



wireless, inc. 9700 NW 112th Avenue | Miami, FL 33178

January 31, 2013

**VIA ELECTRONIC FILING**

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

Re: TracFone Wireless Inc., - FCC Form 555 Report  
Docket No. UT-133002

Dear Mr. Danner:

In accordance with the Federal Communication Commission's Lifeline Reform Order and 47 CFR 54.416(b) please find enclosed a copy of the FCC Form 555 Report of TracFone Wireless Inc. ("TracFone").

The document is designated as confidential pursuant to WAC 480-07-160, because it contains valuable commercial information, including the methods and results of TracFone's annual verification process. TracFone Wireless, Inc., would be directly and adversely affected by disclosure of the confidential information. A redacted copy is also attached.

Please contact me if you have any questions about this submission. If you have any questions, please feel free to contact me at (305) 715-3613, or [sathanson@tracfone.com](mailto:sathanson@tracfone.com).

Sincerely,

Stephen Athanson  
Regulatory Counsel

Enc.

FCC Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

*Deadline: January 31st(Annually)*

**WASHINGTON**

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

**529012**

Study Area Code(s) (SAC)

**TracFone Wireless, Inc.**

Holding Company Name(s)

**TracFone Wireless, Inc.**

ETC Name(s)

**Safelink Wireless**

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

N/A

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JR

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on [REDACTED] prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JR

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

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Section 2: *All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).*

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial JD

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
[REDACTED]	[REDACTED]

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June 2012 (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

**Section 3: All ETCs (Initial the certification below).**

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial SR


**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	██████
February	██████
March	██████
April	██████
May	██████
June	██████
July	██████
August	██████
September	██████
October	██████
November	██████
December	██████

Approved by OMB  
3060-0819

FCC Form 555  
November 2012

Signed,

  
Signature of Officer

Javier Rosado  
Printed Name of Officer

Sr. Officer – Alternative Business Units  
Title of Officer

1/30/2013  
Date

Janet Morejon  
Person Completing this Certification Form

(305) 715 -6522  
Contact Phone Number