

AFFIDAVIT OF _____

(Carrier name)

**(A WISCONSIN ELIGIBLE TELECOMMUNICATIONS CARRIER)
REGARDING ELIGIBILITY FOR FEDERAL AND STATE LOW-INCOME SUPPORT FUNDS**

STATE OF _____)
) ss.
COUNTY OF _____)

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

1. I am the _____ of _____ (“Carrier”),
(Official title) (Carrier name)
 Wisconsin Utility Number _____ and FCC Study Area Code _____.
2. I am a corporate officer responsible for certifying Carrier’s Lifeline 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.

3. 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 support pursuant to 47 U.S.C. § 254(e).
4. Carrier will abide by all relevant requirements for ETCs set forth in federal statutes or Federal Communications Commission (FCC) rules.
5. Carrier will first use the CALER database query procedures to verify Lifeline eligibility of all customers on an initial and annual basis.
6. [If required to file one:] Carrier will abide by the terms of its compliance plan.
7. Carrier will timely file the annual fiscal questionnaire, and any other filings required by the Public Service Commission of Wisconsin (PSCW).

Check only one box below to include the applicable statement nos. 8 and 9 in the affidavit.

- Carrier *is certified as a “federal only”* ETC under Wis. Stat. § 196.218(4)(b) and:
8. Carrier is a Commercial Mobile Radio Service (CMRS) provider.
 9. Carrier will neither request nor receive state universal service funding.
- Carrier *is not a certified “federal only”* ETC under Wis. Stat. § 196.218(4)(b) and:
8. Carrier will provide the services as defined in Wis. Stats. § 196.218(1)(a), incorporating the services and functionalities as listed in 47 C.F.R. § 54.101(a).
 9. Carrier will charge the minimum charge for lifeline service as set forth in Wis. Admin. Code PSC § 160.062(2)(c), or, if the PSCW has granted a waiver of that requirement, will abide by all conditions of that waiver.

(Signature)

(Typed name)

Subscribed and sworn to before me
this ___ day of _____, 2016.
_____, Notary Public
_____ County, _____ (State)
My Commission expires _____