# BEFORE THE PUBLIC SERVICE COMMISSION STATE OF MISSOURI

In the Matter of the Request of )

(company name) to Receive Missouri ) Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_

Universal Service Fund Support )

# (Company Name) REQUEST FOR AUTHORITY TO RECEIVE MISSOURI UNIVERSAL SERVICE FUND DISABLED PROGRAM SUPPORT

(Insert company’s full legal name) is seeking Missouri Public Service Commission authority to receive Missouri Universal Service Fund (“MoUSF”) Disabled program support. The company is authorized by the Commission (to provide basic local telecommunications service and/or IVoIP service(s)) in Missouri. (Company name) will comply with Missouri USF Disabled program requirements identified in 20 CSR 4240-31.014. The company is compliant with all reporting and assessment obligations to the Commission.

Respectfully submitted,

\_\_\_\_\_/s/ lawyer\_\_\_\_\_\_\_\_\_\_\_\_

Lawyer Name #MoBar

Law Firm/Company Name

Street Address

City, MO Zip

Phone:

E-mail:

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the above and foregoing document was delivered by first class mail, electronic mail or hand delivery, on this \_\_\_ day of \_\_\_\_, 20\_\_\_, to the following parties:

General Counsel Office of Public Counsel

Missouri Public Service Commission PO Box 7800

PO Box 360 Jefferson City, MO 65102

Jefferson City, MO 65102

**AFFIDAVIT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a natural person, do hereby swear and affirm that I am an officer or general partner of (company name) and that the statements contained therein are true and correct to the best of my information, knowledge and belief; and, that I am authorized to make this statement on behalf of (company name)

 The undersigned requestes waiver of Rule 4.017 for good cause. By signing this form, I hereby certify that neither I, nor any other member of this filing party, has had communications with a Commissioner, Commissioner Advisor, Regulatory Law Judge, or any member of their support team in the one hundred fifty (150) days prior to the filing date of this application regarding any substantive issue included in this filing.

 This concludes my affidavit.

 \_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Title)*

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn before me this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

Notary Seal: