



**Emergency Broadband Benefit Program
Service Provider Election Form**

All broadband providers (both eligible telecommunications carriers (ETCs) and non-ETCs) that wish to participate in the Emergency Broadband Benefit (EBB) Program must file an election notice with USAC. Providers should email this completed form and the following documents to EBBElection@usac.org.

- 1. FCC approval of your company’s participation in the EBB Program** (required for non-ETCs and ETCs that wish to participate in states outside their ETC designation)
- 2. ETC designation(s)** (required for ETCs)
- 3. Service plan details** on offerings for which the provider plans to seek EBB reimbursement (see Section D for more details)
- 4. Evidence that the provider had the same service offerings available on December 1, 2020** (see Section D for more details)

If your election is missing required information or [documentation](#), processing may be delayed. All fields on this form are required, unless noted as “if applicable.” The “if applicable” fields are required for providers that are able to submit the information. Certain sections only apply to certain types of providers.

Section A: Service Provider Information

Provider Type	ETC <input type="checkbox"/> ETC with non-ETC affiliates <input type="checkbox"/> Non-ETC <input type="checkbox"/>
Provider Name	
DBA Name (if applicable)	
Provider Address	
FCC Registration Number (FRN)	
DUNS Number	
DUNS +4 (if applicable)	
EIN (Federal Tax ID Number)	
FCC approval number, if applicable (e.g. EBBxxxxxxx)	
Service Provider ID Number (SPIN) (if applicable, ETCs only)	
Business Type	
Holding Company (if applicable)	
Provider Officer Name	
Provider Officer Phone Number	
Provider Officer Email Address	
Provider Contact	
Contact Address	
Contact Phone Number	
Contact Email Address	
Preparer Name (if different from Provider Officer)	
Preparer Company (if different from Provider Officer)	



Preparer Phone Number (if different from Provider Officer)	
Preparer Email Address (if different from Provider Officer)	
Consumer Website URL	
Consumer Support Phone Number	

Section B: Approval to participate in the Emergency Broadband Benefit Program

If non-facilities based, list the underlying provider(s) that provides your network facilities	
Does your company plan to offer connected devices? <i>If yes, attach documentation detailing the equipment, rates and applicable costs of each laptop, desktop or tablet.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your company plan to connect to NLAD and/or the National Verifier using an application programming interface (API)? (Refer to Section F for more information.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section C: For Non-ETCs ONLY

Does your company operate on Tribal lands?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your company offer pre-paid service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your company's service facilities based?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



Section D: Service offerings

Please select each state/territory where your company will offer EBB Program service and identify the service(s) available in the state/territory. Please review all [documentation requirements](#) before finalizing your election notice. Processing delays will occur if all requirements are not met.

Attach documentation detailing each service offering for which your company plans to seek reimbursement through the EBB Program that includes ALL of the following details:

- Speed and data caps,
- Standard rate for this offering, including indication that it is a monthly, recurring cost,
- Equipment costs,
- Jurisdiction where it is offered, and
- Documented proof establishing this offering was available on December 1, 2020.

Examples of service offering documentation include customer bills, price lists, website screenshots, and advertisements. Evidence must clearly indicate current availability and availability on December 1, 2020. (The December 1, 2020 evidence can be dated as early as September 1, 2020.

Documentation dated earlier will not be accepted.)

These service plan details must be shown for every state selected below.

<input type="checkbox"/> Alabama (AL)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Nevada (NV)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Alaska (AK)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> New Hampshire	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Arizona (AZ)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> New Jersey (NJ)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Arkansas (AR)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> New Mexico (NM)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> California (CA)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> New York (NY)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Colorado (CO)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> North Carolina (NC)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Connecticut (CT)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> North Dakota (ND)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Delaware (DE)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Ohio (OH)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> District of Columbia	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Oklahoma (OK)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Florida (FL)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Oregon (OR)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Georgia (GA)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Pennsylvania (PA)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Hawaii (HI)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Rhode Island (RI)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Idaho (ID)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> South Carolina (SC)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Illinois (IL)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> South Dakota (SD)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Indiana (IN)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Tennessee (TN)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Iowa (IA)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Texas (TX)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Kansas (KS)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Utah (UT)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Kentucky (KY)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Vermont (VT)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Louisiana (LA)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Virginia (VA)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Maine (ME)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Washington (WA)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Maryland (MD)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> West Virginia (WV)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Massachusetts (MA)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Wisconsin (WI)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Michigan (MI)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Wyoming (WY)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Minnesota (MN)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> American Samoa	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Mississippi (MS)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Guam (GU)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Missouri (MO)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> N. Mariana Islands	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Montana (MT)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Puerto Rico (PR)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Nebraska (NE)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>	<input type="checkbox"/> Virgin Islands (VI)	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>



Section E: For ETCs with non-ETC affiliates ONLY

Please list your non-ETC affiliates (e.g., provider name, state, and service type (fixed/mobile)):

Section F: API Access to USAC Systems

If your company intends to utilize an Application Programming Interface (API) to access either the National Verifier or the National Lifeline Accountability Database (NLAD) as such functionalities are made available for the Emergency Broadband Benefit (EBB) Program, and you have not previously signed an Interconnection Security Agreement (ISA) with USAC, please complete and sign the ISA and include it with your election notice for the EBB Program. Returning the signed ISA will ensure that your company can, at a minimum, access the staging environment to test the National Verifier and NLAD APIs as they exist for Lifeline (as needed) while USAC completes necessary system development to put EBB Program workflows in place.

ETCs that already use APIs to access the National Verifier or NLAD do not need to sign another ISA at this time. However, USAC may require ANY participating provider to execute a new or modified ISA or an addendum to an existing ISA to utilize APIs to access EBB Program workflows in either pre-production (staging) or production environments once those functionalities are available. You will be notified if additional action is necessary.

Section G: Certifications and Signature

I certify, under penalty of perjury, that:

- I. I am an officer authorized to submit this election form on behalf of the participating provider;
- II. The participating provider understands and will comply with all statutory and regulatory obligations described within the FCC rules and orders, including the public interest conditions of offering Emergency Broadband Benefit Program services throughout its designated service area and all terms and conditions and other requirements applicable to using the National Verifier, National Lifeline Accountability Database (NLAD), Representative Accountability Database (RAD), and other USAC systems.
- III. The submitted service offerings listed in Section D include the same terms and conditions as those services offered on December 1, 2020, or if the offerings have increased in quality since December 1, 2020, that the standard rate remains the same as it was on December 1, 2020.
- IV. Based on information known to me or provided to me by employees responsible for the data being submitted, the data set forth in this election form has been examined and is true, accurate and complete. I acknowledge that any false statement on this election form or on other documents submitted by the participating provider can be punished by fine or forfeiture under the Communications Act (47 U.S.C. § 502, 503 (b)), or fine or imprisonment under Title 18 of the United States Code (18 U.S.C. § 1001), or lead to liability under the False Claims Act (31 U.S.C. §§ 3729 – 3733).
- V. In addition to the foregoing, the participating provider is in compliance with the rules and orders governing the Emergency Broadband Benefit Program, and I acknowledge that the participating provider is subject to the Federal Communications Commission's enforcement, fine, or forfeiture authority under the Communications Act. Failure to be in compliance and remain in compliance with the Emergency Broadband Benefit Program rules and orders may result in the denial of funding, cancellation of funding commitments, and the recoupment of past disbursements. I acknowledge that failure to comply with the rules and orders governing the Emergency Broadband Benefit Program could result in civil or criminal prosecution by law enforcement authorities.
- VI. I understand that providing materially false information in this submission will disqualify a provider



from participating in the Emergency Broadband Benefit Program.

- VII. The election form is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 1001, 286-287 and 1341 and Title 31, Sections 3729-3730 and 3801-3812).

By signing, I consent to the disclosure of the information included in this election form, including the company contact information, with third parties administering the Emergency Broadband Benefit Program on behalf of the FCC.

Signed:

Printed Name:	<input type="text"/>
Date:	<input type="text"/>