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| Oregon Universal Service Identification Worksheet |
| *Please read instructions before completing this form. All telecommunications providers operating in Oregon must complete the Oregon Universal Service Identification Worksheet (OUS 1) and the Contribution Worksheet (OUS 2). Eligible telecommunications providers designated by the OPUC must, in addition, complete the Distribution Worksheet (OUS 3). This form must be completed any time there is a change in the information. Submit completed forms to the OUS Administrator via fax to 973-599-6504 or mail to Oregon USF 10 Lanidex Plaza West, P.O. Box 685, Parsippany, NJ 07054.* |
| Block 1: Telecommunications Service Provider Information |
| 1. Legal Name of Provider: |       | Company ID #.: |      |
| 2. Name Provider Is Doing Business As: |       |
| 3. Classification: | [ ]  Telecommunications Utility | [ ]  Competitive Provider | [ ]  Wireless (Radio) Common Carrier | [ ]  Voice over Internet Protocol (VoIP) |
| 4a. Principal Telecommunications Businesses [ ]  Shared Tenant Service (STS) [ ]  Local Exchange Switched Service [ ]  Local Exchange Non-Switched Service [ ]  Toll (Interexchange) Switched Service [ ]  Toll Non-Switched Service [ ]  Operator Service [ ]  Cellular/PCS/CMR [ ]  Paging/Messaging [ ]  VoIP | 4b. How furnished (check one or more)Constructed Facilities Service Resale[ ]  Network Access (Lines) [ ]  Local Service[ ]  Local Switching [ ]  Toll Service[ ]  Interexchange Transport [ ]  Operator Service[ ]  Operator Board [ ]  Wireless[ ]  Wireless Radio [ ]  VoIPLeased UNEs from ILEC[ ]  Network Access (Lines)[ ]  Local Switching[ ]  Interexchange Transport[ ]  Operator Board |
| 5. Name of Holding Company: |       |
| 6. Name of Management Company: |       |
| 7. Principal Carrier Identification Code Used for Interexchange Service: |       |
| 8. Mailing Address of Corporate Headquarter’s: |       |
| (Street Address) |
|       |    |       |
| (City) | (State) | (Zip) |
| 9. Telephone Number for Customer Inquiries |  |
| Block 2: Contact Information |
| 10. Name of Contact Person: |       |
| 11a. Telephone Number: |       | 11b. Fax Number: |       |
| 12. Email Address: |       |
| 13. Mailing Address: |       |
| (Street Address) |
|       |    |       |
| (City) | (State) | (Zip) |
| 14. Billing Address: |       |
| (Street Address) |
|       |    |       |
| (City) | (State) | (Zip) |
| **Block 3: Certification (To be signed by an officer of the telecommunications provider.)** |
| I certify that: (1) I am an officer of the above-name provider; (2) I have examined this report; (3) to the best of my knowledge, information, and belief all statements contained in this worksheet are true; and (4) said worksheet is an accurate statement of the affairs of the above-named provider. |
| 15. Signature of Officer: |  | 18. Date of Signature: |       |
| 16. Printed Name of Officer: |       |
| 17. Position Held with Provider: |       |

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