**BEFORE THE PUBLIC SERVICE COMMISSION**
**STATE OF MISSOURI**

| | |
|---|---|
| In the Matter of the Request | ) Case No. _____ |
| of_____ | ) |
| to Receive Missouri Universal Service | ) |
| Fund Support | ) |

**REQUEST FOR AUTHORITY TO RECEIVE MISSOURI UNIVERSAL SERVICE FUND DISABLED PROGRAM SUPPORT**

_____ 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 _____ service(s) in Missouri. The company will comply with Missouri USF Disabled program requirements identified in 20 CSR 4240-31.014 . The company is compliant with the federal USF assessment requirement and all other reporting and assessment obligations to the Commission.

Respectfully submitted,
Signature _____
Name and 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
Missouri Public Service Commission
PO Box 360
Jefferson City, MO 65102

Office of Public Counsel
PO Box 7800
Jefferson City, MO 65102

**AFFIDAVIT**

I, _____ _____, a natural person, do hereby swear and affirm that I am an officer or general partner of _____ 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 _____.

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: