

E-FILE SIGN IN

User ID (Email Address): *

Password: *

[Forgot password?](#)

IMPORTANT SYSTEM NOTICE - This system is the property of the Universal Service Administrative Company (USAC) and is to be used to assist individuals with managing their entity's involvement in federal universal service programs. This system may be accessed by authorized users only. By logging in, the user represents himself or herself as an authorized user. This system is monitored, recorded and subject to audit. Any unauthorized use or misuse of this system is strictly prohibited and subject to legal action, including criminal prosecution and civil penalties. Use of this system indicates acceptance of these terms and system monitoring and recording.

Click the box to accept. *

If you experience any issue logging in, please make sure

- Visit <https://forms.universalservice.org> without any suffix.
- If the above doesn't work, please clear your browser cache and try again.

Login

Reset

New users, please select from the options below:



Helping Keep Americans Connected

Select Login:

[Applicant Login](#)

[Service Provider Login](#)

You are logged out of the
 USAC BEAR Online System.
 To log in again,
 click the appropriate link above.

Information Center

- Service Providers
- View Sent Remittance Emails
- Schools and Libraries
- 472 Online Bear
- 473 SPAC
- Online Item 21
- Rural Health Care
- Invoice

Information Center

To revise or deactivate a Form 498 ID, or to consolidate multiple SPINs, click the "Form 498 ID Activity" button for appropriate Form 498 ID.

Service Providers

Form 498 ID	Company Name	Form 498 ID Status	Action
143048290	USAC Service Validation Accoun...	Active	Form 498 ID Activity for 143048290



Service Provider Home Page

Set SPIN to use for this Session:



Service Provider Home Page

Set SPIN to use for this Session:

The SPIN has been successfully set to :



Service Provider Home Page

Set SPIN to use for this Session:

The SPIN has been successfully set to :

Certify Service Provider Certification

Block 1: Service Provider Information

1. Name of Service Provider

USAC Service Validation Account -NOT FOR
PAYMENT OR USE

2. Service Provider Identification Number (SPIN)

3. Funding Year

2017

4. Contact Name

5. Complete Mailing Address of Contact Person
Street Address, P.O. Box or Route Number

Address

City

State

Zip Code -

6. Telephone Number () - ext.

7. Fax Number () - ext.

8. Email Address

Block 2: Certification

I declare under penalty of perjury that the foregoing is true and correct: I am authorized to submit this Service Provider Annual Certification Form on behalf of the above-named Service Provider, which has been assigned the above-referenced Service Provider Identification Number, and that based on information known to me or provided to me by employees responsible for the data being submitted, I hereby certify that the data set forth in this Form has been examined and reviewed and is true, accurate and complete. I acknowledge that any false statement on this Form or on the Service Provider Invoice Form (FCC Form 474) can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. § 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001, and that any such false statement could subject this Service Provider to liability under the False Claims Act.

- 9. I certify that the Service Provider Invoice Forms (FCC Form 474) that are submitted by this Service Provider contain requests for universal service support for services which have been billed to the Service Provider's customers on behalf of schools, libraries, and consortia of those entities, as deemed eligible for universal service support by the fund administrator.
- 10. I certify that the Service Provider Invoice Forms (FCC Form 474) that are submitted by this Service Provider are based on bills or invoices issued by the Service Provider to the Service Provider's customers on behalf of schools, libraries, and consortia of those entities as deemed eligible for universal service support by the fund administrator, and exclude any charges previously invoiced to the fund administrator for which the fund administrator has not yet issued a reimbursement decision.
- 11. I certify that the bills or invoices issued by this Service Provider to the Billed Entity are for equipment and services eligible for universal service support by the Administrator, and exclude any charges previously invoiced to the Administrator by the Service Provider.
- 12. I certify that any requests for reimbursement that are sought under a Service Provider Invoice Form (FCC Form 474) for discounts for products or services that contain both eligible and ineligible components are properly allocated as required by the Commission's rules at 47 C.F.R. § 54.504(e).
- 13. I certify that the invoices that are submitted by this Service Provider to the Billed Entity for reimbursement pursuant to Billed Entity Applicant Reimbursement Forms (FCC Form 472) are accurate and represent payments from the Billed Entity to the Service Provider for equipment and services provided pursuant to E-rate program rules.
- 14. I certify that this Service Provider makes available to customers, upon their request, separate prices for distinct services to assist Billed Entity Applicants in identifying the portions of their bills that represent the costs of services provided to eligible entities for eligible purposes.
- 15. I certify that no non-discount portion of the costs for eligible services will be waived, paid, or promised to be paid by this Service Provider. I acknowledge that the provision by any service provider of a supported service, or of free services or products unrelated to the supported service or product constitutes a rebate of the non-discount portion of the supported services as stated in 47 C.F.R. § 54.523.

<input checked="" type="checkbox"/>	16.	I certify that no kickbacks, as defined in 41 U.S.C. § 8701, were paid by this Service Provider to anyone in connection with the schools and libraries universal support program.
<input checked="" type="checkbox"/>	17.	I certify that this Service Provider is in compliance with the Commission's rule and orders regarding gifts and this Service Provider has not directly or indirectly offered or provided any gifts, gratuities, favors, entertainment, loans, or any other thing of value to any eligible schools, libraries, or consortium that includes eligible schools or libraries, except as permitted by the Commission's rule at 47 C.F.R. § 54.503(d).
<input checked="" type="checkbox"/>	18.	I certify that if the fund administrator, as necessary, requests additional supporting information, this Service Provider will make all documents requested available to the Fund Administrator as required by 47 C.F.R. § 54.516(b). I certify that this Service Provider will retain for at least 10 years (or whatever retention period is required by the rules in effect at the time of this certification), after the latter of the last day of the applicable funding year or the service delivery deadline for the funding requests, (1) any and all records that I rely upon to complete this form and each Service Provider Invoice Form (FCC Form 474) that is submitted by this Service Provider during the present funding year, (2) any and all records issued by this Service Provider to the Billed Entity for reimbursement pursuant to Billed Entity Applicant Reimbursement Forms (FCC Form 472), and (3) all documents necessary to demonstrate compliance with the statutory or regulatory requirements for the schools and libraries universal service support program as required by 47 C.F.R. § 54.516(a)(2) I acknowledge that this Service Provider may be audited pursuant to 47 C.F.R. § 54.516(c), and that the Service Provider must provide such records as required by 47 C.F.R. § 54.516(b)
<input checked="" type="checkbox"/>	19.	I certify that the prices in any offer that this Service Provider makes pursuant to the schools and libraries universal service support program have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered.
<input checked="" type="checkbox"/>	20.	I certify that the prices in any offer that this Service Provider makes pursuant to the schools and libraries universal service support program will not be knowingly disclosed by this Service Provider, directly or indirectly, to any other offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law.
<input checked="" type="checkbox"/>	21.	I certify that no attempt will be made by this Service Provider to induce any other concern to submit or not to submit an offer for the purpose of restricting competition.
<input checked="" type="checkbox"/>	22.	I certify that this Service Provider is not suspended or debarred from participating in Federal programs.
<input checked="" type="checkbox"/>	23.	I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and acknowledges that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

Contact Information for Service Provider Authorized Person:

24. Signature

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form.

25. Date 11/27/2018

26. Name uat tester1
27. Title/Position

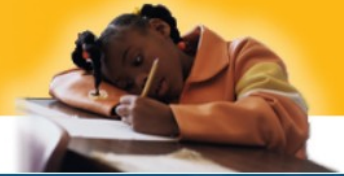
28. Address 700 12th St NW
City Washington
State DC
Zip Code 20005 -
29. Phone Number (555) 555 - 5555 ext.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.


OMB Number 3060 - 0856 Form 473

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Client Service Bureau: 1-888-203-8100

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View Service Provider Certification

 PRINTABLE PAGE

The following service provider information has been successfully certified:
Certified on 11/28/2018 12:00 AM