

# ALASKA UNIVERSAL SERVICE FUND

## Pooling 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 Pooling 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 Pooling Company Monthly Carrier Common Line (P-CCL) Worksheet, which is used to calculate and bill the AUSAC for monthly Carrier Common Line Support.

#### B. Who Must File

Pooling Companies eligible to receive P-CCL support.

#### C. When and Where to File

P-CCL Worksheets must be received by AUSAC on or before the 20<sup>th</sup> 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 <a href="mailto:info@ausac.org">info@ausac.org</a>
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### II. Line-by-Line Instructions for Completion of the P-CCL Worksheet

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

# Pooling Company Monthly Carrier Remittance Worksheet Instructions

## **Filing Identification Information**

The following blocks are located in the top margin of the P-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 - Submission Date**

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

### **Block C – Support Period Month and Year**

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

### **Block D - Original or Revision**

Carriers should indicate if this is the initial (original) submission of a Support Period Month or if the P-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 P-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 C and revision is indicated in Block D. Attach a copy of the original billing for the P-CCL Support Period Month being revised. Provide actual revised amounts, not differences.

## **Section 1: Carrier Identification**

### **Line 1 - Company Name**

Enter the Pooling 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 Pooling Company including street address, city, state, zip, suite numbers, floor, etc.

### **Line 1b - Telephone**

Enter telephone number for the Pooling Company headquarters.

# Pooling Company Monthly Carrier Remittance Worksheet Instructions

## Section 2 – Pooling Company Monthly Carrier Common Line Support Calculation

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

### Line 2 – Carrier Common Line Support

#### Section A – Network Access Fee Revenue

Enter the monthly revenue requirement (1/12 annual revenue requirement)

#### Section B – Network Access Fee Revenue

Enter the network access fee for the current Support Period Month

## Section 3 - Certification

### Line 3 - 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 P-CCL worksheet.

### Line 4 - 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 3." Mailings will be sent to the contact person address unless other arrangements are made with AUSAC.

### Line 5 - Signer's Mailing Address

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

## Worksheet Submission

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