

**Oklahoma Universal Service Fund  
Fund Recipient Instructions  
Effective April 18, 2016**

**OUSF FUND RECIPIENT REGISTRATION FORM**

**SECTION 1: SERVICE PROVIDER INFORMATION**

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Company Code: OK- assigned upon registration.

Service Provider Name: \_\_\_\_\_

Street, Suite, PO Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Secondary Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date First Generated Oklahoma Revenue: \_\_\_\_\_

**Note: If company is generating Oklahoma intrastate retail revenues subject to OUSF Assessment, please also complete Attachment D – Online User Access Request Form and refer to the Carrier Remittance Instructions located at <http://www.gvnw.com/USF/OKUSF.aspx>.**

Primary Communications Business (Please circle one):

LEC CLEC IXC CEL PAG VoIP CAP OSP PAY Other: \_\_\_\_\_

**SECTION 2: AUTHORIZED AGENT INFORMATION**

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**Authorized 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: \_\_\_\_\_

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*