

**Oklahoma Universal Service Fund  
Fiscal Year 2021/2022 Remittance Worksheet Instructions**

**OUSF REGISTRATION FORM (Contributing Provider)**

REVENUE-BASED METHODOLOGY – JULY 2021 – OCT 2021

**Contributing Provider Information:**

Company Code: OK- \_\_\_\_\_ Company Name: \_\_\_\_\_

Street, Suite, PO Box: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*(User I.D. and password will be sent to this email address)*

Date First Generated Oklahoma Revenue: \_\_\_\_\_

**Primary Communications Business (Please circle one):**

ILEC   CLEC   IXC   CEL   PAG   VoIP   CAP   OSP   PSP   RES

**Authorized Reporting Agent Information:**

*(Please complete this section if an agent reports to the OUSF on behalf of your company)*

Agent Company Name: \_\_\_\_\_ Primary Contact at Agent: \_\_\_\_\_

Street, Suite, PO Box: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Reporting Frequency Election:**

Please select the appropriate reporting frequency election for Fiscal Year 2021-2022. Contributing providers are required to report on an Annual or Monthly basis, based on annual intrastate retail revenues. Contributing providers may report more frequently than required based on annual revenues of more than \$0.00, but not less frequently than required.

Annual (\$49,999 or less in annual revenue; **required for \$0.00 annual revenue**)

Monthly (\$50,000 or more in annual revenue or carrier choice)

Under penalties as permitted by Oklahoma law, I certify that I have reviewed the above listed information and that the information is true and correct to the best of my knowledge.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please submit to: Vantage Point Solutions, OUSF Manager,  
2930 Montvale Dr, Ste B, Springfield, Illinois, 62704. FAX: (217) 698-2715 E-Mail: ousf@vantagepnt.com*