

Control Number: 41110



Item Number: 772

Addendum StartPage: 0



# RECEIVED

2020 FEB -3 PM 1: 52 Susan C. Genez Direct: (512) 615-1218 PUBLIC UTILITY COMMISSION sgentz@enochkever.com

February 3, 2020

Central Records File Clerk Public Utility Commission of Texas 1701 North Congress Avenue, Rm. 8-100 Austin, Texas 78701

Re:

Project No. 41110, ETC's (Eligible Telecommunications Carriers) FCC Form 555

Filing

Dear Sir or Madam:

In accordance with FCC requirements, attached are the original and three copies of Virgin Mobile USA, LP's 2019 Form 555 Annual Lifeline Eligible Telecommunications Carrier Certification Form, which also has been filed at the FCC.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Susan C. Gentz

Attorneys for Sprint Corporation

SCG/th Attachment

1

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)

449061		143033426
Study Area Code (SAC) An Eligible Telecommunicati		Service Provider Identification Number (SPIN) e a certification form for each SAC through which it provides Lifeline service).
2019	TX	Virgin Mobile USA LP
Recertification Year	State	ETC Name
Assurance Wireless		Sprint Corporation
DBA, Marketing, or Otl		Holding Company Name
(If same as ETC name, list "N/		(If same as ETC name, list "N/A" Do not leave blank)
es the reporting compa vide a list of all ETCs that are	A" Do not leave blank)  Iny have affiliated ETCs affiliated with the reporting Election 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank)

# 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.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	457
February	291
March	201
April	83
May	205
June	227
July	507
August	16299
September	0
October	4265
November	10244
December	16329
Total Subscribers	49108

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.

	JF	
Initial		

#### **Minimum Service Level**

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

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

Initial	JF

#### **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.	4372	5322	9040	11441	14299	11608	8320	8519	8070	7389	7763	7324	103467
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	4372	5322	9040	11441	14299	11608	8320	8519	8070	7389	7763	7324	103467

#### **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:

#### **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.	4372	5322	9040	11441	14299	11608	8320	8519	8070	7389	7763	7324	103467

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

State administrator

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.	1077	1434	2194	3013	3811	3322	2296	2432	2105	1874	1928	1798	27284

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.	3295	3888	6846	8428	10488	8286	6024	6087	5965	5515	5835	5526	76183

# 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		
	as procedures in place to recertify consun pany named above. I am authorized to ma	
Initial JF		
	federal low income support for any Lifeli y named above. I am authorized to make	
Initial		
M = (G+K)	N = (D+F+I)	O = M/N*100

W - (G+K)	N - (DTFT1)	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
27284	103467	26.37%

# **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,

Jay M Franklin, Assistant Controller

Signature of Officer

Jay.M.Franklin@sprint.com

Email Address of Officer

Andy M. Lancaster

Person Completing This Certification Form

Jay M Franklin, Assistant Contro

Printed Name and Title of Officer

Jan 31, 2020

Date

913-762-6107

Contact Phone Number

# **Affiliated ETCs**

SAC	Name
639007	PR Wireless PR LLC
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