Attachment D

Oklahoma Universal Service Fund Fiscal Year 2019/2020 Remittance Worksheet Instructions

OUSF REGISTRATION AND ONLINE ACCESS REQUEST (Contributing Provider)

Contributing Provider Information:			
Company Code: OK	Company Name:_		
Street, Suite, PO Box:		City/State/Zip:	
Primary Company Contact:		Title:	
Phone #:	E-Mail:	and password will be sent to this email address	
Date First Generated Oklahoma Revenu	(User I.D.	and password will be sent to this email address	5)
Primary Communications Business (Ple	ase circle one):		
LEC CLEC IXC CEL PAG	G VoIP CAP	OSP PAY SAT	
<u>Affiliate Companies (if applicable):</u> (To report on behalf of one or more aff	îliate companies, plea	use list all applicable companies)	
Company Code: OK	Company Name:		
Company Code: OK (If additional space is required, please)		rt(s))	
<u>Authorized Reporting Agent Informa</u> (Please complete this section if an agen		F on behalf of your company)	
Agent Company Name:	Pr	imary Contact at Agent:	
Street, Suite, PO Box:	Ci	ity/ State/ Zip:	
Telephone:	E-	Mail:	
required to report on an Annual or Mont may report more frequently than require required. Annual (\$49,999 <u>or less</u> in annua Monthly (\$50,000 or more in ann	hly basis, based on an d based on annual rev l revenue; required fo nual revenue or carrier	choice)	ing providers equently than
Under penalties as permitted by Oklahor information is true and correct to the bes		have reviewed the above listed informat	ion and that the
Authorized Signature:		Date:	

Please submit to: GVNW Consulting, Inc. OUSF Manager, 2930 Montvale Dr, Ste B, Springfield, Illinois, 62704. FAX: (217) 698-2715 E-Mail: OUSF@gvnw.com