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**PUBLIC SERVICE COMMISSION**

December 10, 2012

North Dakota Public Service Commission  
Attention: Darrell Nitschke, Executive Secretary  
600 E. Boulevard, Dept. 408  
Bismarck, ND 58505-0480

Dear Mr. Nitschke:

Please find enclosed, three (3) copies of the Lifeline Certification Form 555 for Dakota Central Telecommunications. If you have any questions regarding the submission, please feel free to contact me directly at 701.652.6134 or via email at hollyu@daktel.net.

Thank you for your time.

Sincerely,

Holly Utke  
Sales & Customer Care Manager  
Dakota Central Telecommunications

1 **PU-13-27** Filed: 12/12/2012 Pages: 4  
**Annual Lifeline Eligible Telecommunications Carrier Certification**

604 18th Street SW • Jamestown, ND 58401 • :  
630 5th Street N • P.O. Box 299 • Carrington, ND 58421 • 701.652.

Dakota Central Telecommunications Cooperative

w w w . d a k t e

FCC Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

*Deadline: January 31<sup>st</sup> (Annually)*

**ND**

State

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

381610

Dakota Central Telecommunications Cooperative, Dakota Central Telecom I

Study Area Code(s) (SAC)

ETC Name(s)

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs *(include names and SACs, attach additional sheets if necessary)*

**Section 1:** *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer 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. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** Hju

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. *(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 and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** \_\_\_\_\_

*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

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**Section 2: All ETCs**(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. 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 kyu

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
215	0

C	D	E=C-D	F	G=(E+F)	H
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
211	144	67	0	67	4

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

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OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current 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** \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

**Section 3: All ETCs** (Initial the certification 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. **Initial** HU

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs** (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

Signed,

Holly Utke  
Signature of Officer  
**Sales & Customer Service Manager**  
Title of Officer  
Holly Utke  
Person Completing this Certification Form

Holly Utke  
Printed Name of Officer  
11-30-12  
Date  
701.652.6134  
Contact Phone Number