FCC For	rm 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	529012	
<015>	Study Area Name	TracFone Wireless Inc.	
<020>	Program Year	2022	
<030>	Contact Name: Person USAC should contact with questions about this data	Janet Morejon	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jmorejon@tracfone.com	
	Form Type	54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

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

<220>

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS									Did This Outage		
Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
									<u> </u>		
	1										

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code 529012		
<015>	Study Area Name TracFone Wireless Inc.		
<020>	Program Year 2022		
<030>	Contact Name - Person USAC should contact regarding this data Janet Morejon		
<035>	Contact Telephone Number - Number of person identified in data line <030>		
<039>	Contact Email Address - Email Address of person identified in data line jmorejon@tracfone.com <030>		
<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		

•	npliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529012	
<015>	Study Area Name	TracFone Wireless Inc.	
<020>	Program Year	2022	
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	
<515>	Certify compliance with applicable minimum service standards		

	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
_		December 2020
_	<010> Study Area Code	529012
	<015> Study Area Name	TracFone Wireless Inc.
	<020> Program Year	2022
_	<030> Contact Name - Person USAC should contact regarding this data	Janet Morejon
	<035> Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
	<039> Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com
_	<600> Certify compliance regarding ability to function in emergency situations	
-	<610> Descriptive document for Functionality in Emergency Situations	

FCC Form 481

(600) Functionality in Emergency Situations

(800) Op	erating Companies			FCC Form 481
Data Coll	lection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				December 2020
<010>	Study Area Code		529012	
<015>	Study Area Name		TracFone Wireless Inc.	
<020>	Program Year		2022	
<030>	Contact Name - Person I	JSAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jmorejon@tracfone.com	
<810>	Reporting Carrier	TracFone Wireless Inc		
<811>	Holding Company	Not Applicable		
<812>	Operating Company	TracFone Wireless Inc		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
•			
-			
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-	See attac	ned workshee	
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Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
	December 2020
	Describer 2020
<010> Study Area Code	529012
<015> Study Area Name	TracFone Wireless Inc.
<020> Program Year	2022
<030> Contact Name - Person USAC should contact regarding this data	Janet Morejon 3057156522 ext.
<035> Contact Telephone Number - Number of person identified in data line <030>	jmorejon@tracfone.com
<039> Contact Email Address - Email Address of person identified in data line <030>	JMOTE JOHN LTACIONE.COM
<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
f your company serves Tribal lands, please select (Yes,No, NA) for each these boxe	
to confirm the status described on the attached PDF, on line 920,	.cs
demonstrates coordination with the Tribal government pursuant to	Select
§ 54.313(a)(5) includes:	Yes or No or
 921> Needs assessment and deployment planning with a focus on Triba community anchor institutions. 	al Not Applicable
:922> Feasibility and sustainability planning;	
923> Marketing services in a culturally sensitive manner;	
2924> Compliance with Rights of way processes	
925> Compliance with Land Use permitting requirements	
926> Compliance with Facilities Siting rules	
2927> Compliance with Environmental Review processes	
1928> Compliance with Cultural Preservation review processes	
2929> Compliance with Tribal Business and Licensing requirements.	

•	pice and Broadband Service Rate Comparability lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com
<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

(1100) No Terrestrial Backhaul Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010> <015>	Study Area Code Study Area Name	529012 TracFone Wireless Inc.	
<020>	Program Year	2022	
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	
<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 upstream within the supported area pursuant to § 54.313(g).	kbps	
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.		

Lifeline	erms and Condition for Lifeline Customers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
Data Coll	ection Form		December 2020
<010>	Study Area Code	529012	
<015>	Study Area Name	TracFone Wireless Inc.	
<020>	Program Year	2022	
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
			Name of Attached Document
<1220>	Link to Public Website HTTP	www.safelink.com	
"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,		
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		

(2005) Price Cap	Carrier Additional Documentation			FCC Form 481	
Data Collection	Form				3060-0986/OMB Control No. 3060-0819
Including Rate-o	of-Return Carriers affiliated with Price Cap Local Exchange Carriers			December 2020	
<010> Study	Area Code	529012			
	Area Name	TracFone Wireless Inc.			
	am Year	2022			
	act Name - Person USAC should contact regarding this data	Janet Morejon			
<035> Conta	nct Telephone Number - Number of person identified in data line <030>	3057156522 ext.			
<039> Conta	act Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com			
Select the a	appropriate responses below (Yes, No, Not App	licable) to note comp	liance as a recipient of frozen	High Cost si	upport. High Cost support
	ccess charge reductions, and Connect America F	•	•	•	
	n the documents attached below is accurate.	nase ii support as set	. 101th iii 47 Ci k 54.515(c),(a),	ile). The fill	ormation reported on this
12015	2016 and future France Company Contification 47 CF) S E 4 242/a\/4\			
<2015>	2016 and future Frozen Support Certification 47 CFF	(9 54.313(C)(4)			
<2016>	Carrier Connect America ICC Support {47 CFR § Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}	. "			
30111103171					
<2017A> (Connect America Fund Phase II recipient?				
	otal amount of Phase II support, if any, the price cap capital expenditures in 2018.	carrier used for			
<2018>	Attach the number, names, and addresses of community anchor		Name of Attached Docum	Name of Attached Document Listing	
		•		ent Listing	
	nstitutions to which the carrier newly began providin proadband service in the preceding calendar year - 54		Required Information		
Connect A	America Phase II – FCC Form 470 Postings				
	-				
	For the filing due July 1 following full implementation answer yes, no, or not applicable to this certification r	•			

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

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

(3005) Rate	Of Return Carrier Additional Documentation ion Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code		529012	
<015>	Study Area Name		TracFone Wir	reless Inc.
<020>	Program Year		2022	TELESS IIIC.
<030>	Contact Name - Person USAC should contact regarding this	data		an.
<035>	Contact Telephone Number - Number of person identified in		Janet Morejo 3057156522 ex	
<039>	Contact Email Address - Email Address of person identified i		jmorejon@tra	
nancial r	m the drop down menu or check the boxes below to eporting requirements set forth in 47 CFR 54.313(f) 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	Name of Attach Information	ed Document Listing Requ	uired
3012A)	Rate-of-Return Community Anchor Institutions Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the			
3012B)	previous calendar year. Please Provide Attachment	Name of Attach	ed Document Listing	
30126)	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)	Required Inforn	nation	
3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	
3014)	If yes, does your company file the RUS annual report 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:	(Yes/No)	0 0	
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 Attach Information	ed Document Listing Requ	uired
3018)	If the response is no on line 3014, is your company audited? 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:	(Yes/No)	0 0	
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			

Name of Attached Document Listing Required

Information

Underlying information subjected to a review by an

Document(s) with Balance Sheet, Income Statement

Attach the worksheet listing required information

Underlying information subjected to an officer

independent certified public accountant

and Statement of Cash Flows

certification.

(3023)

(3024)

(3025)

(3026)

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	imorejon@tracfone.com

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon 3057156522 ext.
<035>	Contact Telephone Number - Number of person identified in data li	ine <030>
<039>	Contact Email Address - Email Address of person identified in data I	ine <030> jmorejon@tracfone.com

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

(5005) Alaska Plan Participants Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

5005 Alaska Plan

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

If the filing carrier identified in its approved perfomance plans that it relies exclusively on (5012) satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previoius calendar year in areas that were previoiusly served exclusively by satellite backhaul.

(Yes/No)

<5013>	<a>		<c></c>
	Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
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<u>-</u>			
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-			
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_			

(6005) Phase II Auction Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

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

<010>	Study Area Code	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

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

(8005) Uniedo a Puerto Rico Fixed and Mobile Funds Certification	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<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.

Please Provide Attachment

<8012b> 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

Uniendo a Puerto Rico Stage 2 Fixed – FCC Form 470 Postings

<8013> 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

(9005) Connect USVI Fixed and Mobile Funds Certification	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<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

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

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

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

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.

<9020>

<9030>

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

<010>	Study Area Code	529012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2022
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

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: TracFone Wireless Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/25/2021

Printed name of Authorized Officer: Javier Rosado

Title or position of Authorized Officer: Sr. Officer, Alternative Business Channels

Telephone number of Authorized Officer: 3057156575 ext.

Study Area Code of Reporting Carrier: 529012 Filing Due Date for this form: 07/01/2021

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.

	tion - Agent / Carrier Jection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 December 2020
<010>	Study Area Code	529012	
<015>	Study Area Name	TracFone Wireless I	nc.
<020>	Program Year	2022	
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.co	om

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

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. 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.		
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:	
Persons willfully making false statements on this f	n 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.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	t Authorized to File Annual Reports for CAF or LI Recipi	ents on Behalf of Reporting Carrier	
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.			
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
ignature 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 A	agent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this for	m can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title	

Certify Filing		FCC Form 481	
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
		December 2020	
<010>	Study Area Code	529012	
<015>	Study Area Name	TracFone Wireless Inc.	
<020>	Program Year	2022	
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	

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



TRACFONE WIRELESS INC 2022 FCC FORM 481 SPIN: 143030103

RESPONSE TO (400) COMPLAINTS PER 1000 CUSTOMERS

(010)	Study Area Code: 529012
(015)	Study Area Name: Washington
(020)	Program Year: 2022
(030)	Contact name: Janet Morejon
(035)	Contact Telephone Number: 305-715-6522
(039)	Contact Email Address: jmorejon@tracfone.com
(420)	Number of Complaints (per 1,000 customers) Mobile Voice Telephony Service for the period
	01/01/2020 - 12/31/2020

0.42

TRACFONE WIRELESS INC 2022 FCC FORM 481

SPIN: 143030103

RESPONSE TO (610) FUNCTIONALITY IN EMERGENCY SITUATIONS:

- (010) Study Area Code: 529012(015) Study Area Name: Washington
- (020) **Program Year: 2022**
- (030) Contact name: Janet Morejon
- (035) **Contact Telephone Number: 305-715-6522**
- (039) Contact Email Address: jmorejon@tracfone.com

Certification that the ETC is able to function in emergency situations

network providers are able to do so. TracFone provides service using the networks from several of the leading wireless companies in the nation, including Verizon Wireless, AT&T (610) Mobility, and T-Mobile. TracFone relies on those networks' reliability in all situations, including emergency situations. Each of those companies complies with applicable requirements for emergency service, including available power supplies. Those network operators have implemented state-of-the-art network reliability standards, which TracFone and its customers benefit from their high standards.

TracFone will be able to function in emergency situations to the extent that its underlying

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	December 2020

<010>	Study Area Code		529012
<015>	Study Area Name		TracFone Wireless Inc.
<020>	Program Year		2022
<030>	Contact Name - Person US	AC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number	er - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Er	nail Address of person identified in data line <030>	jmorejon@tracfone.com
<810>	Reporting Carrier	TracFone Wireless Inc	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	TracFone Wireless Inc	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-	TracFone Wireless Inc	529012	SafeLink Wireless
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