

Oklahoma Universal Service Fund
Fiscal Year 2016/2017 Remittance Worksheet Instructions

OUSF ONLINE USER ACCESS REQUEST
(COMPANY)

Company Information:

Company Code: OK- _____ Company Name: _____

Street, Suite, PO Box: _____ City/State/Zip: _____

Primary Company Contact: _____ Title: _____

Phone #: _____ E-Mail: _____

User I.D. and temporary password will be sent to this email address)

Date First Generated Oklahoma Revenue: _____

Primary Communications Business (Please circle one):

LEC CLEC IXC CEL PAG VoIP CAP OSP PAY Other: _____

Affiliate Companies (if applicable):

(To report on behalf of one or more affiliate companies, please list all applicable companies)

Company Code: OK- _____ Company Name: _____

Company Code: OK- _____ Company Name: _____

Company Code: OK- _____ Company Name: _____

Company Code: OK- _____ Company Name: _____

Company Code: OK- _____ Company Name: _____

(If additional space is required, please attach additional sheet(s))

Authorized Reporting Agent Information:

(Please complete this section if an agent 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 2016/2017.

- Annual
Quarterly
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: GVNW Consulting, Inc. OUSF Manager,
3220 Pleasant Run, Springfield, Illinois, 62711. FAX: (217) 698-2715 E-Mail: OUSF@gvnw.com