

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	<p>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.</p> <p>verify - Used to verify an ACP eligible subscriber.</p> <p>enroll - Used to enroll an ACP eligible subscriber.</p> <p>deEnrollDeceased - Used to de-enroll an ACP subscriber who is deceased.</p> <p>deEnrollLeaving - Used to de-enroll an ACP who is opting out of the program, or is no longer eligible for benefits.</p> <p>deEnrollNonUsage - Used to de-enroll an ACP who has not used their benefits for 30 days.</p> <p>transfer - Used to transfer an ACP from another provider.</p> <p>update - Used to update an ACP record.</p>	Required		Alphabetic			
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.	Optional		Numeric	1		

		<p>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.</p> <p>0 or null = All PII fields must be provided.</p>														
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	<p>Full, last name of subscriber. Minimum of two alphabetic characters.</p> <p>Accepts the SPACE character, and these special characters:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Character</th> </tr> </thead> <tbody> <tr> <td>Apostrophe</td> <td>'</td> </tr> <tr> <td>Accent Grave</td> <td>`</td> </tr> <tr> <td>Dash</td> <td>-</td> </tr> </tbody> </table>	Name	Character	Apostrophe	'	Accent Grave	`	Dash	-	Required		Alphabetic	50		
Name	Character															
Apostrophe	'															
Accent Grave	`															
Dash	-															
firstName	First Name	<p>First name of subscriber.</p> <p>Accepts the SPACE character, and these special characters:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Character</th> </tr> </thead> <tbody> <tr> <td>Apostrophe</td> <td>'</td> </tr> <tr> <td>Accent Grave</td> <td>`</td> </tr> </tbody> </table>	Name	Character	Apostrophe	'	Accent Grave	`	Required on Enroll, Verify, Transfer, and De-Enroll Transactions.	When updateInd = 1, then firstName cannot be provided on Update transactions.	Alphabetic	50				
Name	Character															
Apostrophe	'															
Accent Grave	`															

		Dash	-	Conditional on Update transactions.				
middleName	Middle Name	Middle name of subscriber.		Optional		Alphabetic	50	
		Accepts the SPACE character, and these special characters:						
		Name	Character					
		Apostrophe	'					
		Accent Grave	`					
		Dash	-					
		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.		Conditional	Either phone number, consumer email, or contact phone number must be provided.	Numeric	10	xxxxxxxxxx
		No two subscribers can have the same phone number.						
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.	Numeric	4	xxxx

				When updateInd = 1, then last4ssn cannot be provided on Update transactions.				
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 De-Enroll Transactions. Conditional on Update transactions.	When updateInd = 1, then dob cannot be provided on Update transactions.	Date		mm/dd/yyyy	
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.	Alphanumeric	50		

				If updateInd = 0 or null or is not included, then primaryAddress1 must be provided.				
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. If updateInd = 0 or null or is not included, then primaryCity must be provided.	Alphabetic	50		
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,	Numeric	10	xxxxx or xxxxx-xxxx	

				primaryZipCode must not be provided. If updateInd = 0 or null or is not included, then primaryZipCode must be provided.				
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		
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.	Alphabetic	50		

				<p>Required if any BQP field is provided.</p> <p>When updateInd = 1, then bqpLastName cannot be provided on Update transactions.</p>				
bqpFirstName	BQP First Name	First name of the BQP.	Conditional	<p>bqpFirstName is optional when applicationId is not provided. If application ID is provided for enrollment, bqpFirstName must not be provided.</p> <p>Required if any BQP field is provided.</p> <p>When updateInd = 1, then bqpFirstName cannot be provided on Update transactions.</p>	Alphabetic	50		
bqpMiddleName	BQP Middle Name	Middle name of the BQP.	Conditional	<p>bqpMiddleName is optional when applicationId is not provided. If application ID is provided for enrollment, bqpMiddleName must not be provided.</p> <p>When updateInd = 1, then bqpMiddleName cannot be provided on Update transactions.</p>	Alphabetic	50		
bqpDob	BQP Date of Birth	Date of birth of the BQP.	Conditional	<p>bqpDob is optional when applicationId is not provided. If application ID is provided for enrollment, bqpDob must not be provided.</p>	Date		mm/dd/yyyy	

				<p>Required if any BQP field is provided.</p> <p>When updateInd = 1, then bqpDob cannot be provided on Update transactions.</p>				
bqpLast4ssn	BQP Last Four Digits of Social Security Number	<p>Last four digits of the BQP's social security number.</p> <p>If the BQP does not have a Tribal ID or an SSN4, enter "0000" in the last4ssn field.</p>	Conditional	<p>bqpLast4ssn is optional when applicationId is not provided. If application ID is provided for enrollment, bqpLast4ssn must not be provided.</p> <p>Required if any BQP field is provided. BQP last4ssn or tribalId must be provided.</p> <p>When updateInd = 1, then bqpLast4ssn cannot be provided on Update transactions.</p>	Numeric	4	xxxx	
bqpTribalId	BQP Tribal Identification Number	<p>Tribal identification number of the BQP.</p> <p>If the BQP does not have a Tribal ID or an SSN4, enter "0000" in the last4ssn field.</p>	Conditional	<p>bqpTribalId is optional when applicationId is not provided. If application ID is provided for enrollment, bqpTribalId must not be provided.</p> <p>Required if any BQP field is provided. BQP last4ssn or tribalId must be provided.</p> <p>When updateInd = 1, then bqpTribalId cannot be provided on Update transactions.</p>	Alphanumeric	20		
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	Optional		Alphanumeric	50		

		<p>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.</p> <p>This field accepts alphanumeric characters, the SPACE character, and these special characters:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Character</th> </tr> </thead> <tbody> <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> </tbody> </table>	Name	Character	Dash	-	Underscore	_	Colon	:	Pound	#	At Sign	@	Period	.						
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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: <table border="1" data-bbox="583 764 892 1474"> <thead> <tr> <th>Name</th> <th>Character</th> </tr> </thead> <tbody> <tr> <td>Dash</td> <td>-</td> </tr> <tr> <td>Apostrophe</td> <td>'</td> </tr> <tr> <td>Underscore</td> <td>_</td> </tr> <tr> <td>Pound</td> <td>#</td> </tr> <tr> <td>Colon</td> <td>:</td> </tr> <tr> <td>Semicolon</td> <td>;</td> </tr> <tr> <td>At Sign</td> <td>@</td> </tr> <tr> <td>Ampersand</td> <td>&</td> </tr> <tr> <td>Exclamation</td> <td>!</td> </tr> <tr> <td>Parenthesis</td> <td>()</td> </tr> <tr> <td>Period</td> <td>.</td> </tr> </tbody> </table>	Name	Character	Dash	-	Apostrophe	'	Underscore	_	Pound	#	Colon	:	Semicolon	;	At Sign	@	Ampersand	&	Exclamation	!	Parenthesis	()	Period	.	Conditional	Required if deviceReimbursementDate is provided	Alphanumeric	50		
Name	Character																															
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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:	Conditional	Required when is Device Reimbursement Date is provided.	Alphanumeric	50																												
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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):	Conditional	Required when is Device Reimbursement Date is provided.	Alphanumeric	30																												

deviceModel	Device Model	<ul style="list-style-type: none"> • Shipped • In store • Installed by provider <p>The model of the device that was provided to the subscriber. This field accepts alphanumeric characters, the SPACE character, and these special characters:</p> <table border="1" data-bbox="590 464 890 1170"> <thead> <tr> <th>Name</th> <th>Character</th> </tr> </thead> <tbody> <tr> <td>Dash</td> <td>-</td> </tr> <tr> <td>Apostrophe</td> <td>'</td> </tr> <tr> <td>Underscore</td> <td>_</td> </tr> <tr> <td>Pound</td> <td>#</td> </tr> <tr> <td>Colon</td> <td>:</td> </tr> <tr> <td>Semicolon</td> <td>;</td> </tr> <tr> <td>At Sign</td> <td>@</td> </tr> <tr> <td>Ampersand</td> <td>&</td> </tr> <tr> <td>Exclamation</td> <td>!</td> </tr> <tr> <td>Parenthesis</td> <td>()</td> </tr> <tr> <td>Period</td> <td>.</td> </tr> </tbody> </table>	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		
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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	<p>The expected rate for the one-time device reimbursement.</p> <p>This field accepts numbers and one period (.) once.</p>	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 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.	Optional		Bit	1	1 = yes / 0 = no	default = 0
schoolLunchCert	School Lunch Exception Certification	<p>This flag indicates that the service provider agrees to the required certification when using the schoolLunchException.</p> <p>If "1" is used in this field, as required when the school lunch exception flag is used, the service provider is indicating that they certify to the following statement:</p> <p><i>"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;</i></p>	Conditional	Required if schoolLunchException = 1	Bit	1	1 = yes / 0 = no	

		<i>the household that qualifies (and qualifying student(s)); and, the program(s) the household participates in."</i>						
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	xxxxxxxx	
amsFailureException	Ams Failure Exception	<p>This flag indicates that the service provider has verified the accuracy of the subscriber's address in the event of an AMS failure.</p> <p>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.</p>	Optional		Bit	1	1 = yes / 0 = no	default = 0
latitude	Latitude	<p>Latitude of the subscriber's address.</p> <p>Allow only one period (.) once.</p> <p>Allow only one dash (-) and only in the beginning.</p> <p>Latitude must have a minimum 5 digits to the right of decimal.</p> <p>Latitude must have a maximum of 13 digits to the right of decimal.</p>	Conditional	Required if amsFailureException = 1 and ebbpTribalBenefitFlag = 1	Alphanumeric	17	xx.xxxxx	

		Latitude range to the left of the decimal must be between -15 & 90, inclusive.						
longitude	Longitude	<p>Longitude of the subscriber's address.</p> <p>Allow only one period (.) once.</p> <p>Allow only one dash (-) and only in the beginning.</p> <p>Longitude must have a minimum of 5 digits to the right of decimal.</p> <p>Longitude must have a maximum of 13 digits to the right of decimal.</p> <p>Longitude range to the left of the decimal must be between -180 & 180, inclusive.</p>	Conditional	Required if amsFailureException = 1 and ebbpTribalBenefitFlag = 1	Alphanumeric	18	xx.xxxxx	
dupAddressException	Dup Address Exception	<p>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.</p> <p>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.</p>	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 Assistance 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	Available for Public Use	
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

Field Name	Description	Requirement	Notes	Data Type	Length	Default Value	Other Values						
subscriberId	Subscriber ID	Conditional	This field is an automatically generated unique identification value for each subscriber in the ACP or EBB Program.	Alphanumeric	9	xxxxxxx							
acpCertInd	ACP Certification Indicator	Required	<p>This flag indicates that the service provider agrees to all required certifications to enroll a subscriber in the ACP Program.</p> <p>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."</p>	Bit	1	1 = yes / 0 = no	default = 0						
transferException	Transfer Exception	Optional	<p>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:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Reason</th> </tr> </thead> <tbody> <tr> <td>TE1</td> <td>Improper transfer</td> </tr> <tr> <td>TE2</td> <td>Operations Ceased</td> </tr> </tbody> </table>	Code	Reason	TE1	Improper transfer	TE2	Operations Ceased	Alphanumeric	3		
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		TE3	Rules Violation						
		TE4	Moved outside service area						