

**Arkansas High Cost Fund
2026 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: _____

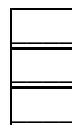
E-Mail: _____

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/>.