

**Annual Lifeline Eligible Telecommunications Carrier Certification Form** All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

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

479015

Study Area Code (SAC)

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

2021

ID

Recertification Year

State

Assurance Wireless

DBA, Marketing, or Other Branding Name

(If same as ETC name, list "N/A" Do not leave blank)

143033426

Service Provider Identification Number (SPIN)

Assurance Wireless USA L.P.

ETC Name

T-Mobile USA, Inc.

Holding Company Name

(If same as ETC name, list "N/A" Do not leave blank)

**Does the reporting company have affiliated ETCs?**

Yes ☒

No ☐

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name

Idaho Public Utilities Commission  
Office of the Secretary  
RECEIVED

FEB 03 2022

Boise, Idaho

### ETCs Subject to the Non-Usage Requirements

*All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.*

**Is the ETC subject to the non-usage requirements?**

Yes ☒

No ☐

*If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.*

<b>P</b>	<b>Q</b>
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	796
June	155
July	147
August	122
September	116
October	27
November	125
December	100
Total Subscribers	1588

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

### Initial Certification *All ETCs must complete this section*

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer 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; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial LW

## Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	0	0	0	0	0	0	0
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	0	0	0	0	0	0	0

## Recertification Methods

### State of federal database

- D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

- E. Name of the data source(s) used to verify consumer eligibility:

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### ETC Direct Contact

- F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

- G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

**Third Party**

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J. Name of third party administrator used to verify subscriber eligibility:

\_\_\_\_\_

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

**Certification:**

**Recertification Method: Database**

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial \_\_\_\_\_



**Recertification Method: ETC**

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

**Initial** \_\_\_\_\_

**Recertification Method: Third Party**

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

**Initial** \_\_\_\_\_

**No Subscribers**

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

**Initial** \_\_\_\_\_

$M = (G+K)$	$N = (D+F+I)$	$O = M/N*100$
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
0	0	0.0%

**Signature Block**

By signing 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 Code (SAC) listed above.

Signed,

Larry Weians, Vice President

Signature of Officer

larry.j.weians@sprint.com

Email Address of Officer

Kaitlyn Hill

Person Completing This Certification Form

Larry Weians, Vice President

Printed Name and Title of Officer

Jan 31, 2022

Date

9132260883

Contact Phone Number

## Affiliated ETCs

SAC	Name
179014	T-Mobile USA Inc.
199016	T-Mobile USA Inc.
219013	T-Mobile USA Inc.
269024	T-Mobile USA Inc.
289029	T-Mobile USA Inc.
369014	T-Mobile USA Inc.
529013	T-Mobile USA Inc.
639003	T-Mobile Puerto Rico LLC
109010	Assurance Wireless USA L.P.
119003	Assurance Wireless USA L.P.
129005	Assurance Wireless USA L.P.
139003	Assurance Wireless USA L.P.
159018	Assurance Wireless USA L.P.
169003	Assurance Wireless USA L.P.
179012	Assurance Wireless USA L.P.
189009	Assurance Wireless USA L.P.
199013	Assurance Wireless USA L.P.
209015	Assurance Wireless USA L.P.
219012	Assurance Wireless USA L.P.
229015	Assurance Wireless USA L.P.
239018	Assurance Wireless USA L.P.
249013	Assurance Wireless USA L.P.
259032	Assurance Wireless USA L.P.
269027	Assurance Wireless USA L.P.
279034	Assurance Wireless USA L.P.
289028	Assurance Wireless USA L.P.
299018	Assurance Wireless USA L.P.
309005	Assurance Wireless USA L.P.
319023	Assurance Wireless USA L.P.
329011	Assurance Wireless USA L.P.
339032	Assurance Wireless USA L.P.
349033	Assurance Wireless USA L.P.
359126	Assurance Wireless USA L.P.
369018	Assurance Wireless USA L.P.
409025	Assurance Wireless USA L.P.
419024	Assurance Wireless USA L.P.
429025	Assurance Wireless USA L.P.
449061	Assurance Wireless USA L.P.
459018	Assurance Wireless USA L.P.
469014	Assurance Wireless USA L.P.
499015	Assurance Wireless USA L.P.
509006	Assurance Wireless USA L.P.
529014	Assurance Wireless USA L.P.
539011	Assurance Wireless USA L.P.
549016	Assurance Wireless USA L.P.
559021	Assurance Wireless USA L.P.
569003	Assurance Wireless USA L.P.
579003	Assurance Wireless USA L.P.
589006	Assurance Wireless USA L.P.