

# Oklahoma Universal Service Fund Funding Year 2025-2026 Remittance Worksheet Instructions

## OUSF REGISTRATION FORM (Contributing Provider)

CONNECTIONS-BASED METHODOLOGY JULY 2025 – JUNE 2026

### Contributing Provider Information:

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

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

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

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

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

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

ILEC   CLEC   IXC   CEL   VoIP   CAP   OSP   PSP   RES

### Authorized Reporting Agent Information:

*(Please complete this section if an agent/third party 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 2025-2026. Contributing providers are required to report on a Monthly basis, unless authorized to report on a calendar quarter. Contributing providers seeking Quarterly filer authorization must submit the OUSF Request to Report Quarterly (Attachment E) online at <https://usflogon.vantagepnt.com/>.

☐

Quarterly (OUSF Administrator-Authorized Providers Only. Must include OUSF Administrator's authorization.)

☐

Monthly

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  
E-Mail: [ousf@vantagepnt.com](mailto:ousf@vantagepnt.com)*