

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

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

<010>	Study Area Code	502288
<015>	Study Area Name	ALL WEST COMM-UT
<020>	Program Year	2015
<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>	4357834913 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jenny.prescott@allwest.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; padding: 2px;">502288UT510.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; padding: 2px;">502288UT610.pdf</div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	<div style="border: 1px solid black; padding: 2px;">502288UT1010.pdf</div> (attach descriptive document)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>		(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<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>		(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>		(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet				
<3000>		(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input 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
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<010>	Study Area Code	502288
<015>	Study Area Name	ALL WEST COMM-UT
<020>	Program Year	2015
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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 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

Please check these boxes below to confirm that the attached document(s), 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		<input type="checkbox"/>
<114> Report how much universal service (USF) support was received		<input type="checkbox"/>
<115> How (USF) was used to improve service quality		<input type="checkbox"/>
<116> How (USF) was used to improve service coverage		<input type="checkbox"/>
<117> How (USF) was used to improve service capacity		<input type="checkbox"/>
<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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<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

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), 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**

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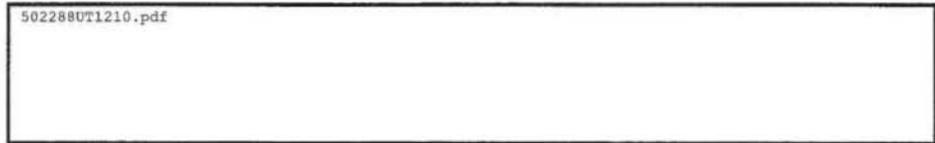
<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<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



Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), 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)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

- Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**
- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

- Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**
- <2016> Certification Support Used to Build Broadband

- Connect America Phase II Reporting {47 CFR § 54.313(e)}**
- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), 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.

- <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.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No)
 (Yes/No)

Please check these boxes to confirm that the attached document(s), 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) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

50228UT3015.pdf

Name of Attached Document Listing Required Information

(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?

(Yes/No)

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) Document(s) for 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 3025 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) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

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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<039> Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.com

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 06/25/2014
Printed name of Authorized Officer:	Jenny Prescott
Title or position of Authorized Officer:	Vice President of Finance
Telephone number of Authorized Officer:	4357834913 ext.
Study Area Code of Reporting Carrier:	502288 Filing Due Date for this form: 07/01/2014
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.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554**

In the Matter of)	
)	
Connect America Fund)	CC Docket No. 10-90
)	
Lifeline and Link Up Reform and Modernization)	WC Docket No. 11-42
)	

**Request of All West Communications, Inc. 502288
For Confidential Treatment**

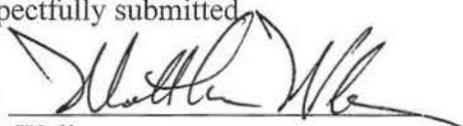
Pursuant to 47 C.F.R. § 0.459 of the Commission's Rules, requests confidentiality with respect to the submission of the Five-Year Build-Out Plan of All West Communications, Inc. in CC Docket No. 10-90 and WC Docket No. 11-42.

The following information is submitted pursuant to 47 C.F.R. § 0.459(b) of the Commission's rules:

- (1) All West Communications, Inc. requests that the Company's Five-Year Build-Out Plan and Narrative Description and attached herewith be given confidential treatment.
- (2) The Company's Five-Year Build-Out Plan and Narrative Description are submitted to the Commission pursuant to the *USF/ICC Transformation Order* (November 18, 2011) and 47 C.F.R. §§ 54.202(a)(1)(ii) and 54.313(a)(1).
- (3) Specific details, including financial, contained in the Company's Five-Year Build-Out Plan and Narrative Description are confidential commercial information routinely withheld from public inspection in accordance with 47 C.F.R. § 0.457(d).
- (4) The information contained the Company's Five-Year Build-Out Plan and Narrative Description is of both a financial and competitive nature regarding the provision of telecommunications services. The telecommunications industry is highly competitive.

- (5) The financial and competitive information provided herein is information that would not customarily be released to the public. Due to the competitive environment of the marketplace, release of this information could substantially harm All West Communications, Inc.'s business and physical infrastructure.
- (6) In order to prevent unauthorized disclosure of the subject information, the attached Five-Year Build-Out Plan and Narrative Description are being filed via express delivery service.
- (7) The subject information is not available to the public or any third parties.
- (8) Pursuant to 47 C.F.R. § 0.457(d), the subject material is not routinely available for public inspection and should continue to be withheld from public inspection at any time now or in the future.
- (9) Not applicable.

Respectfully submitted,

By: 

Matt Weller

President

All West Communications, Inc.

50 W 100 N

Kamas, UT 84036

435-783-4361

June 25, 2014

All West Communications, Inc. – SAC 502288

FCC Form 481 Redacted Filing

This section (Line 100 Attachment) 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)}

FCC Form 481 Certifications
FCC Form 481 Line 1010
All West Communications, Inc. -UT
SAC 502288

Line 1010: Voice Services Rate Comparability

- All West Communications retail monthly residential local service rate is \$16.50



State of Utah
Department of Workforce Services
LIFELINE ASSISTANCE PROGRAM APPLICATION

This office does not currently certify wireless customers. For Cell phone approval, contact the company directory. This application is only for landline customers of the following telephone companies: Please check your provider.

- | | | |
|--|--|---|
| <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 Telcom | <input type="checkbox"/> South-Central Utah Telephone Association |
| <input type="checkbox"/> Carbon/Emery Telcom | <input type="checkbox"/> Gunnison Telephone | <input type="checkbox"/> UBTA-UBET Communications,
(Strata Networks) |
| <input type="checkbox"/> Central Utah Telephone | <input type="checkbox"/> Hanksville Telcom | <input type="checkbox"/> Union Telephone |
| <input type="checkbox"/> Citizens (Frontier) Telecom Co. | <input type="checkbox"/> Manti Telephone Company | |

Telephone Number and area code*: (_____) _____ Wire Line (Land Line) phone numbers only.

*If you do not currently have telephone service, please leave the name and telephone number where you can be reached.

Name of **MESSAGE contact**: (print) _____ **MESSAGE #**: (_____) _____

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. Instructions can be found on page 2 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 (needs to be street address, not a PO Box):

Street Number _____ Apt. _____ City _____ State (Utah residents only) _____ ZIP _____ County _____

Is the address above your Permanent address? Or Temporary address? Please check one.

Billing Address (If different from service address, may include PO Boxes): Is this a Permanent address? Or Temporary address?

POBox or Street Number _____ Apt. _____ City _____ State (Utah residents only) _____ ZIP _____ County _____

You have the option of applying one of two ways: Section 1, by PROGRAM; OR Section 2, by INCOME

SECTION 1, PROGRAM ELIGIBILITY: PLEASE CHECK the programs in which you or someone in your household currently participate and attach a copy of eligibility documentation: (If qualifying under Income, see **Income Eligibility** section below)

- | | |
|--|---|
| <input type="checkbox"/> Home Energy Assistance Target (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.

SECTION 2, INCOME ELIGIBILITY: 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 below, and complete the section below. Household income is defined as "all income actually received by all members of a household. This includes salary before deductions for taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, lottery winnings, etc. The only exceptions are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing, etc. Attach an additional sheet if needed.

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

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	\$2,149
		2	\$1,703	4	\$2,595

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 wire line (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):**

- _____ 1. Qualifiers: My household meets the following income-based or program-based eligibility criteria for receiving Lifeline assistance.
 - a) Program Eligibility: I, or one or more of my dependents, or my household receive benefits from one of qualifying programs as listed on page 1; **OR**
 - b) Income: My household income as defined under the income guidelines section on page 1 is at or below 135% of the Federal Poverty Guidelines for a household of that size as listed on page 1; **OR**
 - c) **IF** I live on Tribal lands including any federally recognized Indian Tribe's reservation, pueblo, or colony, or any land designated as such by the Federal Communications commission for purposes of Lifeline assistance and I qualify under one of the above low income qualifications or I, one or more of my dependents, or my household participates in one of the following Tribal-specific federal assistance programs; Bureau of Indian Affairs general assistance; Tribally administered Temporary Assistance for Needy Families; Head Start (only those households meeting its income qualifying standard); or Food Distribution Program on Indian Reservations; **AND**
 - d) No one in my household is already receiving a Lifeline service.
- _____ 2. 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:
 - My household no longer meets the income-based or program-based criteria for receiving Lifeline benefit;
 - I am receiving more than one Lifeline benefit; or,
 - Another member of my household is receiving a Lifeline benefit.
- _____ 3. I certify that **IF** I am seeking to qualify for the Lifeline benefit as an eligible resident of Tribal lands my household lives on federally recognized Indian Tribe's as defined in 1c above. (If Not Applicable, enter NA)
- _____ 4. I understand that if I move to a new address that I must notify UTAP and my telecommunication provider within 30 days and provide my new address.
- _____ 5. 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. (If Not Applicable, enter NA)
- _____ 6. I certify 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.
- _____ 7. I understand and acknowledge that providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- _____ 8. I understand and acknowledge that I may 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.
- _____ 9. 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.
- _____ 10. 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.
- _____ 11. 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 need to complete and sign the multiple household certification worksheet on page three. (If Not Applicable, enter NA).
- _____ 12. I understand that my Lifeline benefit is non-transferrable. I may not transfer my benefit to any individual, including a family member, roommate, or other eligible low-income consumer.
- _____ 13. 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 and have been receiving the benefit during an ineligible period.
- _____ 14. 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

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) • PO BOX 147140 • Salt Lake City, UT 84114
 Toll Free, 1-800-948-7540, Fax: 801-526-9292

MULTIPLE HOUSEHOLD CERTIFICATION WORKSHEET: Complete only if it applies to statement 11, otherwise, put NA. 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: Attach an additional sheet if needed.

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 wire line 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.

All West Communications, Inc. – SAC 502288

FCC Form 481 Redacted Filing

This section (Line 3005 Attachment) is Redacted for Public
Inspection in its entirety.