**AFFIDAVIT OF **

**(Carrier name)**

**(A WISCONSIN ELIGIBLE TELECOMMUNICATIONS CARRIER)**

**REGARDING ELIGIBILITY FOR FEDERAL AND STATE SUPPORT FUNDS**

**I, the undersigned, being duly sworn, state as follows:**

1. I am the  of  (“Carrier”),

(Official title) (Carrier name)

Wisconsin Utility Number 

FCC Study Area Code(s) .

1. I am a corporate officer responsible for certifying Carrier’s universal service eligibility and program compliance.

**I declare under penalty of perjury that I have authority to bind the above-named Carrier to the following statements, and that they are true and correct with respect to Carrier.**

1. Carrier is an eligible telecommunications carrier (ETC) within the meaning of 47 U.S.C. § 214(e) as enacted by the Federal Telecommunications Act of 1996, and is eligible to receive universal service fund (USF) support pursuant to 47 U.S.C. § 254(e).
2. Carrier has used all federal USF high cost monies received in the preceding calendar year only for the provision, maintenance, and upgrading of facilities and services for which the support is intended.
3. Carrier will use all federal USF high cost monies received in the coming calendar year only for the provision, maintenance, and upgrading of facilities and services for which the support is intended.
4. Carrier will abide by all relevant requirements for ETCs set forth in federal statues or Federal Communications Commission (FCC) rules, and with all applicable state rules and requirements.
5. Carrier will verify Lifeline eligibility of all Wisconsin customers using the National Verifier system for Lifeline eligibility verification.
6. At least twice a year, Carrier will advertise the availability of its Lifeline services, and describe the services offered, in a publication of mass distribution within Wisconsin, pursuant to Wis. Admin. Code § PSC 160.13(2)(a)2.and 47 USC § 54.201(d)(2).
7. Carrier will timely file the annual fiscal questionnaire (due April 1st of each year), and any other filings required by the Public Service Commission of Wisconsin (PSCW).

(Signature)



(Typed name)



(Date)