

Oklahoma Universal Service Fund
Funding Year 2026-2027 Remittance Worksheet Instructions

OUSF REGISTRATION FORM (Contributing Provider)

CONNECTIONS-BASED METHODOLOGY JULY 2026 – JUNE 2027

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 2026-2027. 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*