# חבטבויבם ו מש פי פי



600 Hidden Ridge, HQE02N59

Irving, TX 75038

Phone: 972-841-9213 Fax: 972-718-6161

February 1, 2016

Ms. Claudia S. Stauffer
Office of the Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Subject: PROJECT NO. 41110- ETC'S (ELIGIBLE TELECOMMUNICATIONS CARRIERS) FCC FORM 555 FILING

Dear Ms. Stauffer:

The Federal Communications Commission (FCC), in its February 6, 2012 Report and Order in WC Docket No. 11-42, directed ETCs to report the results of the Lifeline recertification process to the FCC, USAC, and the state commissions.

Attached for filing is the 2015 wireline Form 555 (Annual Lifeline Eligible Telecommunications Carrier Certification Form) for Verizon Florida LLC for Study Area Codes 210328. This form was filed with both the FCC and USAC as required.

If you have any questions or concerns, please feel free to contact me at (972) 841-213 or by email at Jane.lee@verizon.com.

Sincerely,

Jane Lee State Government Relations Verizon-South Area Region

/jfl Attachments COMMISSION

# **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

| 210328   |  |
|--|--|
| Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide                           | a certification form for each SAC through which it provides Lifeline service).   |
| FL   | Verizon Florida LLC.   |
| State  | ETC Name   |
| Verizon  | Verizon Communications Inc.  |
| DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)                 | Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)  |
| Does the reporting company have affiliated ETCs  | s? Yes 📵 No 🖸  |
| determined in accordance with Section 3(2) of the Communicati  | ETC, using page 4 and additional sheets if necessary. Affiliation shall be ions Act. That Section defines "affiliate" as "a person that (directly or indirectly) n ownership or control with, another person." 47 U.S.C. § 153(2). See also 47   |
| Affiliated ETC's SAC   | Affiliated ETC's Name  |
| See attached worksheet   |  |
| formation, or other similar legal document. An office laws (or partnership agreement), and would typically | pant of a position listed in the article of incorporation, articles of the error is a person who occupies a position specified in the corporate by the president, vice president for operations, vice president for finance e filer is a sole proprietorship, the owner must sign the certification. |
| Section 1: Initial Certification All ETCs must comp  | olete this section   |
| I certify that the company listed above has certification  | n procedures in place to:  |
|  | umentation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's households or her enrollment in Lifeline; and/or   |
| B) Confirm consumer eligibility by relying upon ac<br>Lifeline administrator prior to enrolling a consume  | ccess to a state database and/or notice of eligibility from the state r in the Lifeline program.   |
| I am an officer of the company named above. I am a above.  | authorized to make this certification for the Study Area Code listed   |
| Initial rm   |  |
|  |  |

### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

| A   | В   | C   | D   | $\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$  |
|---|---|---|---|---|
| Number of subscribers<br>claimed on February<br>FCC Form 497 of<br>current Form 555<br>calendar year<br>(February data month) | Number of lines<br>claimed on February<br>FCC Form 497 of<br>current Form 555<br>calendar year<br>provided to wireline<br>resellers | Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifetine service prior to January 1 of the current 555 calendar year.) | Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC | Number of<br>subscribers ETC is<br>responsible for<br>recertifying for<br>current Form 555<br>calendar year |
| 4260  | 0   | 178   | 505   | 3577  |

### **Recertification Results:**

| F   | G  | H = (F-G)                                   | I  | J = (H+I)  |
|---|--|---|--|--|
| Number of<br>subscribers ETC<br>contacted directly to<br>recertify eligibility<br>through attestation | Number of<br>subscribers<br>responding to ETC<br>contact | Number of non-<br>responding<br>subscribers | Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.) | Number of subscribers de-<br>enrolled or scheduled to be<br>de-enrolled as a result of<br>non-response or response of<br>ineligibility from ETC<br>recertification attempt |
| 0   | 0  | 0   | 0  | 0  |

| K   | L  |
|---|--|
| Number of<br>subscribers whose<br>eligibility was<br>reviewed by state<br>administrator,<br>ETC access to eligibility<br>database, or by USAC | Number of<br>subscribers de-enrolled or<br>scheduled to be de-enrolled as<br>a result of finding of<br>ineligibility by state<br>administrator, ETC access to<br>eligibility database, or USAC |
| 3577  | 752  |

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_

### AND/OR

| <b>B.)</b> I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: |   |  |
|---|---|--|
|   | USAC  | . Results are provided in the chart above in       |
|   | Blocks K through L. I am an officer of the company named above. | I am authorized to make this certification for the |
|   | SAC listed above.   |  |
|   | Initial rm  |  |

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

| Initial |  |
|---------|--|
| Ditiol  |  |
|         |  |
|         |  |

### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

| $\mathbf{M} = (\mathbf{F} + \mathbf{K})$   | N = (J+L)  | $O = ((N \div M) * 100)$   |
|--|--|--|
| Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E) | Number of<br>subscribers de-<br>enrolled or scheduled<br>to be de- enrolled as a<br>result of non-response<br>or ineligibility | Percentage of subscribers<br>de-enrolled or scheduled to<br>be de-enrolled as a result of<br>ineligibility or non-response |
| 3577   | 752  | 21.02%   |

### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes 🔼

No 👩

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

| P                 | Q                                     |
|-------------------|---------------------------------------|
| Month             | Subscribers De-Enrolled for Non-Usage |
| January           | 0                                     |
| February          | 0                                     |
| March             | 0                                     |
| April             | 0                                     |
| May               | 0                                     |
| June              | 0                                     |
| July              | 0                                     |
| August            | 0                                     |
| September         | 0                                     |
| October           | 0                                     |
| November          | 0                                     |
| December          | 0                                     |
| Total Subscribers | 0                                     |

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online
Signature of Officer
robert.mutzenback@verizon.com
Email Address of Officer

Joan Engler

Person Completing This Certification Form

Robert Mutzenback, Assistance Controller

Printed Name and Title of Officer 01/28/2016

Date

908-559-2366

Contact Phone Number

# **Affiliated ETCs**

| SAC    | Name   |  |
|--------|--|--|
| 115112 | Verizon Massachusetts                              |  |
| 585114 | Verizon Massachusetts                              |  |
|        | Verizon New York Inc.                              |  |
| 155130 | Verizon New York Inc. Verizon New Jersev Inc       |  |
| 175000 | Verizon New Jersev IIIc  Verizon Pennsylvania LLC. |  |
| 175000 |  |  |
| 170169 | Verizon North LLC Verizon North LLC                |  |
| 170170 |  |  |
| 170201 | Verizon North LLC                                  |  |
| 185030 | Verizon Marvland Inc.                              |  |
| 195040 | Verizon Virginia LLC                               |  |
| 210328 | Verizon Florida LLC.                               |  |
| 565010 | Verizon Delaware LLC                               |  |
| 575020 | Verizon Washington DC Inc.                         |  |
| 542319 | Verizon California Inc.                            |  |
| 542302 | Verizon California Inc.                            |  |
| 442080 | Verizon Southwest Inc.                             |  |
| 442154 | Verizon Southwest Inc.                             |  |
| 190233 | Verizon South Inc                                  |  |
| 190479 | Verizon South Inc                                  |  |
| 449007 | Verizon Business Global LLC                        |  |
| 359070 | Iowa 7 partnership                                 |  |
| 359071 | Iowa 8 Monona Limited Partnership                  |  |
| 389006 | North Central RSA 2 of North Dakota                |  |
| 389007 | North Dakota 1 - Northwest Dakota LP               |  |
| 389008 | North Dakota RSA 3                                 |  |
| 389009 | North Dakota 4 Badlands                            |  |
| 389010 | Verizon Wireless                                   |  |
| 159014 | St. lawrence Seaway RSA Cellular Partnership       |  |
| 159015 | New York RSA 2 Cellular                            |  |
| 339023 | Alltel Communications                              |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |