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November 1, 2012

VIA ELECTRONIC FILING

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-B204
Washington, DC 20554

Re: *Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42; Federal-State Joint Board on Universal Service, CC Docket No. 96-45; Lifeline and Link Up, WC Docket No. 03-109*

Dear Madam Secretary:

On behalf of PR Wireless, Inc. d/b/a Open Mobile ("PR Wireless"), we provide the attached documents in response to a request from Wireline Competition Bureau staff.

Staff has requested a copy of the certification form PR Wireless used for Lifeline applicants during the period affected by the waiver request (January 1, 2012 - May 31, 2012). A copy of the certification form is enclosed with this letter, with personal information deleted, along with an English translation.

We trust this information will be helpful to you. Should any questions arise, please contact undersigned counsel directly.

Sincerely,

/s/ Steven M. Chernoff

David A. LaFuria
Steven M. Chernoff

Counsel for PR Wireless, Inc. d/b/a Open Mobile

cc: Kimberly Scardino, Esq.
Divya Shenoy, Esq.
Jonathan Lechter, Esq.
Karla Piñero, Esq.

Solicitud y Auto Certificación del Programa de Servicio Universal "Lifeline"

Nombre: [redacted]
Seguro Social: [redacted]

Dirección Residencial: [redacted]

Programa del cual soy beneficiario:

Fecha de Vencimiento

[x]	Programa de Asistencia Nutricional (PAN)	[redacted]
[ ]	Programa de Asistencia Médica (Medicaid)	
[ ]	Programa Plan Sección 8	
[ ]	Programa de Asistencia de Energía para Hogares de Bajos Ingresos	
[ ]	Programa TANF "Temporary Assistance for Needy Families"	
[ ]	Elegibilidad por Ingreso	

Ingreso Bruto Anual: **$0.00**

Debe incluir certificación original de la Agencia de Gobierno o copia de la plantilla sellada

Inscripción automática del Programa de Asistencia Nutricional (PAN): **SI**
Número de personas en su familia: **3**
Usted tiene otro teléfono a su nombre, bajo el Programa de Servicio Universal: **NO**
Usted solicitó y es elegible para el programa Link-Up: **SI**

Entiendo que debo cumplir con los requisitos de elegibilidad para recibir asistencia de los Programas "LifeLine" o "Link-Up". Certifico que el subsidio solicitado será para el único teléfono en mi residencia principal bajo el Programa de Servicio Universal. Certifico, bajo pena de perjurio, que la información que contiene esta solicitud es verdadera y correcta, que soy elegible para recibir beneficios del programa arriba identificado. De surgir algún cambio, me comprometo a informar a Open Mobile, dentro de los próximos cinco (5) días, si dejo de participar en los programas de beneficencia, aumentan mis ingresos o cambia mi composición familiar. También soy responsable de traer los documentos de elegibilidad bajo el cual me cualifico, luego de su vencimiento.

Punto de Venta: [redacted]
Representante: [redacted]

Firma Cliente: [redacted]
Fecha: [redacted]

Application and Self-Certification Form for the Lifeline Universal Service Program

Name: XXXXX XXXXX XXXXXX

Social Security: XXX XX XXXX

Residential Address: XXXXXXX

XXXXXXXXXXXXXXXXX

Program where I am a beneficiary:

Expiration Date:

___ Nutritional Assistance Program (PAN) _____

___ Medical Assistance Program (Medicaid) _____

___Section 8 Program _____

___Energy Assistance for Low Income Household Program _____

___Temporary Assistance for Needy Families Program _____

___Income Eligibility _____

Annual Gross Income: _____

Please include original certification of government agency or sealed copy of income returns

Automatic Enrollment in the Nutritional Assistance Program (PAN): YES/NO
Number of persons in your family: _____
Do you have another telephone under your name in the Universal Service Program? YES/NO
Did you requested and are you eligible for the Link Up Program? Yes/No

I understand that I need to comply with the eligibility requirements in order receive assistance under the Lifeline Program and Link Up Program. I certify that the subsidy requested is for only one phone in my principal residence under the Universal Service Program. I certify, under penalty of perjury, that the information on this form is true and correct, and that I am eligible to receive the benefits of the program indicated. If there are any changes, I promise to inform Open Mobile within five (5) days if I am no longer participating in the above programs, my income increases or the number of persons in my family changes. I am also responsible for bringing the eligibility documents under which I qualify at the time of my service expiration.

Store: _____

Client Signature: _____

Salesperson:_____

Date: _____