

Eric Fryson

From: Berlin, Susan [GA] [Susan.Berlin@sprint.com]
Sent: Monday, February 04, 2013 2:04 PM
To: Filings@psc.state.fl.us
Cc: Bob Casey; Marsha@reuphlaw.com
Subject: electronic filing - Virgin Mobile USA, L.P.'s Annual Lifeline Eligible Telecommunications Carrier Certification Form

Attachments: FL 555 filing.pdf

Person responsible for filing:

Susan Berlin
3065 Akers Mill Road SE, 7th Floor, Atlanta, GA 30306
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susan.berlin@sprint.com

Filed on behalf of Virgin Mobile USA, L.P.

Total pages - 4

Courtesy copy of Virgin Mobile USA, L.P.'s Annual Lifeline Eligible Telecommunications Carrier Certification Form, FCC Form 555

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Susan J. Berlin
Counsel, Regulatory Affairs

Sprint Nextel
GAATLD0704
3065 Akers Mill Road, S.E., 7th Floor
Atlanta, Georgia 30339

February 4, 2013

By Electronic Filing

Ms. Ann Cole
Commission Clerk
Office of the Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Re: Virgin Mobile USA, L.P.'s Annual Lifeline Eligible Telecommunications Carrier Certification Form

Dear Ms. Cole:

Enclosed please find a courtesy copy of Virgin Mobile USA, L.P.'s Annual Lifeline Eligible Telecommunications Carrier Certification Form, FCC Form 555.

Thank you for your assistance with this filing and please do not hesitate to contact me if you have any questions.

Sincerely yours,

s/Susan J. Berlin

Enclosure

cc: Bob Casey
Marsha Rule, Esq.

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FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

FL _____

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

219012

VIRGIN MOBILE USA, LP - FL

Study Area Code(s) (SAC)

ETC Name(s)

Sprint Nextel Corporation

Assurance Wireless

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs *(include names and SACs, attach additional sheets if necessary)*

Section 1: All ETCs *(Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** JF

219012

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** JF

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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Section 2: *All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).*

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.
Initial JF

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
418253	0

C	D	E=C-D	F	G = (E+F)	H
Number of Subscribers ETC. Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
453151	267274	185877	1900	187777	49853

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JF

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification 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(s) listed above. Initial JF

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	1
July	1
August	1
September	1
October	3
November	0
December	1

Signed,

Jay M. Franklin
Signature of Officer
Assistant Controller
Title of Officer
Karine Hellwig
Person Completing this Certification Form

Jay M. Franklin
Printed Name of Officer
Jan-30-13
Date
913-762-5929
Contact Phone Number