

AFFIDAVIT AFFIRMING COMPLIANCE WITH NEBRASKA UNIVERSAL SERVICE ACT AND ENHANCED WIRELESS 911 SERVICES ACT

STATE OF _____)
) ss:
COUNTY OF _____)

The undersigned affiant, upon first being duly sworn, does hereby depose and state:

I, _____, am a duly appointed representative or employee of
Insert Officer's Name
_____, and hold the position of _____.
Name of Company Insert Position Title

I am familiar with the overall requirements of the Nebraska Universal Service Fund and the Enhanced Wireless 911 Fund programs of the Nebraska Public Service Commission and affirm the following with respect to the Nebraska Telephone Assistance Program (NTAP), High Cost Support, and the Enhanced Wireless 911 Fund.

NTAP PROGRAM:

I hereby attest that _____ provides / does not provide (circle one)
Name of Company
NTAP Service.

I am familiar with the Nebraska Public Service Commission's orders entered in Docket Number NUSF-2 and understand that pursuant to Neb. Rev. Stat. § 86-329 (2014) and Commission orders, I am required to exempt my subscribers currently participating in the NTAP from paying any portion of the Nebraska Universal Service Fund surcharge on basic local residential exchange service and any other services such as toll, caller-ID, touch-tone, etc., provided on the exempted line.

I attest that _____ has been and is presently exempting each subscriber
Name of Company
participating in the NTAP from paying the NUSF surcharge on basic local residential exchange service and any other services such as toll, caller-ID, touch-tone, etc., provided on the exempted line.

For any lines which have not been properly exempted from application of the Nebraska Universal Service Fund surcharge, I affirm that _____ will give credit to such
Name of Company
subscribers for any and all payments such subscribers made to the Nebraska Universal Service Fund.

I acknowledge that any failure to exempt each NTAP subscriber from paying the NUSF surcharge in the manner heretofore prescribed, and any other act or omission which is not in compliance with Commission Rules and Regulations and Commission Orders entered in Docket Number NUSF-2 will result in monetary penalties imposed on _____ by the Nebraska Public Service
Name of Company

Commission.

NUSF REMITTANCES:

I attest that _____ (choose one):

Name of Company

- _____ Provides telecommunications service in Nebraska.
- _____ Provides telecommunications service but does not provide telecommunications service in Nebraska
- _____ **Does not** provide telecommunications service.

I am aware of the requirements of the Nebraska Telecommunications Universal Service Fund Act, Neb. Rev. Stat. § 86-316 et seq. (2014), Commission Rules and Regulations, and all applicable Commission orders related to the collection and remittance of the NUSF surcharge and have complied with all requirements. I am aware of the requirement in Neb. Admin. Code Title 291, Chapter 10, Section 002.02 that the NUSF surcharge shall be explicitly shown on subscribers' bills as "NE Universal Service" and have complied with this requirement.

I acknowledge that any failure to comply with the requirements of the NUSF Act, applicable Commission Rules and Regulations, and Commission orders may result in monetary penalties.

NUSF SUPPORT:

I attest that _____ (**choose all that apply**):

Name of Company

- _____ Receives support from the NUSF High Cost Program
- _____ Receives support from the NUSF Telehealth Program
- _____ Receives support from the NUSF NTAP (Lifeline-Link/Up)
- _____ Receives support from the Dedicated Wireless Program
- _____ Receives support from the Broadband Grant Programs

In accordance with Nebraska Universal Service Fund Rules and Regulations, Rule 004.06B, I hereby attest that all Nebraska Universal Service Funds received by _____ for the previous calendar year were used solely for the provision, maintenance and upgrading of facilities and/or for other services for which the support received was intended, pursuant to Nebraska Universal Service Fund Rules and Regulations, Rule 004.04.

Name of Company

I acknowledge that failure to use NUSF support solely for the provision, maintenance and upgrading of facilities and services as required by Commission Rules and Regulations and Commission orders may result in monetary penalties and/or with support being withheld in whole or in part.

FEDERAL UNIVERSAL SERVICE SUPPORT:

I attest that _____ (choose all that apply):

Name of Company

- Receives support from the Connect America Fund Program
- Receives support from the Federal Mobility Fund Program

I hereby attest that all Connect America Fund and/or Mobility Fund support received by _____ for the previous calendar year were used solely for the provision, maintenance and upgrading of facilities and/or for other services for which the support received was intended, pursuant applicable federal law.

Name of Company

I acknowledge that failure to use support solely for the provision, maintenance and upgrading of facilities and services as required may result in monetary penalties and/or with support being withheld in whole or in part.

ENHANCED WIRELESS 911:

I attest that _____ (choose all that apply):

Name of Company

- Provides wireless service in Nebraska.
- Provides wireless service but does not provide wireless service in Nebraska.
- Provides prepaid wireless service in Nebraska.
- Does not** provide wireless service.

I am aware of the requirements of the Enhanced Wireless 911 Services Act, Neb. Rev. Stat. § 86-442 et seq. (2014), Commission Rules and Regulations, and all applicable Commission orders related to the collection and remittance of the Enhanced Wireless 911 surcharge and have complied with all requirements. I am aware of the requirement in Neb. Rev. Stat. § 86-457 that the Enhanced Wireless 911 surcharge appear as a separate line-item charge on the customer's billing statement and shall be labeled as "Enhanced Wireless 911 Surcharge" or a reasonable abbreviation of such phrase.

I acknowledge that any failure to comply with the requirements of the Enhanced Wireless 911 Services Act, applicable Commission Rules and Regulations, and Commission orders may result in monetary penalties.

All foregoing acknowledgements and attestations in this affidavit are true and correct to the best of my information and belief.

Affiant Signature

[Print Name of Affiant***]

Title

[Company Name***]

[Address***]

[City / State / Zip Code***]

[Telephone Number***]

[E-Mail Address***]

Acknowledged, subscribed, and sworn to me on this ____ day of _____, 2020.

(Seal)

Notary Public

[*MUST BE COMPLETED]**