



Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

JAN 31 2013

Form 555  
November 2012

FCC Mail Room

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Kansas

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

419905

Study Area Code(s) (SAC)

Alltel Communications, LLC

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs *(include names and SACs, attach additional sheets if necessary)*

See Attached

Section 1: All ETCs *(Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial   *[Signature]*  

419905

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

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**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial     

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
30	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
31	26	5	1	6	2

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

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November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).**

M Month	N Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,



Signature of Officer

Mark R. Smith  
Printed Name of Officer

Exec Dir-Operations  
Title of Officer

1/28/13  
Date

Bob Priebe  
Person Completing this Certification Form

501-905-6629  
Contact Phone Number





Form 555  
November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
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170169	Verizon North LLC
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575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
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**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Louisiana

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

279009

Study Area Code(s) (SAC)

Alltel Communications, LLC

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	See Attached
---	--------------

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial   *Y*  

279009

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

\_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

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November 2012

**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial                     

<b>A</b>	<b>B</b>
<b>Number of Subscribers Claimed on May FCC Form(s) 497</b>	<b>Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers</b>
2	0

<b>C</b>	<b>D</b>	<b>E = C-D</b>	<b>F</b>	<b>G = (E+F)</b>	<b>H</b>
<b>Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation</b>	<b>Number of Subscribers Responding to ETC Contact</b>	<b>Number of Non-Responding Subscribers</b>	<b>Number of Subscribers Responding That They Are No Longer Eligible</b>	<b>Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility</b>	<b>Number of Subscribers Who De-Enrolled Prior to Recertification Attempt</b>
3	3	0	0	0	1

<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>
<b>Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data</b>	<b>Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible</b>	<b>Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility</b>	<b>Number of Subscribers Who De-Enrolled Prior to Recertification Attempt</b>

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OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

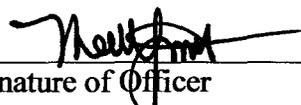
**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
\_\_\_\_\_  
Signature of Officer

Mark R. Smith  
\_\_\_\_\_  
Printed Name of Officer

Exec Dir-Operations  
\_\_\_\_\_  
Title of Officer

1/28/13  
\_\_\_\_\_  
Date

Bob Priebe  
\_\_\_\_\_  
Person Completing this Certification Form

501-905-6629  
\_\_\_\_\_  
Contact Phone Number





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November 2012

**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

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**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Michigan

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

See Attached

Study Area Code(s) (SAC)

See Attached

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

See Attached

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial WJ

See Attached

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

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November 2012

**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial MY

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
7	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
8	8	0	0	0	1

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

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November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
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June	
July	
August	
September	
October	
November	
December	

Signed,



Signature of Officer

Mark R. Smith

Printed Name of Officer

Exec Dir-Operations

Title of Officer

1/25/13

Date

Bob Priebe

Person Completing this Certification Form

501-905-6629

Contact Phone Number

Form 555  
November 2012

**ETC Identification**

<b>SAC</b>	<b>ETC Name</b>
319010	Alltel Communications, LLC
319019	Alltel Communications, LLC

**Holding Company Name(s)**

<b>SAC</b>	<b>Holding Company Name</b>
319010	Cellco Partnership
319019	Cellco Partnership

**DBA, Marketing or Other Branding Name(s)**

<b>SAC</b>	<b>Name</b>
319010	Verizon Wireless
319019	Verizon Wireless



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**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
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170201	Verizon North LLC
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575020	Verizon Washington D.C. Inc.
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**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Minnesota

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

See Attached

Study Area Code(s) (SAC)

See Attached

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

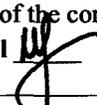
Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs *(include names and SACs, attach additional sheets if necessary)*

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See Attached

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Initial WJ

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
572	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
587	376	211	4	215	46

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

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OR

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October	
November	
December	

Signed,



Signature of Officer

Mark R. Smith  
Printed Name of Officer

Exec Dir-Operations  
Title of Officer

1/28/13  
Date

Bob Priebe  
Person Completing this Certification Form

501-905-6629  
Contact Phone Number

Form 555  
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**ETC Identification**

<b>SAC</b>	<b>ETC Name</b>
369001	WWC Holding Co., Inc.
369002	Midwest Wireless Communications, LLC
369004	RCC Minnesota, Inc.

**Holding Company Name(s)**

<b>SAC</b>	<b>Holding Company Name</b>
369001	Cellco Partnership
369002	Cellco Partnership
369004	Cellco Partnership

**DBA, Marketing or Other Branding Name(s)**

<b>SAC</b>	<b>Name</b>
369001	Verizon Wireless
369002	Verizon Wireless
369004	Verizon Wireless



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**Affiliated Wireline ETCs**

<b>SAC</b>	<b>Name</b>
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575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
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**Deadline: January 31<sup>st</sup> (Annually)**

Mississippi

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

See Attached

Study Area Code(s) (SAC)

See Attached

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

See Attached

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial NY

See Attached

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

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Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial MY

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
650	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
667	490	177	0	177	60

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

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OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial WJ

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,

  
\_\_\_\_\_  
Signature of Officer

Exec Dir-Operations  
\_\_\_\_\_  
Title of Officer

Bob Priebe  
\_\_\_\_\_  
Person Completing this Certification Form

Mark R. Smith  
\_\_\_\_\_  
Printed Name of Officer

1/28/13  
\_\_\_\_\_  
Date

501-905-6629  
\_\_\_\_\_  
Contact Phone Number

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**ETC Identification**

<b>SAC</b>	<b>ETC Name</b>
289010	Alltel Communications, LLC
289002	Rural Cellular Corporation

**Holding Company Name(s)**

<b>SAC</b>	<b>Holding Company Name</b>
289010	Cellco Partnership
289002	Cellco Partnership

**DBA, Marketing or Other Branding Name(s)**

<b>SAC</b>	<b>Name</b>
289010	Verizon Wireless
289002	Verizon Wireless