

TRACFONE®

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

02:42 PM FEB 04 2014 PSC EXEC SEC DIV

January 30, 2014

VIA OVERNIGHT DELIVERY

Sandra Squire, Executive Secretary
Public Service Commission of West Virginia
201 Brooks Street
Charleston, West Virginia 25301

13-0503-T-61

Re: TracFone Wireless, Inc. – FCC Form 555

Dear Ms. Squire:

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"). You may reach me at (305) 715-3613 if you have any questions.

Sincerely,



Stephen Athanson
Regulatory Counsel

Enc.

FCC Form 555
December 2013

Approved by OMB
3060-0819

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)

WEST VIRGINIA

State

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

209013

TracFone Wireless, Inc.

Study Area Code(s) (SAC)

ETC Name(s)

TracFone Wireless, Inc.

SafeLink Wireless

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
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Provide a list of all ETCs that are affiliated with the reporting ETC. Affiliation shall be determined in accordance with section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

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

Section 1: All ETCs MUST COMPLETE SECTION 1- Initial Certification

I certify that the company listed above has certification procedures in place either 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 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(s) listed above. Initial JR

Section 2: All ETCs MUST COMPLETE SECTION 2—Annual Recertification
Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
28,178	0	560

Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND 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 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 VR

D	E	F =D-E	G	H = (F+G)	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	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
22,539	20,403	2,136	85	2,221	4,849

AND/OR

In the space below, 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 or the Universal Service Administrative Company (USAC), and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.

B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on MEDICAID,SNAP,TANF,LIHEAP. 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 VR

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data 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 Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	230

OR

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 Study Area(s) listed above. Initial _____

Section 3: ALL ETCS MUST COMPLETE SECTION 3 – De-enroll percentage

What is the percentage of subscribers de-enrolled for this ETC?

M	N	O	P = N + O	Q = ((P ÷ M) * 100)
Number of Subscribers Claimed on February FCC Form(s) 497 <i>(From Column A)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility <i>(From Column H)</i>	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility <i>(From Column K)</i>	Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled	Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497
28,178	2,221	0	2,221	7.88

Section 4: ALL ETCS MUST COMPLETE APPROPRIATE CHECK BOX; PRE-PAID ETCS MUST COMPLETE ALL OF SECTION 4

Is the ETC Pre-Paid?

Yes No *(A Pre-Paid ETC does not assess or collect a monthly fee from its Lifeline subscribers)*

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


Non-Usage Results Applicable to Pre-Paid ETCs:

R	S
Month	Subscribers De-Enrolled for Non-Usage
January	780
February	354
March	458
April	376
May	417
June	439
July	354
August	373
September	391
October	375
November	490
December	351

Signature Block: ALL ETCS MUST COMPLETE SIGNATURE FIELDS

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(s) listed above.

Signed,



 Signature of Officer
Sr. Officer - Alternative Business Units

 Title of Officer
Janet Morejon

 Person Completing this Certification Form

Javier Rosado

 Printed Name of Officer
01/31/14

 Date
(305) 715-6522

 Contact Phone Number

ETC Identification

SAC	ETC Name
209013	TRACFONE WIRELESS INC

Holding Company Name(s)

SAC	Holding Company Name
209013	TRACFONE WIRELESS INC

DBA, Marketing or Other Branding Name(s)

SAC	Name
209013	SAFELINK WIRELESS

