

ALASKA UNIVERSAL SERVICE FUND

Nonpooling Company Monthly Carrier Common Line Worksheet Instructions

I. Filing Requirements and General Instruction

A. Introduction

Effective July 31, 2011 Carrier Common Line charges, to provide Nonpooling Companies Carrier Common Line support, will be assessed to the Alaska Universal Service Administrative Company (AUSAC) for reimbursement from the AUSF. These instructions explain how to complete the Nonpooling Company Monthly Carrier Common Line (NP-CCL) Worksheet, which is used to calculate and bill the AUSAC for monthly Carrier Common Line Support.

B. Who Must File

Nonpooling Companies eligible to receive NP-CCL support.

C. When and Where to File

NP-CCL Worksheets must be received by AUSAC on or before the 20th calendar day of each month.

Send completed worksheet to:	Alaska Universal Service Administrative Company 12350 Industry Way, Suite 200 Anchorage, Alaska 99515 Fax (907) 561-6303 Email info@ausac.org
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II. Line-by-Line Instructions for Completion of the NP-CCL Worksheet

All information provided must be legible and printed in black ink, typed, or electronically reproduced.

Nonpooling Company Monthly Carrier Remittance Worksheet Instructions

Filing Identification Information

The following blocks are located in the top margin of the NP-CCL Worksheet. Fill in the information as follows:

Block A - Company Code

The company code, supplied by AUSAC, starts with AK followed by four digits. For existing companies, this code is located in the top right corner of the packet cover letter. If this is the first filing for this company, and you have not been assigned a code, indicate NEW in this block.

Block B – Study Area

Enter the companies study area.

Block C - Submission Date

The Submission Date is the date the NP-CCL Worksheet is being forwarded to AUSAC. AUSAC should receive the NP-CCL Worksheet on or before the 20th calendar day of each month.

Block D – Support Period Month and Year

The Support Period Month and Year indicates the month and year that corresponds to the NP-CCL being billed.

Block E - Original or Revision

Carriers should indicate if this is the initial (original) submission of a Support Period Month or if the NP-CCL Worksheet contains a Support Period Month revision. Revisions should be indicated only when filing a correction or adjustment to a previously filed Support Period Month.

Filing Revisions:

Revisions may be used for correction of NP-CCL support previously billed. When filing a revision, follow these same instructions, making certain that the correct Support Period Month has been entered in Block D and revision is indicated in Block E. Attach a copy of the original billing for the NP-CCL Support Period Month being revised. Provide actual revised amounts, not differences.

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Section 1: Carrier Identification

Line 1 - Company Name

Enter the Nonpooling Company name that identifies the filing entity and/or any doing business as (d/b/a) names if applicable.

Line 1a - Mailing Address

Enter the complete mailing address of the corporate headquarters of the Nonpooling Company including street address, city, state, zip, suite numbers, floor, etc.

Line 1b - Telephone

Enter telephone number for the Nonpooling Company headquarters.

Section 2 – Nonpooling Company Monthly Carrier Common Line Support Calculation

NP-CCL entered here should be for the Support Period Month indicated in Block D of this form.

Line 2 – Averaged Exchange Carrier Common Line Support

Section A – Network Access Fee Revenue

Enter the network access fee for the current Support Period Month

Section B – Monthly Rate Cap

Enter the filed monthly rate cap

Section C – Average number of Access Lines

Enter the number of revenue producing access lines.

Line 3 – Deaveraged Exchanges Carrier Common Line Support

Section A – Network Access Fee Revenue

Enter the network access fee for the current Support Period Month

Section B – Monthly Rate Cap

Enter the filed monthly rate cap

Section C – Average number of Access Lines

Enter the number of revenue producing access lines.

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Section 3 - Certification

Line 4 - Signature Information

Enter date, name, signature, and title of the person signing the report. The signature attests to the accuracy of all information on this NP-CCL worksheet.

Line 5 - Contact Information

Provide name, title, and telephone number of a person to contact if there are questions regarding this report. If contact person is same as authorized signature, indicate "same as line 4." Mailings will be sent to the contact person address unless other arrangements are made with AUSAC.

Line 6 - Signer's Mailing Address

Enter the complete mailing address of the person signing the report.

Worksheet Submission

You may send the NP-CCL Worksheet to AUSAC via fax or e-mail.