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August 8, 2013

**Via Electronic Filing and U.S. Mail**

Mr. Dave Danner  
Executive Director/Secretary  
Washington Utilities and Transportation Commission  
1300 S. Evergreen Park Drive, S.W.  
Olympia, WA 98504-7250

Re: Telrite Corporation d/b/a Life Wireless; Docket No. UT-110321

Dear Mr. Danner:

Please find enclosed for filing on behalf of our client, Telrite Corporation d/b/a Life Wireless updated and amended version of the Washington Lifeline Service Application and Certification and the Department of Social & Health Services Confidential Information Disclosure Authorization.

Please contact me or my assistant, Sherry Boyd (601) 949-4737, sboyd@joneswalker.com, if you have any questions or comments regarding this filing.

Sincerely,

A handwritten signature in cursive script that reads "J. Andrew Gipson".

J. Andrew Gipson

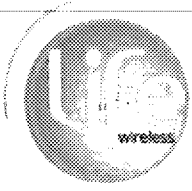
JAG/ssb  
Enclosures

cc: Brian Lisle  
Barton DeHaven, Jr.

{JX062314.2}

JONES WALKER LLP

ALABAMA \* ARIZONA \* CALIFORNIA \* DISTRICT OF COLUMBIA \* FLORIDA \* GEORGIA \* LOUISIANA \* MISSISSIPPI \* NEW YORK \* OHIO \* TEXAS



# Life Wireless

## Washington Wireless Lifeline Service Application and Certification

Mail or Fax completed and signed form to

Telrite Corporation / Life Wireless

PO Box 2840 Covington, GA 30015

FAX: 1-866-770-6110 / EMAIL: [lwforms@lifewireless.com](mailto:lwforms@lifewireless.com)

A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in Telrite Corporation / Life Wireless' Lifeline service program in your state. This Certification is only for the purpose of verifying your eligibility for Lifeline service and will not be used for any other purpose. Service requests will not be processed until this Form has been received and verified by Company.

**One Lifeline service per household disclosures:** Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

I hereby certify that I have read and understood the disclosures listed above and that, to the best of my knowledge, my household is not already receiving a Lifeline service benefit.

**Customer eligibility certification: I hereby certify that I participate in at least one of the following programs (check one):**

- |   |   |
|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)   | <input type="checkbox"/> Income at or below 135% of Federal Poverty Guidelines    |
| <input type="checkbox"/> Medicaid (not Medicare)                            | <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) |
| <input type="checkbox"/> Supplemental Security Income (SSI)                 | <input type="checkbox"/> Bureau of Indian Affairs General Assistance (BIA)        |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)     | <input type="checkbox"/> Tribally Administered TANF (TTANF)                       |
| <input type="checkbox"/> Section 8 Federal Public Housing Assistance (FPHA) | <input type="checkbox"/> Head Start (meeting income qualifying standards)         |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |   |
| <input type="checkbox"/> National School Lunch Program's free lunch program |   |

**Tribal eligibility:**

I hereby certify that I reside on Federally-recognized Tribal lands.

**Customer Application Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_\_ Social Security Number (or Tribal ID Number): \_\_\_\_\_  
 If Qualifying for Lifeline by Income, number of Individuals in Household: \_\_\_\_\_  
 Home Telephone Number (if available): \_\_\_\_\_

**Residential Address (P.O. Box NOT sufficient)**

Number: \_\_\_\_\_ Apt: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Address is (choose one):  Permanent  Temporary

**Billing Address (if different from Residential Address) (P.O. Box IS sufficient)**

Number: \_\_\_\_\_ Apt: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Multiple households sharing and address:**

I hereby certify that I reside at an address occupied by multiple households, including adults who do not contribute income to my household and/or share in my household's expenses, and I will complete a separate additional form.

**Activation and usage requirement disclosures:** This service is a prepaid service and you must personally activate it by calling 770-200-1000. To keep your account active, *you must use your Lifeline service at least once during any 60 day period by completing an outbound call, purchasing additional minutes from Company, answering an in-bound call from someone other than Company, or by responding to a direct contact from Company confirming that you want to continue receiving Lifeline service from Company.* If your service goes unused for 60 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to the Company's customer care center) subject to a 30 day cure period during which you may use the service (as described above) or contact the Company to confirm that you want to continue receiving Lifeline service from Company.

I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

**Authorizations:**

I hereby authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program, as it is authorized on the ATTACHMENT A. I also authorize the Company to release any records required for the administration of the Lifeline program (e.g., name, telephone number and address), including to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

**DSHS Client ID (if qualifying through SNAP, TANF, SSI, Medicaid):** \_\_\_\_\_

**Additional certifications:** I hereby certify, under penalty of perjury, that (check each box):

- I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required
- I will notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement
- I am not listed as a dependent on another person's tax return (unless over the age of 60)
- The address listed below is my primary residence, not a second home or business
- If I move to a new address, I will provide that new address to the Company within 30 days
- If I provided a temporary residential address to the Company, I will verify my temporary residential address every 90 days
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits
- The information contained in this certification form is true and correct to the best of my knowledge

**Rate Plan:**  125 Minutes with Rollover – 3 texts per minute       250 Minutes without Rollover – 3 texts per minute

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>For Agent Use Only (check only 1 eligibility category and only 1 box under that category; do not copy or retain documentation):</b></p>					
<p><b>Documents Acceptable Proof for Income-Eligibility:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The prior year's state, federal, or Tribal tax return,</li> <li><input type="checkbox"/> Current income statement from an employer or paycheck stub,</li> <li><input type="checkbox"/> A Social Security statement of benefits,</li> <li><input type="checkbox"/> A Veterans Administration statement of benefits,</li> <li><input type="checkbox"/> A retirement/pension statement of benefits,</li> <li><input type="checkbox"/> An Unemployment/Workmen's Compensation statement of benefits,</li> <li><input type="checkbox"/> Federal or Tribal notice letter of participation in General Assistance, or</li> <li><input type="checkbox"/> A divorce decree, child support award, or other official document containing income information for at least three months time.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Head Start (meeting income qualifying standards)</li> </ul> <p><b>List B - Choose 1</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Program Participation card / document with names</li> <li><input type="checkbox"/> Prior year's statement of benefits</li> <li><input type="checkbox"/> Notice letter of participation</li> <li><input type="checkbox"/> Other official qualifying document: _____</li> </ul>				
<p><b>Documents Acceptable Proof for Program-Eligibility</b> (choose 1 from each list A and B below)</p> <p><b>List A - Choose 1</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)</li> <li><input type="checkbox"/> Medicaid</li> <li><input type="checkbox"/> Supplemental Security Income (SSI)</li> <li><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</li> <li><input type="checkbox"/> Section 8 Federal Public Housing Assistance (FPHA)</li> <li><input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)</li> <li><input type="checkbox"/> National School Lunch Program's free lunch program</li> <li><input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR)</li> <li><input type="checkbox"/> Bureau of Indian Affairs General Assistance (BIA)</li> <li><input type="checkbox"/> Tribally Administered TANF (TTANF)</li> </ul>	<p>Last 4 digits of Document from List B _____</p> <p>Date of Proof Document: ____/____/____</p> <p>Expiration Date of Proof Document: ____/____/____</p>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><b>Applicant Account Number</b></td> <td style="width: 50%; padding: 5px;"><b>Rep / Agent Signature</b></td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>		<b>Applicant Account Number</b>	<b>Rep / Agent Signature</b>		
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## Department of Social & Health Services Confidential Information Disclosure Authorization

Until such time as I notify Life Wireless that I no longer meet the criteria for receiving Lifeline or until for any reason I am de-enrolled and my Life Wireless Lifeline Credit benefits are terminated, I authorize DSHS to disclose or give access to confidential information about me for the purpose of verifying my initial and continued eligibility for Lifeline assistance.

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CUSTOMER NAME

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DSHS CLIENT ID NUMBER

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CUSTOMER SIGNATURE

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DATE