

<010>	Study Area Code	502288
<015>	Study Area Name	ALL WEST COMM-UT
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Jenny Prescott
<035>	Contact Telephone Number: Number of the person identified in data line <030>	435-783-4913
<039>	Contact Email Address: Email of the person identified in data line <030>	jenny.prescott@allwest.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice) <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband) <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed <input type="text" value="0.0"/>		
<420> Mobile <input type="text" value="0.0"/>		
<430> Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed <input type="text"/>		
<450> Mobile <input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="502288UT510"/> <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="502288UT610"/> <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) <i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband) <i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> <i>(if yes, complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability <i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> <i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1110> <i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	502288
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	502288
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans 502288UT1200

Name of attached document (.pdf)

<1220> Link to Public Website HTTP _____

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information _____ <input type="checkbox"/>	
(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Name of Attached Document Listing Required Information _____ <input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation (3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification. (3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows (3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information 502288UT3005 _____ <input type="checkbox"/> (Yes/No) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Name of Attached Document Listing Required Information _____	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	502288
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	ALL WEST COMM-UT
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/11/2013
Printed name of Authorized Officer:	Jenny Prescott
Title or position of Authorized Officer:	VP/Finance & HR
Telephone number of Authorized Officer:	435-300-4913
Study Area Code of Reporting Carrier:	502288 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments



50 West 100 North
Kamas, UT 84036
866 ALLWEST (255-9378)
www.allwest.com

All West Communications- UT

Study Area Code 502288

This section (attachment FCC Form 481 line 200) is Redacted for Public Inspection in its entirety.

FCC Form 481 Certifications

FCC Form 481 Line 510
All West Communications, Inc. - UT
SAC 502288

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards set forth in Utah Public Service Commission rules Utah Admn. Code R746-340-7, End User Service Standards for All Telecommunications Corporations.

Consumer Protection Rules

The company complies with the following consumer protection laws and rules as enacted by the Utah Legislature and promulgated by the FCC and Federal Trade Commission:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- Utah Code Ann. § 54-8b-18 Unauthorized change of telecommunications provider -- Unauthorized charges -- Procedures for verification
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. § 681, Identity Theft Red Flags

FCC Form 481 Certifications

FCC Form 481 Line 610

All West Communications, Inc. - UT

SAC 502288

Line 610: Functionality in Emergency Situations

- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of God. These provisions include, but are not limited to, installing adequate battery reserve capacity where needed, training personnel in appropriate emergency procedures and rerouting traffic around damaged facilities. {47 CFR §54.202(a) and Utah Admn. Code R746-340-4 (Emergency Operation)}

DWS-HCD UTAP
Rev. 07/2012



State of Utah
Department of Workforce Services
LIFELINE ASSISTANCE PROGRAM APPLICATION

Select your carrier from the following lists.

Wire Line (Land Line Providers):

- | | | |
|--|--|---|
| <input type="checkbox"/> All West Communications | <input type="checkbox"/> CenturyLink Qwest Corp | <input type="checkbox"/> Navajo Comm Co |
| <input type="checkbox"/> Bear Lake Communications | <input type="checkbox"/> Direct Communications | <input type="checkbox"/> Skyline Telecom |
| <input type="checkbox"/> Beehive Telephone | <input type="checkbox"/> Emery Telephone | <input type="checkbox"/> South-Central UT Telephone |
| <input type="checkbox"/> Carbon Emery Telecom | <input type="checkbox"/> Gunnison Telephone | <input type="checkbox"/> UBTA-UBET (Strata) Comm |
| <input type="checkbox"/> Central Utah Telephone | <input type="checkbox"/> Hanksville Telcom Inc. | <input type="checkbox"/> Union Telephone |
| <input type="checkbox"/> Citizens (Frontier) Telecom Co. | <input type="checkbox"/> Manti Telephone Company | |

Wireless Carriers:

- I-Wireless LLC Smith Bagley Sprint Spectrum Virgin Mobile USA Tracfone Wireless

Phone Number (including area code): _____

Please Check One: Wire Line (Land Line) Cell Phone Business

Please respond completely. Inaccurate or incomplete responses may cause your application to be rejected. The information on this application will only be used to assess your eligibility for Lifeline Assistance. Instruction can be found on the reverse side of this application.

Last Name: _____ First Name: _____ Middle Name: _____ Jr. Sr.

Social Security Number or Tribal Identification Number: _____ Date of Birth: _____

Residential street address where service is located, County, City, State, & ZIP: _____

(No PO Boxes)

Please check one box: Permanent address Temporary address

Billing Address (If different from service address): _____

County, City, State, & ZIP (PO Boxes allowed): _____

Please check one box: Permanent address Temporary address

PROGRAM ELIGIBILITY: PLEASE CHECK programs in which you or someone in your household currently participate and attach a copy of eligibility documentation: (If qualifying under Income, see Income Guidelines section below)

- | | |
|--|---|
| <input type="checkbox"/> Home Energy Assistance (HEAT/HELP) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> National Free School Lunch Program (not reduced) |
| <input type="checkbox"/> TANF (Temporary Assistance to Needy Families) | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Federal Public Housing Assistance including Section 8 | <input type="checkbox"/> SNAP (Food Stamps) |
| <input type="checkbox"/> Refugee Assistance | <input type="checkbox"/> Head Start (income qualification standard only) |

If the person participating in one of the programs above is someone in your household other than you, provide his/her name and certify that he/she is a member of your household:

Full legal name of Program Participant (please print) _____ Date of Birth _____ Social Security Number _____

_____ (Please Initial) I certify that this program participant is a member of my household.

INCOME GUIDELINES: If you or a household member does not participate in any of the programs above, you may still be eligible for Lifeline Assistance based on your household size and income. See income chart, and complete the section below. Income is defined as all income actually received by all members of the household.

Mandatory: How many persons live in your household? _____ (see checklist on page 3 for appropriate documentation). Check box for the sources of income for each household member and enter the monthly or yearly income.

Name of person receiving income	Wages (before taxes)	Social Security benefits	Self-Employment (net)	Unemployment / Worker's Comp.	Veteran's Benefits/ Pension	Child Support/ Alimony	Other (please explain)	Monthly or Yearly Income
								\$
TOTAL INCOME								\$

INCOME CHART:

*Add \$446 a month for each additional member.	Household Size	Monthly Income	Household Size	Monthly Income
	1	\$1,257	3	\$2,148
	2	\$1,702	4	\$2,593

After completing this form, please mail this completed application and any supporting documents (original documents are not returned) to:
 Department of Workforce Services
 Utah Telephone Assistance Program (UTAP) • 140 East 300 South, 5th Floor • Salt Lake City, UT 84111
 801-526-9272, Toll Free, 1-800-948-7540, Fax: 801-526-9292

LIFELINE CERTIFICATION FORM

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU SIGN BELOW:

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline benefit is available per household. A household is defined for the purposes of the Lifeline program as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and wireline (landline) providers.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potential prosecution by the US government or state government.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

I certify, under penalty of perjury that: (please read and initial the following):

- _____ My household meets the income-based or program-based eligibility criteria for receiving Lifeline assistance according to the Public Service Commission of Utah rule 746-341 and as provided by the FCC order 54.409.
- _____ I must notify Utah Telephone Assistance Program (UTAP) and my telecommunication carrier within 30 days if for any reason my household no longer satisfies the criteria for receiving Lifeline benefit. This includes: a) my household no longer meets the income-based or program-based criteria for receiving Lifeline benefit; b) I am receiving more than one Lifeline benefit; or, c) another member of my household is receiving a Lifeline benefit.
- _____ I understand that I am seeking to qualify for the Lifeline benefit as a eligible resident of Tribal lands and that my household lives on Tribal lands as defined by federal code 54.4001.
- _____ I understand that if I move to a new address that I must notify UTAP and my telecommunication provider within 30 days and provide mine new address.
- _____ I understand that if I provided a temporary residential address that I will be required to verify my temporary residence address every 90 days with the UTAP office.
- _____ I understand that my household will only receive one lifeline benefit and to the best of my knowledge, my household is not already receiving a Lifeline benefit.
- _____ I understand and acknowledge that providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- _____ I understand and acknowledge that I will be required to re-certify my household's eligibility for Lifeline benefits at any time, and failure to do so will result in de-enrollment and the termination of my household's Lifeline benefit pursuant to federal code 54.4051(4).
- _____ I understand that if my application is denied, I have the right to a fair hearing, and that I will send a written notification of request for a fair hearing within 10 days after receiving the denial notification. Fair hearing requests are to be mailed to Division of Public Utilities, 160 East 300 South, 4th Floor, Salt Lake City, UT 84111.
- _____ I understand and consent to the Department of Workforce Service (UTAP) and/or my telecommunication carrier to providing my information, including but not limited to, my name, residential address, phone number, date of birth, social security number, the date on which my Lifeline benefit was initiated/terminated, the amount of Lifeline benefit provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database, and any state agency for official business to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, my Lifeline benefit will be discontinued.
- _____ I understand that if I live in a multiple household (a household is defined as a group of individuals who live together, at the same address, and share income and expenses) that I will also complete and sign the multiple household certification worksheet on page three.
- _____ I understand that my Lifeline benefit is non-transferrable. I may not transfer my benefit to any individual, including another eligible low-income consumer.
- _____ I understand that I am responsible to repay the difference between the discounted and regular price if I am not eligible for the Lifeline benefit.
- _____ I certify that the information contained in this certification form is true and correct to the best of my knowledge.

 Lifeline Assistance Applicant Signature
 (Must be the same name as on page one)

 Date

MULTIPLE HOUSEHOLD CERTIFICATION WORK SHEET: If there are multiple unique households (as defined in question 1 below) at your address, please also complete and submit the Household Worksheet below. This will assist us in being able to respond promptly to your request for Lifeline benefits.

Question 1. At some addresses, there are multiple unique households. A household is defined as a group of individuals who live together, at the same address, and share income and expenses. For example, apartments in an apartment building are usually unique households. Individuals living in a nursing home can be considered unique households. Are there adults living at your address who are not part of your household? YES NO

- If you checked YES, please read and initial line A in the certification box below. Then, continue to question #2.
- If you checked NO, please continue to question #2.

Question 2. In addition to yourself, are there individuals living at your address who are part of your household? This could include your spouse, domestic partner, an adult relative, dependent children, or a roommate. YES NO

- If you checked YES, please continue to question #3.
- If you checked NO, you do not need to answer remaining questions. Please read and initial line B in the certification box below, and sign /date the worksheet.

Question 3. Provide a list of all individuals in your house:

Full Name	Social Security Number	Date of Birth	Relationship

Question 4. Do any members of your household, including you, currently receive Lifeline discounts on a wireline or wireless phone? YES NO

- If you checked YES, your household is not eligible for another Lifeline discount. Please do not submit this application. If the other Lifeline discount(s) are discontinued, you may submit an application at that time.
- If you checked NO, please initial line B below, and sign and date the worksheet and mail it back.

CERTIFICATION

Please initial the certifications below based on your answers to the three questions above, sign and date this worksheet.

- A. ____ I certify that I live at an address occupied by multiple households.
- B. ____ I understand that violation of the one-per-household requirement is against the Fed. Communication Commission's rules and may result in loss of benefits and potentially prosecution by the U.S. government.

Lifeline Assistance Applicant Signature

Date

APPLICATION CHECKLIST – Please provide the following:

- Signed and completed Lifeline application form.
- If applying based on program eligibility, a copy of a program identification card or other social service agency documentation showing current participation. Documentation for at least one program is necessary as proof of eligibility.
- If applying based on the size and income level of customer's household, provide a copy of one of the following:
 - Prior year's federal, state, or tribal income tax return
 - Current income statement from employer
 - Paycheck stubs for any three consecutive months within the prior twelve months
 - Social security statement of benefits
 - Veteran's Administration statement of benefits
 - Retirement or pension statement of benefits
 - Unemployment or Worker's Compensation statement of benefits
 - Letter of Participation in General Assistance. Federal or tribal notice of participation for general assistance.
 - Divorce decree or child support documentation containing income information

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.



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All West Communications- UT

Study Area Code 502288

This section (attachment FCC Form 481 line 3005) is Redacted for Public Inspection in its entirety.