

**Oklahoma Universal Service Fund  
Fiscal Year 2017/2018 Remittance Worksheet Instructions**

**OUSF ONLINE USER ACCESS REQUEST  
(Contributing Provider)**

**Contributing Provider 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 2017/2018. Effective October 1, 2017, carriers will be required to report on an Annual or Monthly basis only, based on annual revenues. Carriers may report more frequently than required based on annual revenues of more than \$0.00, but not less frequently than required.

 Annual (Effective October 1, 2017 - \$49,999 or less in annual revenue; required for \$0.00 annual revenue) Quarterly (Effective October 1, 2017 – Quarterly filing option no longer available) Monthly (Effective October 1, 2017 – \$50,000 or more in annual revenue or carrier choice)

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*