

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

OUSF ONLINE USER ACCESS REQUEST  
(AGENT)

**Agent Information:**

Agent Company Name: \_\_\_\_\_ Agent Contact Name: \_\_\_\_\_

Street, Suite, PO Box: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
*(User I.D. and temporary password will be sent to this email address)*

**Authorized Companies:**

*(To report on behalf of one or more 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: \_\_\_\_\_

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Company Code: OK- \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Code: OK- \_\_\_\_\_ Company Name: \_\_\_\_\_

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

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*