## AFFIDAVIT REGARDING THE USE OF PROHIBITED COMMUNICATIONS EQUIPMENT

STATE OF	)
	) ss:
COUNTY	OF)
NAME OF	COMPANY:
AUTHORI	TY HELD IN NEBRASKA (check all that apply):
	Incumbent Local Exchange Carrier (ILEC)
	Competitive Local Exchange Carrier (CLEC)
	Interexchange Carrier (IXC)
	Eligible Telecommunications Company (ETC)
	Communications Provider
The undersi	gned affiant, upon first being duly sworn, does hereby depose and state:
I, _	, am a duly appointed representative or employee
of	, and hold the position of
foreseeable equipment	n familiar with the communications equipment currently in use and scheduled to be used in the future by the above-listed company. I am also familiar with the Covered List of prohibited maintained by the Federal Communications Commission and have reviewed the provider the Covered List as of the date of this Affidavit.
in use and s	reparation to complete this Affidavit, I have reviewed the communications equipment currently scheduled to be used by the above-listed company. Based upon that review, and to the best odge and belief based upon all information available to me in my professional role with this hereby attest that this company
	IS IS NOT
using or dep	ploying communications equipment and services developed by organizations on the Federal
Communica	ations Commission's Covered List.

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Company Name:	
I understand that any failure to fully disclose the use or deployment of prohibited equipment in the	nic
affidavit may result in penalties against myself and/or the above-listed company.	113
I attest that should information come to my attention which would change my response listed above	æ.
will report this information to the Nebraska Public Service Commission without delay.	-,
I attest that I will ensure this form is completed on an annual basis by the above-listed compar	ny
and submitted prior to April 30 of each year to the Nebraska Public Service Commission.	•
All foregoing acknowledgements and attestations in this affidavit are true and correct to the best my information and belief.	of
, Affia	nt
Company Officer's Signature  → (Cannot be a 3 <sup>rd</sup> Party Filer)	111
[Print Name of Affiant]	
[Affiant's Title]	
[Company Name]	
[Company Address]	
[Company City / State / Zip Code]	
[Affiant's Telephone Number]	
[Affiant's E-Mail Address]	
Acknowledged, subscribed, and sworn to me on this day of, 2023.	
(Affix Seal Here)	

Notary Public