

Legal Department Stephen Athanson, Senior Attorney – Regulatory 9700 NW 112th Avenue | Miami, FL 33178 E-Mail: Stephen.athanson@verizon.com

April 2, 2025

## **VIA ELECTRONIC FILING**

Executive Secretary Georgia Public Service Commission 244 Washington Street, SW Atlanta, Georgia 30334

Re: TracFone Wireless Inc. - FCC Form 555 Report - 2023 resubmission Docket Number: 36946

Dear Sir/Madam,

In accordance with the Federal Communication Commission's Lifeline Reform Order and 47 CFR 54.416(b), a copy of the FCC Form 555 Report of TracFone Wireless Inc. ("TracFone") for 2023 was filed in January, 2024. We have since identified data errors that require us to resubmit the 2023 version. Please accept this revised report with our apologies. A copy of the corrected certification has also been filed with the Federal Communications Commission.

If you have any questions about this matter, I can be reached at (786) 513-7065 or <a href="mailto:stephen.athanson@verizon.com">stephen.athanson@verizon.com</a>

stepnen.atnanson@verizon.com	
Sincerely,	
/swa/	
Stephen Athanson Regulatory Attorney	
Enc.	

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)

229010		143030103
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
(An Eligible Telecommunications Carrier (ETC)	must provide a certifi	ication form for each SAC that provides Lifeline service).
2023	GA	TracFone Wireless, Inc.
Recertification Year	State	ETC Name
SafeLink Wireless		Verizon Communications Inc.
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)		Holding Company Name (If same as ETC name, list "N/A" Do <u>not</u> leave blank)
Does the reporting company have affili	ated ETCs? Yes	s No <u>X</u>
Provide a list of all ETCs that are affiliated with the reporting	ETC, using page 4 and	l additional sheets if necessary. Affiliation shall be determined in accordance with Section
3(2) of the Communications Act. That Section defines "affilia	ate" as "a person that (di	rectly 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.
Affiliated ETC's SAC		Affiliated ETC's Name

#### Initial Certification All ETCs must complete this section.

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	RPS

## **Annual Recertification Results**

Report the results of recertification efforts for the current calendar year.

Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from: \_\_ state Lifeline administrator X National Verifier

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

RPS

No Subscribers Certification Complete this section if ETC claimed no Lifeline subscribers.

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed on this form

Initial_	
----------	--

## **ETCs Subject to the Non-Usage Requirements**

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

# Is the ETC subject to the non-usage requirements? Yes $\underline{X}$ No $\underline{\hspace{1cm}}$

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

G	Н
Month	Subscribers De-Enrolled for Non-Usage
January	5248
February	4522
March	5200
April	4925
May	4305
June	3875
July	3758
August	3368
September	3464
October	3745
November	3751
December	3697
Total Subscribers	49858

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.

#### Signature Block

By signing below, I certify that the information provided above. I am authorized to make this certification for this	d is true and accurate. I am an officer of the company named is SAC.
Signed,	
Raul Perez-Sanz	Raul Perez-Sanz - Sr Dir Cost Assurance
Signature of Officer	Printed Name and Title of Officer
raul.perez.sanz@verizon.com	03-19-2025
Email Address of Officer	Date
Janet Morejon	9546542832
Person Completing This Certification Form	Contact Phone Number