

Control Number: 41110



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PUBLIC UTILITY COMMISSION FILING CLERK

February 1, 2016

Filing Clerk
Public Utility Commission of Texas
1701 N. Congress Avenue
Austin, Texas 78711-3326

Dear Filing Clerk:

Subject:

PROJECT NO. 41110 - ETC's (Eligible Telecommunications Carriers) FCC

Form 555 Filing

In its February 6, 2012 Report and Order in WC Docket No. 11-42, the Federal Communications Commission (FCC) directed ETCs to report the results of the Lifeline recertification process to the FCC, USAC and the state commissions.

Attached for filing is the 2015 wireline Form 555 (Annual Lifeline Eligible Telecommunications Carrier Certification Form) for MCImetro Access Transmission Services LLC d/b/a Verizon Access Transmission Services. This form was filed with both the FCC and USAC.

Questions regarding this filing may be directed to me at 813-417-6600.

Very truly yours,

Jóan Gage

Sr. Consultant - State Government Affairs

Attachment

343 1

449007

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 31st (Annually)

Study Area Code (SAC)	
, ,	certification form for each SAC through which it provides Lifeline service).
TX	Verizon Business Global LLC
State	ETC Name
MCI	Verizon Communications Inc.
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as BTC name, list "N/A" Do not leave blank)
determined in accordance with Section 3(2) of the Communications	Yes 6 No 6 No 6 L, using page 4 and additional sheets if necessary. Affiliation shall be stack. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
- See attached worksheet	
aws (or partnership agreement), and would typically be comptroller, treasurer, or a comparable position. If the fi	is a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, ler is a sole proprietorship, the owner must sign the certification.
certify that the company listed above has certification pr	rocedures in place to:
A) Review income and program-based eligibility docume that, to the best of my knowledge, the company we income and/or program-based eligibility prior to his or	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or
Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in	is to a state database and/or notice of eligibility from the state the Lifeline program.
am an officer of the company named above. I am auth	norized to make this certification for the Study Area Code listed
nitial	

Section 2: **Annual Recertification**

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

A	В	С	D	E=(A-B-C-D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data manth)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resulters	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifetine service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recartifying for current Form 555 calendar year
449	0	13	133	303

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscriburs responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
327	8

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

Certification:

Based on the data entered above, initial the certification(s) below that apply, Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.)	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. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.
	Initial
	AND/OR
B.)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	Solix
	Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the
	SAC listed above.
	Initial RM
	OR
	VA.

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial_

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	O = ((N+M) * 100)
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be do- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
327	8	2.45%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes [5]

No 🖸

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

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	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,

Certified Online

Signature of Officer

robert.mutzenback@yerizon.com

Email Address of Officer

Frank Mancino

Person Completing This Certification Form

Robert Mutzenback, Vice President Taxes

Printed Name and Title of Officer

01/28/2016

Date

703-886-3402

Contact Phone Number

Affiliated ETCs

SAC	Name
359070	Iowa 7 partnership
359071	Iowa 8 Monona Limited Partnership
389006	North Central RSA 2 of North Dakota
389007	North Dakota 1 - Northwest Dakota LP
389008	North Dakota RSA 3
389009	North Dakota 4 Badlands
389010	Verizon Wireless
159014	St. lawrence Seaway RSA Cellular Partnership
159015	New York RSA 2 Cellular
339023	Alitel Communications
115112	Verizon Massachusetts
585114	Verizon Massachusetts
155130	Verizon New York Inc.
165120	Verizon New Jersev Inc
175000	Verizon Pennsylvania LLC.
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC.
565010	Verizon Delaware LLC
575020	Verizon Washington DC Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	Verizon Southwest Inc.
442154	Verizon Southwest Inc.
190233	Verizon South Inc
190479	Verizon South Inc
449007	Verizon Business Global LLC
