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# **Expert Telecom Compliance, Inc.**

1725 Windward Concourse
Suite 150
Alpharetta, Georgia 30005

January 27, 2016

## **VIA ELECTRONIC DELIVERY**

Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

Re: FCC Form 555 - Global Connection Inc. of America

Dear Sir/Madam:

Pursuant to 47 C.F.R. § 54.416, enclosed please find for filing in the above-referenced docket a copy of Global Connection Inc. of America's Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555).

- Heather Kirby hkirby@telecomcounsel.com
   1725 Windward Concourse, Ste 150 Alpharetta, Georgia 30005
- 2) Undocketed
- 3) On behalf of Global Connection Inc. of America
- 4) 4 pages including cover letter
- 5) Pursuant to 47 C.F.R. 54.416, attached please find a copy of Global Connection Inc. of America's FCC Form 555

If you have any questions regarding this filing, please contact me at 770-232-7805 or etclifelineforms@cgminc.com.

Respectfully submitted,

s/

Heather Kirby, Regulatory Specialist Expert Telecom Compliance, Inc.

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Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

ertification form for <b>each SAC</b> through which it provides Lifeline service).	
Global Connection Inc of America	
ETC Name	
Global Connection Holdings Corporation  Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
, using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47	
Affiliated ETC's Name	
of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.	
this section	
rocedures in place to:	
entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household the enrollment in Lifeline; and/or	
ss to a state database and/or notice of eligibility from the state the Lifeline program.	
norized to make this certification for the Study Area Code listed	

#### **Section 2:** Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
3	0	0	3	0

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
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  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

**A.)** I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_ AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
\_\_\_\_\_\_\_\_. Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial \_\_\_\_\_\_

**C.)** I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

OR

Initial \_\_\_\_\_

### **Section 3:** De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	$\mathbf{N} = (\mathbf{J} + \mathbf{L})$	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
0	0	0.0%

### **Section 4:** Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes **O** 

No 🖸

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

## Signature Block

By signing 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 Code (SAC) listed above.

	Edward W Smith CFO
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
esmith@gciioa.com	01/29/2016
Email Address of Officer	Date
Ryan Wilson	678-741-6302
Person Completing This Certification Form	Contact Phone Number