



February 1, 2019

Mr. Adam Teitzman  
Director, Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

Re: Docket No. 20190000-OT  
Virgin Mobile USA, L.P.'s FCC Form 555

Dear Mr. Teitzman:

Attached please find a courtesy copy of Virgin Mobile USA, L.P.'s Annual Lifeline Eligible Telecommunications Carrier Certification Form, FCC Form 555, which we are filing with the Commission pursuant to 47 C.F.R. § 54.416.

Thank you for your assistance in this matter. Please do not hesitate to contact me if you have any questions.

Sincerely,

*/s/ Marsha E. Rule*

Marsha E. Rule

Enclosure

**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 31<sup>st</sup> (Annually)*

<u>219012</u> Study Area Code (SAC) <i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i>	<u>143033426</u> Service Provider Identification Number (SPIN)						
<table style="width:100%; border: none;"> <tr> <td style="width:33%;"><u>2018</u></td> <td style="width:33%;"><u>FL</u></td> <td style="width:33%;"><u>Virgin Mobile USA, LP</u></td> </tr> <tr> <td>Recertification Year</td> <td>State</td> <td>ETC Name</td> </tr> </table> Assurance Wireless	<u>2018</u>	<u>FL</u>	<u>Virgin Mobile USA, LP</u>	Recertification Year	State	ETC Name	
<u>2018</u>	<u>FL</u>	<u>Virgin Mobile USA, LP</u>					
Recertification Year	State	ETC Name					
DBA, Marketing, or Other Branding Name <i>(If same as ETC name, list "N/A" Do <u>not</u> leave blank)</i>	Holding Company Name <i>(If same as ETC name, list "N/A" Do not leave blank)</i>						

Does the reporting company have affiliated ETCs?      Yes       No

*Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.*

Affiliated ETC's SAC	Affiliated ETC's Name

**ETCs Subject to the Non-Usage Requirements**

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? 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	1974
May	1439
June	1864
July	1984
August	1808
September	1543
October	1850
November	612
December	0
Total Subscribers	13074

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

**Initial Certification** All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer 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; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial     JF

**Minimum Service Level**

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial JF

**Annual Recertification**

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

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	13407	13686	13795	14057	15039	16141	14899	14395	13164	19741	30946	34094	213364
B.	795	867	45	390	1039	1879	356	474	478	651	519	541	8034
C.	12612	12819	13750	13667	14000	14262	14543	13921	12686	19090	30427	33553	205330

**Recertification Methods**

**State of federal database**

- D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	11335	11383	11506	11136	11944	12498	11093	11421	10940	15734	27001	29539	175530

- E. Name of the data source(s) used to verify consumer eligibility:

State database

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**ETC Direct Contact**

- F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	1389	1521	2359	2615	2456	1807	3531	2612	1812	3439	3685	4160	31386

- G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	14	13	61	395	627	37	767	51	30	569	183	143	2890

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	1381	1511	2328	2257	2103	1789	2786	2592	1802	2947	3598	4109	29203

**Third Party**

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J. Name of third party administrator used to verify subscriber eligibility:

\_\_\_\_\_

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

**Certification:**

**Recertification Method: Database**

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial JF

**Recertification Method: ETC**

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. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial JF

**Recertification Method: Third Party**

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial \_\_\_\_\_

**No Subscribers**

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

Initial \_\_\_\_\_

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
2890	206916	1.4%

**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,

Jay M. Franklin, Assistant Controller

Signature of Officer

Jay.M.Franklin@sprint.com

Email Address of Officer

Andy M. Lancaster

Person Completing This Certification Form

Jay M. Franklin, Assistant Contr

Printed Name and Title of Officer

Jan 31, 2019

Date

913-762-6107

Contact Phone Number

