

**Oklahoma Universal Service Fund  
Fiscal Year 2021/2022 Remittance Worksheet Instructions**

**OUSF REGISTRATION FORM (Contributing Provider)**  
CONNECTIONS-BASED METHODOLOGY – NOV 2021 – JUNE 2022

**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):**

ILEC   CLEC   IXC   CEL   PAG   VoIP   CAP   OSP   PSP   RES

**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 2021-2022. Contributing providers are required to report on a Monthly basis, unless authorized to report on a calendar quarter. Contributing providers seeking Quarterly filer authorization must submit the OUSF Request to Report Quarterly (Attachment E) online at <http://usf.vantagepnt.com>.

 Quarterly (OUSF Administrator-Authorized Providers Only. Must include OUSF Administrator's authorization.)

 Monthly

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: Vantage Point Solutions, OUSF Manager,  
2930 Montvale Dr, Ste B, Springfield, Illinois, 62704. FAX: (217) 698-2715 E-Mail: [ousf@vantagepnt.com](mailto:ousf@vantagepnt.com)*