCopay	Device Co-pay	The amount paid by the subscriber for the device. This field accepts both whole numbers and numbers with up to two decimals. The amount must be greater than $10 and less than $50.	Conditional	Required when is Device Reimbursement Date is provided.	Alphanumeric	5	xx.xx
deviceDeliveryMethod	Device Delivery Method	The method in which the device was provided to the subscriber. Must be one of the following (not case sensitive): • Shipped • In store • Installed by provider	Conditional	Required when is Device Reimbursement Date is provided.	Alphanumeric	30	

Field	Label	Description	Obligation	Condition	Type	Length	Format	Default
deviceModel	Device Model	The model of the device that was provided to the subscriber. This field accepts alphanumeric characters, the SPACE character, and these special characters:	Conditional	Required when is Device Reimbursement Date is provided.	Alphanumeric	50		

Name	Character
Dash	-
Apostrophe	'
Underscore	_
Pound	#
Colon	:
Semicolon	;
At Sign	@
Ampersand	&
Exclamation	!
Parenthesis	( )
Period	.

Field	Label	Description	Obligation	Condition	Type	Length	Format	Default
marketValue	Market Value	The market value of the device provided to the subscriber. This field accepts both whole numbers and numbers with up to two decimals.	Conditional	Required when is Device Reimbursement Date is provided.	Alphanumeric	8	xx.xx	
expectedRateDevice	One-time Device Reimbursement Rate	The expected rate for the one-time device reimbursement. This field accepts numbers and one period (.) once.	Optional		Alphanumeric	5	x.xx	default =0.00
avpPgrmException	Alternative Verification Process Exception	This flag indicates that the service provider has been approved by the FCC to use an alternative verification process to verify eligibility for the ACP.	Optional		Bit	1	1 = yes / 0 = no	default = 0
schoolLunchException	School Lunch Exception	This flag indicates that the provider is using an alternative verification process where it is relying on information provided by a	Optional		Bit	1	1 = yes / 0 = no	default = 0

		school to qualify a subscriber for the ACP due to participation in the free and reduced price school lunch program or school breakfast program in the 2019-2020 or 2020-2021 or 2021-2022 school year.					
schoolLunchCert	School Lunch Exception Certification	This flag indicates that the service provider agrees to the required certification when using the schoolLunchException. If "1" is used in this field, as is required when the school lunch exception flag is used, the service provider is indicating that they **certify** to the following statement: ***"I certify that if the consumer's household is being enrolled using the alternative verification process for households that receive a free/reduced price school breakfast or lunch, I have relied on information provided by a school for eligibility verification and that my company retains documentation indicating: the school providing the information; the program(s) that the school participates in; the household that qualifies (and qualifying student(s)); and, the program(s) the household participates in."***	Conditional	Required if schoolLunchException = 1	Bit	1	1 = yes / 0 = no
schoolName	School Name	The name of the school where the consumer is approved for school lunch/breakfast or received Pell Grant award.	Conditional	Required if schoolLunchException = 1 or if avpPgrmException =1 and eligibilityCode = E50 or E51	Alphanumeric	50	
consumerEmail	Consumer Email	The email address of the consumer.	Conditional	Consumer email must be provided if phone number is not provided.	Alphanumeric	50	
contactPhoneNumber	Contact Phone Number	The contact phone number of the subscriber.	Conditional	Required when the Consumer Email and Telephone Number are not provided.	Numeric	10	xxxxxxxxxx
amsFailureException	Ams Failure Exception	This flag indicates that the service provider has verified the accuracy of the subscriber's address in the event of an AMS failure.	Optional		Bit	1	1 = yes / 0 = no	default = 0

		This option should only be used for subscribers who are qualifying for the ACP or the EBB Program as an existing Lifeline subscriber or through an FCC-approved alternative verification process. This option is unavailable for new subscribers who are confirming eligibility via the National Verifier.						
latitude	Latitude	Latitude of the subscriber's address. Allow only one period (.) once. Allow only one dash (-) and only in the beginning. Latitude must have a minimum 5 digits to the right of decimal. Latitude must have a maximum of 13 digits to the right of decimal. Latitude range to the left of the decimal must be between -15 & 90, inclusive.	Conditional	Required if amsFailureException = 1 and ebbpTribalBenefitFlag = 1	Alphanumeric	17	xx.xxxxx	
longitude	Longitude	Longitude of the subscriber's address. Allow only one period (.) once. Allow only one dash (-) and only in the beginning. Longitude must have a minimum of 5 digits to the right of decimal. Longitude must have a maximum of 13 digits to the right of decimal. Longitude range to the left of the decimal must be between -180 & 180, inclusive.	Conditional	Required if amsFailureException = 1 and ebbpTribalBenefitFlag = 1	Alphanumeric	18	xx.xxxxx	
dupAddressException	Dup Address Exception	This flag indicates that the service provider has confirmed that the subscriber is the only member of their household to receive the ACP or the EBB Program. This option should only be used for subscribers who are qualifying through an FCC-approved alternative verification process. This option is unavailable for existing Lifeline subscribers or ACP/EBB Program applicants who are confirming eligibility via the National Verifier.	Optional		Bit	1	1 = yes / 0 = no	default = 0

| eligibilityCode | Eligibility Program Code | The program code under which the subscriber is eligible for ACP. Acceptable values are:
E1 – Medicaid
E2 – Supplemental Nutrition Assistance Program (SNAP)
E3 – Supplemental Security
E4 – Federal Public Housing Assistance
E8 – Bureau of Indian Affairs General Assistance
E9 – Tribal Temporary Assistance for Needy Families (Tribal TANF)
E10 – Food Distribution Program on Indian Reservations (FDPIR)
E11 – Head Start
E13 – Eligibility Based on Income
E15 – Veterans Pension or Survivors Pension
E50 – School Lunch/Breakfast Program
E51 – Federal Pell Grant
E53 – Existing low income program
E54 – Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | Conditional | Required if avpPgrmException = 1. | Alphanumeric | 3 | | |
| expectedRate | Expected Rate | The expected rate for the subscriber reimbursement.

This field accepts numbers and one period (.) once. | Optional | | Bit | 5 | x.xx | default =0.00 |

subscriberId	Subscriber ID	This field is an automatically generated unique identification value for each subscriber in the ACP or EBB Program.	Conditional	Phone number or subscriber ID must be provided on de-enroll and update transactions	Alphanumeric	9	xxxxxxxx	
acpCertInd	ACP Certification Indicator	This flag indicates that the service provider agrees to all required certifications to enroll a subscriber in the ACP Program. If "1" if used in this field, as is required for all transactions, the service provider is indicating that they consent to the following statement: "I understand the provider's obligations under the FCC's rules and orders to ensure that the consumer was presented with clear disclosures regarding the Affordable Connectivity Program (ACP) benefit and regarding their choices within ACP, and that the household provided affirmative consent to applying their ACP benefit to the service for which they are being enrolled."	Required	acpCertInd must = 1 if performing a Verify or Enroll transactions. It must also = 1 if transferring or updating an ACP subscriber. acpCertInd is not required on De-enroll or Update transactions.	Bit	1	1 = yes / 0 = no	default = 0
transferException	Transfer Exception	When a valid transfer exception code has been provided, then the subscriber can transfer to another provider before the expiration of the transfer limit. The list of acceptable transfer exceptions is as follows: <table><tr><th>Code</th><th>Reason</th></tr><tr><td>TE1</td><td>Improper transfer</td></tr><tr><td>TE2</td><td>Operations Ceased</td></tr><tr><td>TE4</td><td>Moved outside service area</td></tr></table>	Optional		Alphanumeric	3		
consentDateTime	Consent Date Time	The consent date time must be provided on all Enroll, Verify, and Transfer requests. This represents the date and time the consumer's consent was received.	Required		Timestamp	19	yyyy-mm-dd hh:mm:ss	

consentTimeZoneId	Consent Time Zone ID	Required on all Enroll, Verify, and Transfer requests. This represents the time zone the provider captured consent in.	Required		Number	3		
		<table><tr><th>Time Zone ID</th><th>Time Zone Description</th></tr><tr><td>2</td><td>Samoa</td></tr><tr><td>3</td><td>Hawaii</td></tr><tr><td>4</td><td>Alaska</td></tr><tr><td>5</td><td>Pacific Time</td></tr><tr><td>6</td><td>Arizona</td></tr><tr><td>8</td><td>Mountain Time</td></tr><tr><td>10</td><td>Central Time</td></tr><tr><td>14</td><td>Eastern Time</td></tr><tr><td>15</td><td>Indiana (East)</td></tr><tr><td>16</td><td>Atlantic Time</td></tr><tr><td>69</td><td>Guam, Port Moresby</td></tr><tr><td>87</td><td>UTC</td></tr><tr><td>112</td><td>American Samoa, Midway</td></tr></table>						