

**Oklahoma Universal Service Fund
Fiscal Year 2018/2019 Remittance Worksheet Instructions**

**OUSF REGISTRATION AND ONLINE 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 2018/2019. Contributing providers are required to report on an Annual or Monthly basis, based on annual intrastate retail revenues. Contributing providers may report more frequently than required based on annual revenues of more than \$0.00, but not less frequently than required.

 Annual (\$49,999 or less in annual revenue; required for \$0.00 annual revenue)

 Monthly (\$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,
2930 Montvale Dr, Ste B, Springfield, Illinois, 62704. FAX: (217) 698-2715 E-Mail: OUSF@gvnw.com*