

OKLAHOMA CORPORATION COMMISSION
 OKLAHOMA LIFELINE FUND
 Lifeline Reimbursement Request

FORM
SECTION
I

Company Code : OK_____ Company Name: _____

Check One: Initial Request Revised Request

FORM
SECTION
II

	Number of Access Lines	Total Monthly Recurring Amount
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(1) Certified by the Department of Human Services: _____

(2) Certified by the State Department of Rehabilitation Services: _____

(3) Certified by the Oklahoma Tax Commission: _____

(4) Total (Sum of lines 1 through 3): _____

(5) Applicant has checked to assure that the above number of total access lines does not reflect duplicate counting of any access lines: YES

Applicant has, or intends to, request funding support from all alternative funding sources designated to support Universal Service: YES NO

If NO, Explain:

FORM
SECTION
III

Applications have been or will be filed for Funding Support from the following other sources (check all that apply):

Federal State Other

Date of such Filing(s) and Additional Details: