

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
December 2020

<010> Study Area Code	529013
<015> Study Area Name	T-Mobile West Corporation
<020> Program Year	2022
<030> Contact Name: Person USAC should contact with questions about this data	Tami Shwonek
<035> Contact Telephone Number: Number of the person identified in data line <030>	4253835551 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	tami.shwonek@t-mobile.com
Form Type	54.422

**(200) Service Outage Reporting (Voice)  
Data Collection Form**

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<010> Study Area Code 529013

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<015> Study Area Name T-Mobile West Corporation

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<020> Program Year 2022

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<030> Contact Name - Person USAC should contact regarding this data Tami Shwonek

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<035> Contact Telephone Number - Number of person identified in data line <030> 4253835551 ext.

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<039> Contact Email Address - Email Address of person identified in data line <030> tami.shwonek@t-mobile.com

<210> For the prior calendar year, were there any reportable voice service outages? \_\_\_\_\_

<220>											
<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

(400) Number of Complaints per 1,000 customers  
Data Collection Form

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<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	

**(500) Compliance With Service Quality Standards and Consumer Protection Rules**  
**Data Collection Form**

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<515>	Certify compliance with applicable minimum service standards	

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<600> Certify compliance regarding ability to function in emergency situations	
<610> Descriptive document for Functionality in Emergency Situations	



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<900> Does the filing entity offer tribal land services? (Y/N)

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

<b>(1000) Voice and Broadband Service Rate Comparability Data Collection Form</b>	<b>FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020</b>
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<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate comparability compliance

\_\_\_\_\_  
Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

\_\_\_\_\_  
Name of Attached Document



<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	<b>FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020</b>
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<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>December 2020</b>
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans	1210_lifeline rates tc_FL_KY_MN_MS_PA_VA_WA _2021.pdf  Name of Attached Document
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<1220> Link to Public Website	HTTP
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“Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |  |                                     |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
|--|-------------------------------------|
- |   |                                     |
|---|-------------------------------------|
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
|---|-------------------------------------|
- |   |                                     |
|---|-------------------------------------|
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |
|---|-------------------------------------|

<b>(2005) Price Cap Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	December 2020

<b>&lt;010&gt; Study Area Code</b>	529013
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<b>&lt;020&gt; Program Year</b>	2022
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<b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	tami.shwonek@t-mobile.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2018.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing Required Information

**Connect America Phase II – FCC Form 470 Postings**

<2019> For the filing due July 1 following full implementation of this requirement, answer yes, no, or not applicable to this certification request

**(3005) Rate Of Return Carrier Additional Documentation  
Data Collection Form**

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(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a) Name of Consultant	(3007b) Name of Consultant Firm/Third Party

<010> Study Area Code 529013

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<020> Program Year 2022

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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009) Progress Report on 5 Year Plan  
Carrier certifies to 54.313(f)(1)(iii)

(3010A) Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}

(3010B) Please Provide Attachment **Rate-of-Return Community Anchor Institutions** Name of Attached Document Listing Required Information

(3012A) Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

(3012B) Please Provide Attachment Name of Attached Document Listing Required Information   
Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(f)(1)(ii)

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)    
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)    
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information Name of Attached Document Listing Required Information

<b>(3005) Rate Of Return Carrier Additional Documentation (Continued)</b>	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
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**Financial Data Summary**

(3027) Revenue	<input type="text"/>
(3028) Operating Expenses	<input type="text"/>
(3029) Net Income	<input type="text"/>
(3030) Telephone Plant In Service(TPIS)	<input type="text"/>
(3031) Total Assets	<input type="text"/>
(3032) Total Debt	<input type="text"/>
(3033) Total Equity	<input type="text"/>
(3034) Dividends	<input type="text"/>

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**4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

**Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)**

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

**RBE Community Anchor Institutions**

<4003a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year

<4003b> Please Provide Attachment: Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79)

Name of Attached Document Listing Required Information

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5005 Alaska Plan

(5011) Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. (Yes/No)

(5012) If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul. (Yes/No)

<5013>	<a>	<b>	<c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population



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<6010> Enter the total amount of Phase II Auction Support, if any, the carrier used for capital expenditures

#### Phase II Auction and New York Funds Certification

<6011> Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support (Yes/No)

#### Phase II Auction Community Anchor Institutions

<6012a> Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year

<6012b> Please Provide Attachment Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by FCC 14-98 (paragraph 79) Name of Attached Document Listing Required Information

#### Phase II Auction FCC Form 470 Postings

<6013> For the filing due July 1 following full implementation of this requirement answer yes or no to this certification request

#### Phase II Auction Post-Final Deployment Milestone Performance Certification

<6014> Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Phase II-funded network that the Phase II auction recipient operated in the prior year meets the relevant performance requirements in § 54.309

(7005) Phase-Down Support Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<7010> Phase II Auction recipient performance requirements certification (Yes/No)

<b>(8005) Uniendo a Puerto Rico Fixed and Mobile Funds Certification Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>December 2020</b>
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**<8010> Uniendo a Puerto Rico Stage 2 Fixed – Capital Expenditures**  
 Enter the total amount of Uniendo a Puerto Rico Stage 2 fixed support, if any, the carrier used for capital expenditures.

**<8011> Uniendo a Puerto Rico Stage 2 Fixed – Available Funds Certification**  
 Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient’s penultimate year of support.

**<8012a> Uniendo a Puerto Rico Stage 2 Fixed – Community Anchor Institutions**  
 Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

**<8012b> Uniendo a Puerto Rico Stage 2 Fixed – Community Anchor Institutions**  
 Please Provide Attachment  
 Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(A). Allowable File Types.

	Name of Attached Document Listing Required Information
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**<8013> Uniendo a Puerto Rico Stage 2 Fixed – FCC Form 470 Postings**  
 For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

**<8014> Uniendo a Puerto Rico Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification**  
 Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Uniendo a Puerto Rico Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in § 54.309.

**<8020> Uniendo a Puerto Rico Stage 2 Fixed – Support Reimbursement Certification**  
 54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.

**<8030> Uniendo a Puerto Rico Stage 2 Fixed – Disaster Preparedness and Response Documentation**  
 54.313(n): Recipients of fixed support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

**<8040> Uniendo a Puerto Rico Stage 2 Mobile – Support Reimbursement**  
 54.313(n): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Uniendo a Puerto Rico Fund.

**<8050> Uniendo a Puerto Rico Stage 2 Mobile – Disaster Preparedness and Response Documentation**  
 54.313(n): Recipients of mobile support from Stage 2 of the Uniendo a Puerto Rico Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation

**<8060> Uniendo a Puerto Rico Stage 2 Mobile – Mobile Disbursements Certification**  
 54.313(o): Recipients of Uniendo a Puerto Rico Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements

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<9010> **Connect USVI Stage 2 Fixed – Capital Expenditures**

Enter the total amount of Connect USVI Fund Stage 2 fixed support, if any, the carrier used for capital expenditures.

<9011> **Connect USVI Stage 2 Fixed – Available Funds Certification**

Certify (either yes or no) regarding whether the recipient has available funds for all project costs that will exceed the amount of support that will be received for the next calendar year. This certification must be provided starting the first July 1st after receiving support until the recipient's penultimate year of support.

<9012a> **Connect USVI Stage 2 Fixed – Community Anchor Institutions**

Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

Please Provide Attachment

<9012b> Using link, download template and list the number, name and address for each community anchor institution. Attach the document which contains the community anchor institution details as required by 47 C.F.R. § 54.313(e)(2)(i)(A). Name of Attached Document Listing Required Information

**Connect USVI Stage 2 Fixed – FCC Form 470 Postings**

<9013> For the filing due July 1 following full implementation of this requirement answer yes, no, or not applicable to this certification request.

**Connect USVI Stage 2 Fixed – Post-Final Deployment Milestone Performance Certification**

<9014> Starting the first July 1st after meeting the final service milestone, certify (yes or no) that the Connect USVI Fund Stage 2-funded network that the Stage 2 recipient operated in the prior year meets the relevant performance requirements in § 54.309.

**Connect USVI Stage 2 Fixed – Support Reimbursement Certification**

<9020> 54.313(n): Recipients of Connect USVI Fund Stage 2 fixed support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund.

**Connect USVI Stage 2 Fixed – Disaster Preparedness and Response Documentation**

<9030> 54.313(n): Recipients of fixed support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

**Connect USVI Fund Stage 2 Mobile - Support Reimbursement Certification**

<9040> 54.313(n): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that such support was not used for costs that are (or will be) reimbursed by other sources of support, including of federal or local government aid or insurance reimbursements; and that support was not used for other purposes, such as the retirement of company debt unrelated to eligible expenditures, or other expenses not directly related to network restoration, hardening, and expansion consistent with the framework of the Connect USVI Fund. Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and recovery documentation.

**Connect USVI Fund Stage 2 Mobile - Disaster Preparedness and Response Documentation**

<9050> 54.313(n): Recipients of mobile support from Stage 2 of the Connect USVI Fund shall certify that they have conducted an annual review of the documentation required by section 54.1515(a)-(c) to determine the need for and to implement changes or revisions to disaster preparation and response documentation.

**Connect USVI Fund Stage 2 Mobile - Mobile Disbursements Certification**

<9060> 54.313(o): Recipients of Connect USVI Fund Stage 2 mobile support shall certify that they are in compliance with all requirements for receipt of such support to continue receiving Stage 2 mobile disbursements.

<b>Certification - Reporting Carrier Data Collection Form</b>	<b>FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020</b>
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<010> Study Area Code	529013
<015> Study Area Name	T-Mobile West Corporation
<020> Program Year	2022
<030> Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035> Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	T-Mobile West Corporation
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/25/2021</span>
Printed name of Authorized Officer:	Chris Miller
Title or position of Authorized Officer:	SVP Tax
Telephone number of Authorized Officer:	2146421608 ext.
Study Area Code of Reporting Carrier:	529013 <span style="float: right;">Filing Due Date for this form: 07/01/2021</span>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
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<010>	Study Area Code	529013
<015>	Study Area Name	T-Mobile West Corporation
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
<p>I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Certify Filing  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
December 2020

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I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations

Yes

Please Provide Waiver Document  
Allowable File Type (pdf only)

Name of Attached Document Listing Required  
Information

## Attachments



**(800) Operating Companies****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

December 2020

<010>	Study Area Code	529013
<015>	Study Area Name	T-Mobile West Corporation
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<030>	Contact Name - Person USAC should contact regarding this data	Tami Shwonek
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253835551 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com
<810>	Reporting Carrier	T-Mobile West LLC
<811>	Holding Company	T-Mobile USA, Inc.
<812>	Operating Company	T-Mobile West LLC

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	T-Mobile Northeast LLC and T-Mobile Central LLC	179014	DBA T- Mobile
	T-Mobile Northeast LLC	199016	DBA T- Mobile
	T-Mobile South LLC	219013	DBA T- Mobile
	Powertel/Memphis, Inc. and T-Mobile Central LLC	269024	DBA T- Mobile
	Powertel/Memphis, Inc. and T-Mobile South LLC	289029	DBA T- Mobile
	T-Mobile Central LLC	369014	DBA T- Mobile
	T-Mobile Puerto Rico LLC	639003	DBA T- Mobile
	MetroPCS California, LLC		Metro by T-Mobile
	MetroPCS Florida, LLC		Metro by T-Mobile
	MetroPCS Georgia, LLC		Metro by T-Mobile
	MetroPCS Massachusetts, LLC		Metro by T-Mobile
	MetroPCS Michigan, Inc.		Metro by T-Mobile
	MetroPCS Nevada, LLC		Metro by T-Mobile
	MetroPCS New York, LLC		Metro by T-Mobile
	MetroPCS Pennsylvania, LLC		Metro by T-Mobile
	MetroPCS Texas, LLC		Metro by T-Mobile
	Virgin Mobile USA LP	259032	Assurance Wireless
	Virgin Mobile USA LP	409025	Assurance Wireless
	Virgin Mobile USA LP	459018	Assurance Wireless
	Virgin Mobile USA LP	549016	Assurance Wireless
	Virgin Mobile USA LP	469014	Assurance Wireless
	Virgin Mobile USA LP	139003	Assurance Wireless
	Virgin Mobile USA LP	579003	Assurance Wireless

**(800) Operating Companies****Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tami.shwonek@t-mobile.com
<810>	Reporting Carrier	T-Mobile West LLC
<811>	Holding Company	T-Mobile USA, Inc.
<812>	Operating Company	T-Mobile West LLC

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Virgin Mobile USA LP	569003	Assurance Wireless
	Virgin Mobile USA LP	219012	Assurance Wireless
	Virgin Mobile USA LP	229015	Assurance Wireless
	Virgin Mobile USA LP	359126	Assurance Wireless
	Virgin Mobile USA LP	479015	Assurance Wireless
	Virgin Mobile USA LP	349033	Assurance Wireless
	Virgin Mobile USA LP	329011	Assurance Wireless
	Virgin Mobile USA LP	419024	Assurance Wireless
	Virgin Mobile USA LP	269027	Assurance Wireless
	Virgin Mobile USA LP	279034	Assurance Wireless
	Virgin Mobile USA LP	119003	Assurance Wireless
	Virgin Mobile USA LP	189009	Assurance Wireless
	Virgin Mobile USA LP	109010	Assurance Wireless
	Virgin Mobile USA LP	319023	Assurance Wireless
	Virgin Mobile USA LP	369018	Assurance Wireless
	Virgin Mobile USA LP	429025	Assurance Wireless
	Virgin Mobile USA LP	289028	Assurance Wireless
	Virgin Mobile USA LP	239018	Assurance Wireless
	Virgin Mobile USA LP	129005	Assurance Wireless
	Virgin Mobile USA LP	169003	Assurance Wireless
	Virgin Mobile USA LP	499015	Assurance Wireless
	Virgin Mobile USA LP	559021	Assurance Wireless
	Virgin Mobile USA LP	159018	Assurance Wireless



## Attachments

## T-MOBILE LIFELINE RATES, TERMS AND CONDITIONS OF SERVICE

### General Information

Upon designation as an Eligible Telecommunications Carrier (“ETC”), T-Mobile made available Lifeline service offerings to qualified low-income consumers that meet all applicable Lifeline requirements based on federal and state rules and orders governing the Low Income mechanism of the Federal Universal Service Fund (“FUSF”). T-Mobile has implemented the internal controls and processes to ensure compliance with the FCC’s rules and all applicable requirements.

In particular, T-Mobile has implemented processes to ensure that only eligible consumers obtain Lifeline Service. T-Mobile directly administers its Lifeline program and the application of benefits. T-Mobile does not contract with third party agencies to verify eligibility for Lifeline, other than when required or allowed to rely upon information provided by a federal or state selected entity to verify eligibility of qualified consumers.

Prior to the National Verifier launch, specific T-Mobile representatives were trained to review and validate applications for eligibility based on the applicable rules in any given jurisdiction, and the same representatives were trained to follow all applicable rules related to document handling and retention in addition to other matters that impact low-income benefit applicants. Since hard launch of the National Verifier, T-Mobile relies on the National Verifier to review and validate applications for eligibility based on the applicable rules.

## **T-Mobile's Lifeline Service Rate Plans**

T-Mobile offers the Federal Lifeline Discount on its generally available consumer rate plans, including rate plans that meet the minimum service standards in the FCC rules.<sup>1</sup> In particular, T-Mobile offers the Federal Lifeline Discount on its Basic Rate Plan of unlimited talk and text – a tax inclusive offering available to consumers for \$20.00. T-Mobile's Lifeline service offerings provide consumers with access to traditional local voice services that are supported by the low-income mechanism of the FUSF and several other consumer benefits. For example, calls to 911 and to customer service (dialing 611 from the mobile handset) will be free calls, including that for customers on measured rate plans regardless of whether the customer has sufficient remaining minutes available in their account, and those calls will not be deducted from the monthly included minutes or charged as additional minutes. Additionally, qualified consumers who subscribe to T-Mobile's Lifeline offerings are not charged FUSF on the subsidized portion of their monthly recurring fee, nor are they charged a separate fee for local number portability. In addition to local voice services, Lifeline customers also have the ability to use their phone throughout T-Mobile's nationwide network and T-Mobile roaming partner networks. Lifeline service includes many standard calling features at no additional charge, including voice mail, caller identification and call-waiting services.

Customers who receive Lifeline benefits may also have access to other services such as directory assistance, international dialing and other information type services that are charged per use depending on the offering they select. These services, if provided, are available on a pay per use basis and the current charges for these services are made available to customers at the time of activation, on the

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<sup>1</sup> See 47 C.F.R. § 54.408. T-Mobile offers -the Federal Lifeline Discount, and for qualified residents of tribal lands, T-Mobile offers an additional Lifeline discount of up to \$25.00 per month, consistent with the FCC Rules, 47 C.F.R. § 54.403. In addition, T-Mobile may offer, at its discretion, additional discounts for which it does not seek reimbursement from federal or state universal service funds.

applicable website for the service offering, and upon request by dialing 611 (a free call from a T-Mobile phone). Lifeline customers have the option to decline or block such services at no additional charge.

In the future, T-Mobile may also make available other Lifeline service offerings to qualified low-income consumers, consistent with all applicable requirements.

### **Lifeline Terms and Conditions of Services**

Lifeline consumers must meet all applicable eligibility requirements to obtain Lifeline service from T-Mobile. As an eligible Lifeline consumer, customers of T-Mobile will be subject to all applicable federal and state requirements governing Lifeline service. Lifeline customers must also comply with the terms and conditions of Lifeline service. T-Mobile does not require its Lifeline customers to complete a credit check, unless customers choose to obtain additional discretionary services. T-Mobile also does not require Lifeline consumers to commit to a service agreement term based solely on the fact that s/he is qualified to receive Lifeline benefits. The current terms and conditions for T-Mobile are included as Attachment 1 and are set forth in the T-Mobile Terms and Conditions available at [www.t-mobile.com](http://www.t-mobile.com). To the extent T-Mobile makes available other Lifeline service offerings in the future, the terms and conditions of service will be consistent with all applicable requirements.

Beginning on July 1, 2018, T-Mobile makes available to consumers applying for and receiving Lifeline benefits the Universal Consumer Forms for Lifeline. The current version of the FCC Universal Lifeline Application Form and information on how to apply through the National Verifier is available to consumers at [www.t-mobile.com/lifeline](http://www.t-mobile.com/lifeline).