

Oklahoma Universal Service Fund
Fiscal Year 2018/2019 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: _____

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: _____

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))

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*