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119 South Monroe Street, Suite 202 Tallahassee, Florida 32301

> P.O. Box 551 Florida 32302

February 3, 2020

Mr. Adam Teitzman Director, Office of Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

Re: Docket No. 20200000-OT

Virgin Mobile USA, L.P.'s FCC Form 555

Dear Mr. Teitzman:

Attached please find a courtesy copy of Virgin Mobile USA, L.P.'s Annual Lifeline Eligible Telecommunications Carrier Certification Form, FCC Form 555, which we are filing with the Commission pursuant to 47 C.F.R.§ 54.416.

Thank you for your assistance in this matter. Please do not hesitate to contact me if you have any questions.

Sincerely,

/s/ Marsha E. Rule

Marsha E. Rule

Enclosure

Office: 850.681.6788 | Telecopier: 850.681.6515 | rutledge-ecenia.com

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 31st (Annually)

219012		143033426
Study Area Code (SAC An Eligible Telecommunicat	•	Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).
2019	FL	Virgin Mobile USA LP
Recertification Year	State	ETC Name
Assurance Wireless		Sprint Corporation
DBA, Marketing, or Ot Of same as ETC name. list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
	any have affiliated ETCs?	Yes 🖸 No 🖸
es the reporting compa	, ,	100 8.7.
ride a list of all ETCs that ar rmined in accordance with S	re affiliated with the reporting ETC Section 3(2) of the Communication	C, using page 4 and additional sheets if necessary. Affiliation shall be s Act. That Section defines "affiliate" as "a person that (directly or indirectly ownership or control with, another person." 47 U.S.C. § 153(2). See also 47

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸

No O

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

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	3881
February	3733
March	4081
April	1162
May	2568
June	3089
July	3335
August	95875
September	0
October	19316
November	46429
December	58153
Total Subscribers	241622

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer 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; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above.	I am authorized to make this	certification for the Study	Area Code listed
above.	•		

JF Initial	
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Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial ^J	F

Annual Recertification

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

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	34951	31074	27109	26516	24188	24763	18542	15430	15119	18499	17114	14623	267928
B.	1053	1171	220	426	308	264	291	317	211	268	315	388	5232
C.	33898	29903	26889	26090	23880	24499	18251	15113	14908	18231	16799	14235	262696

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	28254	26743	24364	23733	21626	22051	16524	13260	13105	15579	13955	11417	230611

E. Name of the data source(s) used to verify consumer eligibility:

State database

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	5819	3303	2625	2439	2348	2552	1805	1941	1902	2760	2929	2895	33318

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	2414	314	47	252	33	340	69	76	93	215	92	14	3959

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	3488	3017	2612	2218	2337	2251	1777	1923	1862	2605	2918	198	27206

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J.	Name of third pa	arty administrator	used to	verify subscribe	r engionity.

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	JF	

R	ecer	tific	ation	Metho	ւ հո	\mathbf{FT}	C
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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. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	JF	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial		

No Subscribers

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

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
3959	263929	1.5%

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.

Signed,

Jay M Franklin, Assistant Controller

Signature of Officer

Jay.M.Franklin@sprint.com

Email Address of Officer

Andy M. Lancaster

Person Completing This Certification Form

Jay M Franklin, Assistant Contro

Printed Name and Title of Officer

Jan 31, 2020

Date

913-762-6107

Contact Phone Number

Affiliated ETCs

SAC	Name
639007	PR Wireless PR LLC
The same of the sa	
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