

# State Access Request

Available for Public Use

To return this access request form or ask a question, email [LifelineProgram@usac.org](mailto:LifelineProgram@usac.org)

## Creating a User Account

State, territory, and District of Columbia agencies and other authorized entities and their agents including State public utility commissions, State departments of health and human services, social service agencies and other third parties approved by USAC for purposes of assisting individuals in applying for Lifeline support (collectively referred to as “state agencies”) may access Lifeline Program subscriber data in the National Lifeline Accountability Database (NLAD) to run queries or generate reports for that state and may assist a prospective subscriber in that state with submitting an application through the National Verifier (NV).

## Deactivating a User Account

If an NLAD or NV user, at any time, no longer needs or should have access to NLAD or NV, the state agency must notify USAC immediately via email at [LifelineProgram@usac.org](mailto:LifelineProgram@usac.org).

In the event that USAC receives allegations of abuse, fraud, or if unusual activity is observed, USAC will immediately deactivate the user account and will subsequently contact the state agency’s commissioner or delegate for the relevant state agency. Additionally, USAC reserves the right to deactivate or terminate a user’s use of or access to NLAD or NV at any time, with or without notice.

## Reauthorizing a User Account

Each state agency that has access to NLAD or NV must complete a user reauthorization quarterly. The state agency’s commissioner or delegate will receive a list of current NLAD and NV users for the state agency from USAC and will be required to verify that the NLAD and NV users should retain access to NLAD and/or NV. Failure to reauthorize a user will result in a deactivation of the user account.

This section is for Lifeline Program staff only.

Lifeline Program staff member: \_\_\_\_\_ Signature: \_\_\_\_\_

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## Creating a New User Account

Complete page two (2) of this State Access Request to set up a user account for NLAD or NV. State agency commissioner sign-off is required for all new users. A State Access Request must be completed for each user and each user must be assigned a State-Operations, State-Enhanced, or State-NV account type.

A state agency is limited to no more than fourteen (14) user accounts – five (5) State-Operations user accounts, two (2) State-Enhanced user accounts, and seven (7) State-NV user accounts.

- State-Operations will allow the user to query the NLAD database for individual consumers.
- State-Enhanced will allow the user to query or run NLAD reports for individual consumers in the state.
- State-NV will allow the user to submit applications for individual consumers in the NV.

Once a user account is created, the user will receive a temporary password via email. Upon logging into NLAD the first time, the user must accept the NLAD Access Agreement. Upon logging into NV the first time, the user must accept the NV Terms and Conditions. State-NV users must register for a representative ID using the Representative Accountability Database (RAD). A state agency commissioner must only authorize users who are able to bind the state agency to the NLAD Access Agreement for State-Operations and State-Enhanced user accounts or to the NV Terms and Conditions and RAD Terms and Conditions for State-NV user accounts, located at [www.usac.org/li](http://www.usac.org/li).

A user must (1) be at least 18 years old, (2) access and use NLAD and/or NV within the United States, including its various states and territories, (3) read and accept the NLAD Access Agreement or NV Terms and Conditions on behalf of the user and the state agency on whose behalf the user is accepting the NLAD Access Agreement or NV Terms and Conditions, (4) agree to use NLAD only for the purposes of their job and as limited by the NLAD Access Agreement, (5) agree to use NV only for the purposes of their job and as limited by the NV Terms and Conditions, (6) destroy any data obtained through NLAD or NV when it is no longer needed.

### State Agency User

State Agency Name:			
User Name:		Title:	
Street Address:			
	City:	State:	Zip Code:
Phone Number:		Email:	
User Type:	<input type="checkbox"/> State-Operations	<input type="checkbox"/> State-Enhanced	<input type="checkbox"/> State-NV
I have read this State Access Request and understand my obligations.			
User Signature:		Date:	

### State Agency Commissioner

Commissioner Name:		Title:	
Street Address:			
	City:	State:	Zip Code:
Phone Number:		Email:	
I have read this State Access Request and understand my obligations.			
Commissioner Signature:		Date:	

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Lifeline Program staff member: \_\_\_\_\_ Signature: \_\_\_\_\_

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## Assigning or Reassigning a Delegate or State Agency Commissioner

If the state agency's commissioner or delegate, at any time, should change, the current state agency commissioner must complete and return page three (3) of this document to [LifelineProgram@usac.org](mailto:LifelineProgram@usac.org).

A delegate is an individual that a state agency's commissioner may appoint as his/her proxy to perform the quarterly user reauthorization process and who is authorized to bind the state agency. To assign a delegate, the commissioner must complete the information outlined below and return the completed request to [LifelineProgram@usac.org](mailto:LifelineProgram@usac.org). If the delegate also needs an NLAD and/or NV state user account, page 1 of this request must be completed and submitted for the delegate.

If a delegate, at any time, should no longer be the point of contact, the appointing state agency's commissioner must notify USAC immediately via email at [LifelineProgram@usac.org](mailto:LifelineProgram@usac.org). The state agency's commissioner is also expected to complete and return page three (3) of this document if a new delegate is to be appointed. In the event that USAC receives allegations of abuse, fraud, or if unusual activity is observed, USAC will immediately deactivate the delegate and will subsequently contact the state agency's commissioner.

### State Agency Commissioner

State Agency Name			
Commissioner Name:		Title:	
Street Address:			
	City:	State:	Zip Code:
Phone Number		Email:	
Commissioner Signature:		Date:	

### Delegate

Delegate Name:		Title:	
Street Address:			
	City:	State:	Zip Code:
Phone Number:		Email:	
Delegate Signature:	I have read this State Access Request and understand my obligations.		
		Date:	

This section is for Lifeline Program staff only.

Lifeline Program staff member: \_\_\_\_\_ Signature: \_\_\_\_\_