



Sharon Mullin  
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**Via E-Filing**

February 7, 2019

Mark Johnson  
Executive Director and Secretary  
Washington Utilities and Transportation Commission  
1300 S. Evergreen Park Dr. SW  
Olympia, WA 98504-7250

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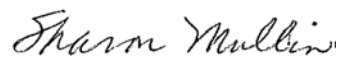
**Re: Docket UT-190002**  
**FCC Form 555, Annual Lifeline Eligible Telecommunications Carrier Certification**  
**Form for New Cingular Wireless PCS, LLC ("AT&T Mobility")**

Dear Filing Center:

As required by the FCC in its February 6, 2012 Released Order in WC Docket No. 11-42, attached is a copy of AT&T Mobility's Washington FCC Form 555 filed with the FCC.<sup>1</sup> These results must be provided to the Commission, the Universal Service Administrative Company ("USAC"), and to the states and tribal governments.

Please contact me with any questions or concerns you may have at (512) 330-1698.

Sincerely,

  
Sharon Mullin  
Director - Regulatory

Attachment

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<sup>1</sup> AT&T Mobility filed its FCC Form 555 online with USAC. Once a carrier enters its six-digit study area code ("SAC") into USAC's online FCC Form 555, the online tool automatically populates a name associated with that SAC. In some cases, this automatically generated name differs from (*e.g.*, is an abbreviated version of) the legal entity name for AT&T Mobility's eligible telecommunications carrier affiliate.

**Annual Lifeline Eligible Telecommunications Carrier Certification Form** All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

*Deadline: January 31st (Annually)*

529910		143029765
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).</i>		
2018	WA	Cingular Wireless
Recertification Year	State	ETC Name
N/A		AT&T Mobility LLC
DBA, Marketing, or Other Branding Name		Holding Company Name
<i>(If same as ETC name, list "N/A" Do not leave blank)</i>		<i>(If same as ETC name, list "N/A" Do not leave blank)</i>

**Does the reporting company have affiliated ETCs?**

Yes  No

*Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.*

Affiliated ETC's SAC	Affiliated ETC's Name

## ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes  No

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

### Initial Certification *All ETCs must complete this section*

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

AL  
Initial \_\_\_\_\_

## Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial AL

## Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	12	10	9	4	5	2	1	2	1	5	4	1	56
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	12	10	9	4	5	2	1	2	1	5	4	1	56

## Recertification Methods

### State of federal database

- D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

- E. Name of the data source(s) used to verify consumer eligibility:

\_\_\_\_\_

### ETC Direct Contact

- F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

- G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

**Third Party**

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	12	10	9	4	5	2	1	2	1	5	4	1	56

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	1	1	2	0	1	1	0	0	0	0	1	1	8

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	11	9	7	4	4	1	1	2	1	5	3	0	48

**Certification:**

**Recertification Method: Database**

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

**Initial** \_\_\_\_\_

**Recertification Method: ETC**

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

**Initial** \_\_\_\_\_

**Recertification Method: Third Party**

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

**Initial** AL \_\_\_\_\_

**No Subscribers**

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

**Initial** \_\_\_\_\_

$M = (G+K)$	$N = (D+F+I)$	$O = M/N*100$
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
8	56	14.29%

**Signature Block**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Anisa Latif, Director

Signature of Officer

al7161@att.com

Email Address of Officer

Anisa Latif

Person Completing This Certification Form

Anisa Latif, Director

Printed Name and Title of Officer

Feb 06, 2019

Date

202-457-3068

Contact Phone Number

### Affiliated ETCs

SAC	Name
209012	Cingular Wireless
259908	Cingular Wireless
269905	Cingular Wireless
279010	Cingular Wireless
289912	Cingular Wireless
319026	Cingular Wireless
389015	ATandT Mobility LLC
399015	Cingular Wireless
409004	ATandT Mobility LLC
449022	Cingular Wireless
479006	Cingular Wireless
619004	Cingular Wireless
639005	Cingular Wireless
215191	BellSouth Telecommunications LLC
225192	BellSouth Telecommunications LLC
235193	BellSouth Telecommunications LLC
245194	BellSouth Telecommunications LLC
255181	BellSouth Telecommunications LLC
265182	BellSouth Telecommunications LLC
275183	BellSouth Telecommunications LLC
285184	BellSouth Telecommunications LLC
295185	BellSouth Telecommunications LLC
305150	The Ohio Bell Telephone Company
315090	Michigan Bell Telephone Company
325080	Indiana Bell Telephone Company Incorporated
335220	Wisconsin Bell Inc.
345070	Illinois Bell Telephone Company
405211	Southwestern Bell Telephone Company
415214	Southwestern Bell Telephone Company
555173	Nevada Bell Telephone Company
545170	Pacific Bell Telephone Company
549004	ATandT Corp.
539010	ATandT Mobility LLC
445216	Southwestern Bell Telephone Company