

**Oklahoma Universal Service Fund  
Fiscal Year 2020/2021 Remittance Worksheet Instructions**

**OUSF REGISTRATION FORM (Contributing Provider)**

**Contributing Provider Information:**

Company Code: OK- \_\_\_\_\_ Company Name: \_\_\_\_\_

Street, Suite, PO Box: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(User I.D. and password will be sent to this email address)

Date First Generated Oklahoma Revenue: \_\_\_\_\_

**Primary Communications Business (Please circle one):**

LEC   CLEC   IXC   CEL   PAG   VoIP   CAP   OSP   PAY   SAT

**Affiliate Companies (if applicable):**

*(To report on behalf of one or more affiliate companies, please list all applicable companies)*

Company Code: OK- \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Code: OK- \_\_\_\_\_ Company Name: \_\_\_\_\_  
*(If additional space is required, please attach additional sheet(s))*

**Authorized Reporting Agent Information:**

*(Please complete this section if an agent reports to the OUSF on behalf of your company)*

Agent Company Name: \_\_\_\_\_ Primary Contact at Agent: \_\_\_\_\_

Street, Suite, PO Box: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Reporting Frequency Election:**

Please select the appropriate reporting frequency election for Fiscal Year 2020-2021. Contributing providers are required to report on an Annual or Monthly basis, based on annual intrastate retail revenues. Contributing providers may report more frequently than required based on annual revenues of more than \$0.00, but not less frequently than required.

- Annual (\$49,999 or less in annual revenue; **required for \$0.00 annual revenue**)  
 Monthly (\$50,000 or more in annual revenue or carrier choice)

Under penalties as permitted by Oklahoma law, I certify that I have reviewed the above listed information and that the information is true and correct to the best of my knowledge.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please submit to: GVNW, A Vantage Point Company, OUSF Manager,  
2930 Montvale Dr, Ste B, Springfield, Illinois, 62704. FAX: (217) 698-2715 E-Mail: OUSF@gvnw.com*