

**Arkansas High Cost Fund
2025 Carrier Revenue Report Instructions**

AHCF REGISTRATION FORM

Section 1: Company Address (Do NOT Include Agent Information)

Company Name: _____ AHCF Company Code: AR- _____

Street, Suite, PO Box: _____ City/ State/ Zip _____

Primary Company Contact: _____ Date First Generated Arkansas Revenue: _____

Title: _____ Phone #: _____

E-Mail: _____

Primary Communications Business (Please circle one):

LEC CLEC IXC CELL VoIP CAP OSP PAY OTHER: _____

Section 2: Agent Information:

Agent Company Name: _____ Primary Contact at Agent: _____

Street, Suite, PO Box: _____ City/ State/ Zip: _____

Telephone: _____ E-Mail: _____

Company Officer Signature/Title: _____ Date: _____

****Company Officer must sign Section 2 if Agent submits carrier revenue report.**

Section 3: Reporting Frequency Election:

☐ Annual
☐ Quarterly
☐ Monthly

Under penalties as permitted by Arkansas 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.

Company Officer Signature/Title: _____ Date: _____

This form must be submitted online via E-File at <https://usflogon.vantagepnt.com/>.