

Instructions for Completing the Service Provider Identification Number and Contact Information Form

FCC Form 498 is used to collect contact, remittance, and payment information for service providers that receive support from the Federal universal service support mechanisms. For greater flexibility, this form allows service providers to use the same General Contact information for all of their program and remittance data collected for each of the four support mechanisms, or multiple remittance addresses. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements on their behalf.

I. Introduction

On May 8, 1997, the Federal Communications Commission (the Commission) released a Report and Order on Universal Service in CC Docket No. 96-45 that established new Federal universal service support mechanisms, consistent with the universal service provisions contained in section 254 of the Communications Act of 1934, as amended.

The Commission appointed the Universal Service Administrative Company (USAC) administrator of the Federal universal service support mechanisms, including High Cost, Low Income, Rural Health Care, and Schools and Libraries. One of the functions of USAC is to provide a means for the billing, collection, and disbursement of funds for all four support mechanisms.

Pursuant to 47 C.F.R. §§ 54.301, 54.303, 54.307, 54.309, 54.311, 54.407, 54.413, 54.515, 54.611, 54.702, 54.802, and 54.902, USAC must obtain information relating to service provider name, address, telephone number, Federal employer identification number, contact names and telephone numbers, billing, and collection information.

To that end, the Commission and USAC have developed a Service Provider Identification Number and Contact Information Form, FCC Form 498, to collect this information from carriers and service providers that receive support from the High Cost, Low Income, Rural Health Care, and Schools and Libraries Support Mechanisms.

This document provides instructions for completing the FCC Form 498. Each service provider that receives Federal universal service support under any of the four support mechanisms must complete this form. First time applicants will be assigned a Service Provider Identification Number (SPIN). This form will be used to collect the following information: service provider name, address, phone numbers, e-mail addresses, contact names, billing, and collection information. USAC will use this information to administer the billing, collection, and disbursement operations of the Federal universal service programs.

II. FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

A. Who Should File the FCC Form 498

All service providers that participate in the High Cost, Low Income, Rural Health Care, or Schools and Libraries Universal Service Support Mechanisms must file FCC Form 498 to receive disbursement payments.

Service Providers should complete an FCC Form 498 in order to:

- Apply for a new SPIN.
- Revise an existing FCC Form 498.
- Consolidate, merge, or deactivate existing SPINs due to a merger, acquisition, or consolidation of companies.
- End participation in the Federal universal service support mechanisms. High Cost and Low Income recipients must comply with 47 C.F.R. § 54.205 if relinquishing High Cost or Low Income Federal universal service support.

USAC will rely on the data provided in this form to disburse Federal universal service support consistent with the specifications of the service provider. This form allows service providers to specify which addresses and payment information to use for each of the support mechanisms in which they participate. For example, service providers participating in all four support mechanisms may use a single address for all support payments. Such service providers would use a single remittance address on FCC Form 498. Other service providers may wish to have Federal universal service support mechanisms payments sent to different locations. Such service providers would follow directions provided below to specify a remittance address for each of the support mechanisms in which they participate.

Further, the information you provide on this form will enable USAC to offset a contributor's disbursement payments related to services provided through the Schools and Libraries and/or Rural Health Care Support Mechanisms against its Federal universal service contribution obligation. Contributors are companies that are obligated to make payments to Federal universal service. Each contributor and each contributor's business unit should complete the FCC Form 498. For each contributor or business unit, USAC will assign a number upon receipt of a completed FCC Form 498. Copies of the FCC Form 498 may be reproduced and completed for as many business units as are providing service.

B. When and Where to File

Service providers must submit the FCC Form 498 and a signed letter of certification on company letterhead (See Attachments A, B, and C) before support payments will be authorized. Please send the form and letter to:

USAC Billing and Disbursement
Attn: FCC Form 498
2000 L Street, N.W. Suite 200
Washington, DC 20036

C. Where to Get More Information

Please direct any questions about completing this form to USAC via:

Internet at: <http://www.universalservice.org/forms/>
E-mail at: Form498@bcd.universalservice.org
Telephone at: 888-641-8722 or FAX 888-637-6226

III. SPECIFIC INSTRUCTIONS

The following section describes the service provider information that should be provided on the FCC Form 498.

A. Form Overview

Service providers should indicate, by checking the appropriate box, whether the form is an original application or a revision. For an original application, all fields must be completed. To initiate revisions, all lines in Blocks 1-3 and 13-14 must be completed. In addition, a letter of authorization on company letterhead must accompany all originals and revisions. If the form is a revision, the authorization letter should specify which blocks are being revised. It is incumbent upon the service provider to keep the information on this form current as it may affect the timeliness of payment. **The FCC Form 498 is the official record on file with USAC related to contact and remittance information.**

Original Application for SPIN: Please check this box if this is the initial FCC Form 498 submitted by this service provider.

Revision to Existing FCC Form 498 on File with USAC: Please check this box if this is a revision to an existing FCC Form 498 on file with USAC. If it is a revision, please include your previously assigned Service Provider Identification Number (SPIN).

Service Provider Identification Number (SPIN): Leave this field blank if this is the initial submission of an FCC Form 498. When your form is received by USAC it will be processed within seven business days. A SPIN will be assigned to your company and USAC will notify you of the assigned number within 48 hours after processing has been completed.

For all subsequent submissions of FCC Form 498 (e.g., revisions to original data), please include your assigned SPIN. Revisions to previously filed information cannot be processed without the SPIN.

FCC Form 499 Filer ID: Contributors to Federal universal service should provide the FCC 499 Filer ID (Telecom Relay Service (TRS) Company Code) as it appears on the Telecommunications Reporting Worksheet FCC Form 499. This is a required field for all companies that are contributors to Federal universal service.

B. Block 1: General Company Information

Block 1 requires you to identify the legal name and address of the service provider.

Item (1) Company Name: Provide the full legal name of the company providing service as it appears on articles of incorporation, registration, or other legal documents.

Item (2) Name Company Is Doing Business As (DBA) or Formerly Known As (FKA): Provide the name currently used by the service provider, or if this form effects name change, provide the name formerly used.

Items (3, 4, 5, 6, & 7) Service Provider's Address: Provide the service provider's full mailing address, street address or route number, city, state, and zip code. Do not include a post office box. USAC will return any Form 498 that attempts to use a post office box.

C. Block 2: General Contact Information

Block 2 requires you to provide general contact information.

Items (8, 9 10 & 11) Service Provider General Contact Information: Provide the name, title, phone number, and fax number for the person that should be contacted with questions regarding the billing, collection, and disbursement of funds for the service provider. The General Contact should be an officer of the company or someone authorized to make certifications on behalf of the company. Only the General Contact or an officer of the company is permitted to make revisions to all parts of an existing FCC Form 498.

Items (12, 13, 14 15, 16, & 17) Address and E-Mail Address of Service

Provider General Contact: Provide the service provider General Contact person's full mailing address, street address or route number, city, state, zip code, and e-mail address. Please do not use a post office box. USAC will return any Form 498 that attempts to use a post office box. A confirmation notice will be sent to the e-mail address listed in Block 2.

D. Block 3: Federal Employer Identification Number

Block 3 requires you to provide the service provider's Federal Employer Identification Number and business structure.

Item (18) Federal Employer Identification Number: Enter the service provider's Federal employer identification number.

Item (19) Business Structure: Check one of the three boxes indicating whether the service provider is a corporation, partnership or other.

High Cost Support Mechanism**E. Block 4: High Cost Banking and Remittance Payment Information**

Block 4 requires you to provide banking and remittance information that will be used to direct any High Cost Support Mechanism Payments to the service provider's remittance contact at the remittance address provided. If the information is the same as the General Contact information in Block 2, please check the box to indicate this in Block 4 and continue with lines 30 to 33. Please complete this section only if you receive support from the High Cost Support Mechanism.

Item (20) Name of High Cost Remittance Company: Provide the name of the company to which USAC should send High Cost Support Mechanism payments. All High Cost Support Mechanism disbursements will be made in this name.

Items (21 & 22) High Cost Remittance Contact Name and Title: Provide the name and title of the remittance contact person that will answer questions regarding the remittance of High Cost Support Mechanism funds to the service provider. All High Cost checks and remittance statements will be sent to the remittance contact person's attention.

Items (23, 24, 25, 26, & 27) Address of High Cost Remittance Company:

Provide the full mailing address, street address or route number, city, state, and zip code of the company receiving funds for the service provider. Please do not use a post office box. USAC will return any Form 498 that attempts to use a post office box. This is the address to which High Cost Support Mechanism payments and remittance statements will be sent.

Item (28) Telephone Number of High Cost Remittance Contact: Provide the telephone number and extension of the High Cost Support Mechanism remittance contact.

Item (29) Fax Number of High Cost Remittance Contact: Provide the fax number for the High Cost Support Mechanism remittance contact.

Item (30) Name of High Cost Remittance Bank: This item is required only for those service providers electing Automatic Clearing House (ACH) or lock box transfer of High Cost Support Mechanism funds. Do not include this information if you are not electing ACH payment.

Items (31 & 32) High Cost Remittance Bank Account Number for ACH and ACH Bank Transfer Number: This item is required only for those service providers electing Automatic Clearing House (ACH) transfer of High Cost Support Mechanism funds. Provide the ACH bank transit number and bank account number. Please be sure that the transit number is nine digits. If you are not electing ACH payment, do not include this information.

Item (33) E-mail Address of High Cost Remittance Contact: Provide the e-mail address of the High Cost Support Mechanism remittance contact. This e-mail address will be used for your electronic remittance statements and outreach.

If you prefer to receive paper copy remittance statements mailed to the High Cost Support Mechanism remittance contact address, please check the box below line 33 to indicate this. If you do not check this box, your remittance statements will be sent to the remittance contact e-mail address.

F. Block 5: Company Contact for High Cost Support Mechanism

Block 5 requires information for the service provider's High Cost Support Mechanism contact information. If the company contact information is the same as that presented in Block 2, please check the box to indicate this in Block 5 and continue onto the next block. Otherwise, please complete the contact information in Block 5. This information must be provided only if a service provider receives support from the High Cost Support Mechanism.

Items (34, 35, 36, 37, 38, 39, & 40) Name and Address of Service Provider

High Cost Support Mechanism Contact: Provide the High Cost Support Mechanism company contact person's name, title, mailing address, street address or route number, city, state, and zip code. Please do not use a post office box. USAC will return any Form 498 that attempts to use a post office box. USAC will send all High Cost Support Mechanism correspondence to the service provider at this address. The High Cost Support Mechanism contact should be an employee of the service provider. This support mechanism contact is authorized to request additional information from the High Cost Support Mechanism related to this SPIN. Only the General Contact, or an officer of the company, is permitted to make revisions to all parts of an existing FCC Form 498.

Items (41, 42, & 43) Phone Number, Fax, and E-Mail Address of Service

Provider High Cost Support Mechanism Contact: Provide the phone number, fax number, and e-mail address of the service provider's High Cost Support Mechanism contact person who will receive correspondence and answer questions regarding the High Cost Support Mechanism. The e-mail address will be used for correspondence purposes only.

Low Income Support Mechanism Payments**G. Block 6: Low Income Banking and Remittance Payment Information**

Block 6 requires you to provide banking and remittance information that will be used to direct any Low Income Support Mechanism payments to the service provider's remittance contact at the remittance address provided. If the information is the same as the General Contact information in Block 2, please check the box to indicate this in Block 6. Continue in Block 6 with lines 54 to 57. Please complete this block only if your company receives support from the Low Income Support Mechanism.

Item (44) Low Income Remittance Company Name: Provide the name of the company to which USAC should send Low Income Support Mechanism payments. All Low Income Support Mechanism disbursements will be made in this name.

Items (45 & 46) Low Income Remittance Contact and Title: Provide the name and title of the Low Income Support Mechanism remittance contact person that will answer questions regarding the remittance of Low Income Support Mechanism funds to the service provider. All Low Income Support Mechanism checks and remittance statements will be sent to the remittance contact person's attention.

Items (47, 48, 49, 50, & 51) Address of Low Income Remittance Company:

Provide the full mailing address, street address or route number, city, state, and zip code of the Low Income Support Mechanism company receiving funds for the service provider. Please do not use a post office box. USAC will return any Form 498 that attempts to use a post office box. This is the address to which Low Income Support Mechanism payments and remittance statements will be sent.

Item (52) Telephone Number of Low Income Remittance Contact: Provide the telephone number and extension of the Low Income Support Mechanism remittance contact.

Item (53) Fax Number of Low Income Remittance Contact: Provide the fax number for the Low Income Support Mechanism remittance contact.

Item (54) Name of Low Income Remittance Bank: This item is required only for those service providers electing Automatic Clearing House (ACH) or lock box transfer of funds. Do not include this information if you are not electing ACH payment.

Items (55 & 56) Low Income Bank Account Number for ACH and ACH Bank Transfer Number: This item is required only for those service providers electing Automatic Clearing House (ACH) transfer of funds. Provide the ACH bank transit number and bank account number. Please be sure that the transit number is nine digits. If you are not electing ACH payment, do not include this information.

Item (57) E-mail Address of Low Income Remittance Contact: Provide the e-mail address of the Low Income Support Mechanism remittance contact. This e-mail address will be used for your electronic remittance statements and outreach.

If you prefer to receive paper copy remittance statements mailed to the Low Income Support Mechanism remittance contact address, please check the box below line 57 to indicate this. If you do not check this box, your remittance statements will be sent to the remittance contact e-mail address.

H. Block 7: Company Contact for Low Income Support Mechanism

Block 7 requires completion of the Low Income Support Mechanism contact information. If the company contact information is the same as that presented in Block 2, please check the box in Block 7 and continue onto the next block. Otherwise, please complete the contact information in Block 7. Please complete this block only if your company participates in the Low Income Support Mechanism.

Items (58, 59, 60, 61, 62, 63 & 64) Name, Title, and Address of Service Provider's Low Income Support Mechanism Contact: Provide the Low Income Support Mechanism contact person's name, title, mailing address, street address or route number, city, state, and zip code. Please do not use a post office box. USAC will return any Form 498 that attempts to use a post office box. USAC will send all Low Income Support Mechanism correspondence to the service provider at this address. The Low Income Support Mechanism contact should be an employee of the service provider. This support mechanism contact is authorized to request additional Low Income Support Mechanism information related to this SPIN. Only the General Contact, or an officer of the company, is permitted to make revisions to all parts of an existing FCC Form 498.

Items (65, 66, & 67) Phone, Fax, and E-mail Address of Service Provider Low Income Support Mechanism Contact: Provide the phone number, fax number, and e-mail address of the service provider Low Income Support Mechanism remittance contact person who will receive Low Income Support Mechanism correspondence and answer questions regarding the Low Income Support Mechanism. This should be an employee of the service provider. The e-mail address will be used for correspondence purposes only.

Rural Health Care Support Mechanism Payments

I. Block 8: Rural Health Care Banking and Remittance Payment Information

Block 8 requires you to provide banking and remittance information that will be used to direct any payments to the service provider's Rural Health Care Support mechanism remittance contact at the remittance address provided. In accordance with 47 C.F.R § 54.611, USAC will offset the service provider's Rural Health Care Support Mechanism invoices against the provider's universal support contribution obligation. If the information is the same as the General Contact information in Block 2, please check the box to indicate this in Block 8. Continue in Block 8 with lines 78 to 81. Please complete this block only if your company receives support from Rural Health Care Support Mechanism.

Item (68) Name of Rural Health Care Remittance Company: Provide the name of the company to which USAC should send Rural Health Care Support Mechanism payments. All Rural Health Care Support Mechanism disbursements will be made in this name.

Items (69 & 70) Rural Health Care Remittance Contact Name and Title: Provide the name and title of the Rural Health Care Support Mechanism remittance contact person that will answer questions regarding the remittance of Rural Health Care Support Mechanism funds to the service provider. All Rural Health Care Support Mechanism checks and remittance statements will be sent to the remittance contact person's attention.

Items (71, 72, 73, 74 & 75) Address of Rural Health Care Remittance

Company: Provide the full mailing address, street address or route number, city, state, and zip code of the company receiving Rural Health Care Support Mechanism funds for the service provider. Please do not use a post office box. USAC will return any Form 498 that attempts to use a post office box. This is the address to which Rural Health Care Support Mechanism payments and remittance statements will be sent.

Item (76) Telephone Number of Rural Health Care Remittance Contact:

Provide the telephone number and extension of the Rural Health Care Support Mechanism remittance contact.

Item (77) Fax Number of Rural Health Care Remittance Contact: Provide the fax number for the Rural Health Care Support Mechanism remittance contact.

Item (78) Name of Rural Health Care Remittance Bank: This item is required only for those service providers electing Automatic Clearing House (ACH) or lock box transfer of funds. Do not include this information if you are not electing ACH payment.

Items (79 & 80) Rural Health Care Remittance Bank Account Number for ACH and ACH Bank Transfer Number: This item is required only for those service providers electing Automatic Clearing House (ACH) transfer of funds. Provide the ACH bank transit number and bank account number. Please be sure that the transit number is nine digits. If you are not electing ACH payment, do not include this information.

Item (81) E-mail Address of Rural Health Care Remittance Contact: Provide the e-mail address of the Rural Health Care Support Mechanism remittance contact. This e-mail address will be used for your electronic remittance statements and outreach.

If you prefer to receive paper copy remittance statements mailed to the Rural Health Care Support Mechanism remittance contact address, please check the box below line 81 to indicate this. If you do not check this box, your remittance statements will be sent to the remittance contact e-mail address.

J. Block 9: Company Contact for Rural Health Care Support Mechanism

Block 9 requires completion of the Rural Health Care Support Mechanism contact information. If the company contact information is the same as that presented in Block 2, please check the box to indicate this in Block 9 and continue onto the next block. Otherwise, please complete the company contact information in Block 9. Please complete this section only if your company receives support from the Rural Health Care Support Mechanism.

Items (82, 83, 84, 85, 86, 87 & 88) Name and Address of Service Provider's Rural Health Care Support Mechanism Contact: Provide the Rural Health Care Support Mechanism contact person's name, title, mailing address, street address or route number, city, state, and zip code. Please do not use a post office box. USAC will return any Form 498 that attempts to use a post office box. USAC will send all Rural Health Care Support Mechanism correspondence to the service provider at this address. This contact should be an employee of the service provider and not an applicant for the services eligible for support. This contact is authorized to request additional Rural Health Care Support Mechanism information related to this SPIN. Only the General Contact, or an officer of the company, is permitted to make revisions to all parts of an existing FCC Form 498.

Items (89, 90 & 91) Phone, Fax, and E-mail Address of Service Provider's Rural Health Care Support Mechanism Contact: Provide the phone number, fax number, and e-mail address of the service provider's Rural Health Care Support Mechanism contact person who will receive correspondence and answer questions regarding the Rural Health Care Support Mechanism. The e-mail address will be used for correspondence purposes only.

Schools and Libraries Support Mechanism Payments

K. Block 10: Schools and Libraries Banking and Remittance Payment Information

Block 10 requires you to provide banking and remittance information that will be used to send Schools and Libraries Support Mechanism payments to the service provider's remittance contact at the remittance address provided. If the information is the same as the General Contact information in Block 2, please check the box to indicate this in Block 10. Continue in Block 10 with lines 102 to 105. Please complete this block only if your company receives support from the Schools and Libraries Support Mechanism.

General Information

- ***If you are a contributor to the Federal universal service***, complete item 117.
- ***It is mandatory that all Rural Health Care Support Mechanism disbursement payments must be offset against the service provider's Federal universal service contribution obligations.***
- ***If you are a business unit of a contributor and are requesting to have your Schools and Libraries and/or Rural Health Care Support Mechanism invoices offset against the contributor's Federal universal service obligation:***

- Check the **YES** box in Block 12 on line 116
- Provide your FCC Form 499 Filer ID Number in line 117
- Complete items 92 through 101, and 105 only in Block 10
- ***If you are a business unit of a contributor and are NOT requesting to have your Schools and Libraries Support Mechanism invoices offset against the contributor's Federal universal service obligation, complete items 92 through 105 in Block 10.***

Item (92) Name of Schools and Libraries Remittance Company: Provide the name of the company to which USAC should send Schools and Libraries Support Mechanism payments. All Schools and Libraries Support Mechanism disbursements will be made in this name.

Items (93 & 94) Schools and Libraries Remittance Contact Name and Title: Provide the name and title of the Schools and Libraries Support Mechanism remittance contact person that will answer questions regarding the remittance of Schools and Libraries Support Mechanism funds to the service provider. All Schools and Libraries Support Mechanism checks and remittance statements will be sent to the remittance contact person's attention.

Items (95, 96, 97, 98, & 99) Address of Schools and Libraries Remittance Company: Provide the full mailing address, street address or route number and city, state, and zip code of the company receiving Schools and Libraries Support Mechanism funds for the service provider. Please do not use a post office box. USAC will return any Form 498 that attempts to use a post office box. This is the address to which Schools and Libraries Support Mechanism payments and remittance statements will be sent.

Item (100) Telephone Number of Schools and Libraries Remittance Contact: Provide the telephone number and extension of the Schools and Libraries Support Mechanism remittance contact.

Item (101) Fax Number of Schools and Libraries Remittance Contact: Provide the fax number for the Schools and Libraries Support Mechanism remittance contact.

Item (102) Name of Schools and Libraries Remittance Bank: This item is required only for those service providers electing Automatic Clearing House (ACH) or lock box transfer of Schools and Libraries Support Mechanism funds. Do not include this information if you are not electing ACH payment.

Items (103 & 104) Schools and Libraries Remittance Bank Account Number for ACH and ACH Bank Transfer Number: This item is required only for those service providers electing Automatic Clearing House (ACH) transfer. Provide the ACH bank transit number and bank account number. Please be sure that the transit number is nine digits. If you are not electing ACH payment, do not include this information.

Item (105) E-mail Address of Schools and Libraries Remittance Contact: Provide the e-mail address of the Schools and Libraries Support Mechanism remittance contact. This e-mail address will be used for your electronic remittance statements and outreach.

If you prefer to receive paper copy remittance statements mailed to the Schools and Libraries Support Mechanism remittance contact address, please check the box below line 105 to indicate this. If you do not check this box, your remittance statements will be sent to the remittance contact e-mail address.

L. Block 11: Company Contact for Schools and Libraries Support Mechanism

Block 11 requires completion of the Schools and Libraries Support Mechanism contact information. If the company contact information is the same as that presented in Block 2, please check the box in Block 11 and continue onto the next block. Otherwise, please complete the contact information in Block 11. Please complete this block only if your company receives support from the Schools and Libraries Support Mechanism.

Items (106, 107, 108, 109, 100, 111, & 112) Name, Title, and Address of Service Provider Schools and Libraries Support Mechanism Contact: Provide the Schools and Libraries Support Mechanism contact person's name, title, mailing address, street address or route number, city, state, and zip code. Please do not use a post office box. USAC will return any Form 498 that attempts to use a post office box. USAC will send all Schools and Libraries Support Mechanism correspondence to the service provider at this address. This contact should be an employee of the service provider and not an applicant for the services eligible for support. This contact is authorized to request additional Schools and Libraries Support Mechanism information related to this SPIN. Only the General Contact, or an officer of the company, is permitted to make revisions to all parts of an existing FCC Form 498.

Items (113, 114, & 115) Phone, Fax, and E-Mail Address of Service Provider Schools and Libraries Support Mechanism Contact: Provide the phone number, fax number, and e-mail address of the service provider's Schools and Libraries Support Mechanism contact person who will receive correspondence and answer questions regarding the Schools and Libraries Support Mechanism. The e-mail address will be used for correspondence purposes only.

M. Block 12: Netting Disbursement Payments Against Federal Universal Service Contribution Obligations

USAC will use the following information when issuing payments for services provided and when offsetting the Schools and Libraries and/or Rural Health Care Support Mechanism payments of the contributor’s business unit(s) against the contributor’s Federal universal service contribution obligations. All telecommunications carriers that provide interstate telecommunications services, providers of interstate telecommunications that offer services to others for a fee and pay telephone aggregators must contribute to Federal universal service based on their proportionate share of end-user telecommunications revenues (See Telecommunications Reporting Worksheet, FCC Form 499).

Item (116) Offset Indicator: The service provider must indicate (by checking Box 116 or leaving it blank) whether or not it is requesting to have its Schools and Libraries Support Mechanism invoice payments offset against the provider’s Federal universal service contribution obligations.

Item (117) FCC Form 499 Filer Identification Number: The service provider must provide the FCC Form 499 Filer ID number in order to offset disbursements against Federal universal service invoices. This is also the TRS Company Code as provided on the FCC Form 499. (Note: Service Providers receiving support for Rural Health Care must provide their 499 Filer ID because offsets are mandatory.)

N. Block 13: Principal Communications Business Code

Block 13 requires the selection of a Principal Communications Business Code.

Principal Communications Business: Provide the three or four letter principal communications business code which best describes the service provider’s business activity. For service providers that are contributors to Federal universal service, this principal business activity code should correspond to the service provider’s business activity indicated on its FCC Form 499. The principal communications business code should be selected from the following list:

<u>Code</u>	<u>Description</u>
CAP	CAP/CLEC (Competitive Access Provider/Competitive Local Exchange Carrier): Competes with incumbent LECs to provide local exchange services or telecommunications services that link customers with interexchange facilities, local exchange networks, or other customers.

<u>Code</u>	<u>Description</u>
CEL	Cellular/PCS/SMR (Cellular, Personal Communications Service and Specialized Mobile Radio service providers): Primarily provides wireless telecommunications services (wireless telephony). This category includes the provision of wireless telephony by resale. An SMR provider would select this category if it primarily provides wireless telephony rather than dispatch or other mobile services.
DAT	Wireless Data: Provides mobile or fixed wireless data services using wireless technology. This category includes the provision of wireless data services by resale.
ISP	Internet Service Provider: Provides access to the Internet.
IXC	IXC (Interexchange Carrier): Provides long distance telecommunications services substantially through switches or circuits that it owns or leases.
LEC	Incumbent LEC: Provides local exchange service. An incumbent local exchange carrier (ILEC) generally is a carrier that was at one time franchised as a monopoly service provider.
LRES	Local reseller: Provides local exchange or fixed telecommunications services by reselling services of other carriers.
NTP	Non-Traditional Provider: Company that does not provide telecommunications services.
OSP	OSP (Operator Service Provider): Company, other than incumbent LECs, that serves customers who need the assistance of an operator to complete calls or need alternate billing arrangements.
OTHL	Other Local: Telecommunication company that provides local service and does not conform to one of the other listed descriptions.
OTHM	Other Mobile: Telecommunication company that provides mobile service and does not conform to one of the other listed descriptions.
OTHT	Other Toll: Telecommunication company that provides toll service and does not conform to one of the other listed descriptions.
PAG	Paging and Messaging: Provides wireless paging or wireless messaging services. This category includes the provision of paging and messaging services by resale.

<u>Code</u>	<u>Description</u>
PAY	Payphone Service Provider: Provides access to telephone networks through pay telephone equipment, special teleconference rooms, etc. Payphone service providers are also referred to as pay telephone aggregators.
PRIV	Private Service Providers: Offers telecommunications to others for a fee. This would include a company that offers excess capacity on a private system that is used primarily for internal purposes.
SAT	Satellite: Provides satellite space segment or earth stations that are used for telecommunications service.
SMR	SMR (dispatch) (Specialized Mobile Radio service provider): Primarily provides dispatch and mobile services other than wireless telephony.
TEN	Shared Tenant Service Provider: Manages or owns a multi-tenant location that provides telecommunications services or facilities to tenants for a fee.
TRES	Toll Reseller: Provides long distance telecommunications services primarily by reselling the long distance telecommunications services of other carriers.

O. Block 14: Authorized Contact Signature

Block 14 requires the signature of the authorized contact person. For an original FCC Form 498, the General Contact person, as listed on the form, and a company officer that is authorized must sign. For a revision to an existing FCC Form 498, the General Contact or an officer of the company is authorized to make revisions to all parts of the form. No other persons are permitted to make changes to the information on the Form 498. The authorized contact must certify that the data set forth in the FCC Form 498 is true, accurate, and complete. Incomplete information or incorrect filling of this form will result in it being returned to the General Contact and the form will not be processed. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. secs. 220(e), 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

In addition, Block 14 also requires the date, printed name, title, and e-mail address of the authorized contact. The e-mail address will be used for return confirmation and related correspondence only.

A letter of certification, written on company letterhead, with a valid signature, must accompany the FCC Form 498. Sample letters are included in Attachments A, B, and C.

Incomplete information or incorrect filing of the form will result in it being returned to the General Contact, and the form will not be processed.

Notice: The Federal Communications Commission (the Commission) has designated the Universal Service Administrative Company (USAC) as administrator of Federal universal service. One of the functions of USAC is to provide a means for billing, collection, and disbursement of funds for the various Federal service support mechanisms. In an effort to implement these requirements and obligations, the Commission has adopted this collection of information. Pursuant to the Commission rule, 47 C.F.R. §§ 54.301, 54.303, 54.307, 54.309, 54.311, 54.407, 54.413, 54.515, 54.611, 54.702, 54.802, and 54.902, USAC must obtain information relating to service provider name and address, telephone number, Federal employee identification number, contact names and telephone numbers, billing, collection, and disbursement information. Each service provider receiving Federal universal service support from the High Cost, Low Income, Rural Health Care, or Schools and Libraries Support Mechanisms, should complete the FCC Form 498. USAC will use this information in administering the billing, collection, and disbursement operations of Federal universal service.

Reminder: You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0824.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide for Federal universal service billing, collection, and disbursement purposes. If we believe there may be a violation or potential violation of a state or Federal statute, or of a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, a court, or other governmental or adjudicative bodies when (a) the Commission; or (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, the Commission regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information

provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide also may be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies, and/or your employer to offset your salary, IRS tax refund, or other payments to collect that debt. The Commission also may provide this information to these agencies through the matching of computer records where authorized.

If you do not provide the information we request on the form, the Commission may delay processing your application, or may return your application without action.

This Notice is required by the Paperwork Reduction Act of 1995, P.L. 104-13, 44 U.S.C. Section 3501 et seq. We have estimated that each response to this collection of information will take, on average, 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Washington, D.C. 20554, Paperwork Reduction Project (3060-0824). We also will accept your comments via Internet if you send them to jboley@fcc.gov. Please **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.**

**Attachment A:
Letter of Certification for New SPIN - SAMPLE**

[COMPANY LETTERHEAD]

Date

USAC Billing and Disbursement
Attn: FCC Form 498
2000 L Street, NW Suite 200
Washington, DC 20036

I certify that I have provided the information on the attached Service Provider Identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this form is true and that said form is an accurate statement of the affairs of the above-named service provider.

Signature _____ Date _____

Printed name of authorized person _____

Title or position of authorized person _____

**Attachment B:
Letter of Certification for Revision Request - SAMPLE**

(YOUR COMPANY LETTERHEAD]

Date

USAC Billing and Disbursement
Attn: FCC Form 498
2000 L Street, NW Suite 200
Washington, DC 20036

I wish to make the following revision for the FCC Form 498 currently on file with USAC:
Please insert a short description of the revision here.

I certify that I have provided the information on the attached Service Provider Identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this form is true and that said form is an accurate statement of the affairs of the above-named service provider.

Service Provider Number _____

Signature _____ Date _____

Printed name of authorized person _____

Title or position of authorized person _____

If you wish to change the General Contact information, please fill out the section below:

Name of Former General Contact _____

Signature of Former General Contact _____
(If the Former Contact is no longer available, an officer of the company must sign this letter.)

Title or position _____

Name of New General Contact _____

Signature of New General Contact _____

Title or position _____

Reason for Updating General Contact _____

**Attachment C:
Letter of Certification for Consolidation, Merger, or
Deactivation - SAMPLE**

PLEASE NOTE THAT THESE ACTIONS ARE PERMANENT AND IRREVOCABLE. AS SUCH, WE REQUEST THAT YOU PUT FORTH CAREFUL CONSIDERATION BEFORE AUTHORIZING ANY OF THESE TRANSACTIONS. THIS LETTER MUST BE SIGNED AND DATED BY THE AUTHORIZED CONTACT.

[COMPANY LETTERHEAD]

Date

USAC Billing and Disbursement
Attn: FCC Form 498
2000 L Street, NW Suite 200
Washington, DC 20036

I am requesting to merge (Company name A) with SPIN (SPIN Number A) into (Company Name B) with SPIN (SPIN Number B).
PLEASE ATTACH LEGAL DOCUMENTATION FOR PROOF OF THE MERGER

OR

I am requesting to consolidate all of (Company Name A's) E-RATE activity (SPIN Numbers A, B, C, etc) into (SPIN Number Y).

OR

I am requesting to discontinue the use of (Company Name A) with (SPIN Number A).

AND

I certify that I have provided the information on the attached Service Provider Identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this form is true and that said form is an accurate statement of the affairs of the above-named service provider.

Service Provider Number _____

Signature _____ Date _____

Printed name of authorized person _____

Title or position of authorized person _____