

DOCKET NO. UM 1726

**Cover Sheet for Submission of  
2015 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: TracFone Wireless Inc.

Filing date: June 30, 2015

Is this: Original submission?  X  
OR  
Revised submission? \_\_\_\_\_

Person to contact for questions:

Name: Stephen Athanson

Phone number: (305) 715-3613

E-mail address: sathanson@tracfone.com

Documents included in this filing (please check applicable items):

\_\_\_\_\_ CAF/ICC Support (47 CFR § 54.304)

\_\_\_\_\_ Rate Floor Data (47 CFR § 54.313(h))

X Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)<sup>1</sup>

\_\_\_\_\_ Form 690 (Mobility Fund per 47 CFR § 54.1009)

\_\_\_\_\_ Affidavit for High-Cost Support

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**Filing deadlines:** The deadlines for filing items required by 47 CFR § 54 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by July 1, 2015. The CAF/ICC support data are due the same day as the ETC's interstate access tariff filing.

If revisions to an original submission are filed with the FCC or USAC, a copy of the revisions must be filed with the Oregon Commission no later than five business days following submission to the FCC or USAC.

\_\_\_\_\_  
<sup>1</sup> Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	539013
<015> Study Area Name	TracFone Wireless Inc.
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Janet Morejon
<035> Contact Telephone Number: Number of the person identified in data line <030>	3057156522 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	jmorejon@tracfone.com

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54.313</b>	<b>54.422</b>
	<b>Completion Required</b>	<b>Completion Required</b>

			<i>(check box when complete)</i>	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<300> Unfulfilled Service Requests (voice)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)	<input style="width: 300px; height: 40px;" type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>(attach descriptive document)</i>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<330> Detail on Attempts (broadband)	<input style="width: 300px; height: 40px;" type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>(attach descriptive document)</i>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.0"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<420> Mobile	<input type="text" value="3.09"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<440> Fixed	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<450> Mobile	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <input type="text" value="539013or510.pdf"/>	<i>(attached descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <input type="text" value="539013or610.pdf"/>	<i>(attached descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)?	<input type="radio"/> <input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1010> <input style="width: 300px; height: 40px;" type="text"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	<input type="radio"/> <input type="radio"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>(if not, check to indicate certification)</i>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	539013
<015> Study Area Name	TracFone Wireless Inc.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035> Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<110> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
<111> year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	
<114> Report how much universal service (USF) support was received	
<115> How much (USF) was used to improve service quality and how support was used to improve service quality	
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage	
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity	
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	










**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	539013
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable



<b>(1100) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	539013
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	539013
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP [www.safelinkwireless.com](http://www.safelinkwireless.com)

“Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	539013
<015> Study Area Name	TracFone Wireless Inc.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035> Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
- <2011b> Attachment {47 CFR § 54.313(b)(1)iii}

Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<b>(3000) Rate Of Return Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<b>&lt;010&gt; Study Area Code</b>	539013
<b>&lt;015&gt; Study Area Name</b>	TracFone Wireless Inc.
<b>&lt;020&gt; Program Year</b>	2016
<b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>	Janet Morejon
<b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	3057156522 ext.
<b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	jmorejon@tracfone.com

**CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.**

(3010) **Progress Report on 5 Year Plan**  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<b>(3000) Rate Of Return Carrier Additional Documentation (Continued)</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	539013
<015> Study Area Name	TracFone Wireless Inc.
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<039> Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

**Financial Data Summary**

(3027) Revenue	<input type="text"/>
(3028) Operating Expenses	<input type="text"/>
(3029) Net Income	<input type="text"/>
(3030) Telephone Plant In Service(TPIS)	<input type="text"/>
(3031) Total Assets	<input type="text"/>
(3032) Total Debt	<input type="text"/>
(3033) Total Equity	<input type="text"/>
(3034) Dividends	<input type="text"/>

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	539013
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<035> Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	TracFone Wireless Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/23/2015</span>
Printed name of Authorized Officer:	Javier Rosado
Title or position of Authorized Officer:	Sr. Officer Bus Dev & Govt Svcs
Telephone number of Authorized Officer:	3057156575 ext.
Study Area Code of Reporting Carrier:	539013 <span style="float: right;">Filing Due Date for this form: 07/01/2015</span>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	539013
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

## Attachments



**TRACFONE WIRELESS INC  
2015 FCC FORM 481  
SPIN: 143030103**

**RESPONSE TO (500) SERVICE QUALITY STANDARDS & CONSUMER PROTECTION RULES  
COMPLIANCE:**

- (010) **Study Area Code: Oregon**
- (015) **Study Area Name: 539013**
- (020) **Program Year: 2016**
- (030) **Contact name: Janet Morejon**
- (035) **Contact Telephone Number: 305-715-6522**
- (039) **Contact Email Address: jmorejon@tracfone.com**

**[Certification of compliance with CTIA Consumer Code for Wireless Service](#)**

- (510) **[TracFone certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA – The Wireless Association® Consumer Code for Wireless Service \(in part achieved through the company’s compliance with an FCC Consent Decree \(DA 15-696\)\)](#)**

**TRACFONE WIRELESS INC  
2015 FCC FORM 481  
SPIN: 143030103**

**RESPONSE TO (600) FUNCTIONALITY IN EMERGENCY SITUATIONS:**

- (010) Study Area Code: Oregon**
- (015) Study Area Name: 539013**
- (020) Program Year: 2016**
- (030) Contact name: Janet Morejon**
- (035) Contact Telephone Number: 305-715-6522**
- (039) Contact Email Address: jmorejon@tracfone.com**

**Certification that the ETC is able to function in emergency situations**

- (610) TracFone certifies that it will be able to function in emergency situations to the extent that its underlying network providers are able to do so. TracFone provides service using the networks the several of the leading wireless companies in the nation, including Verizon Wireless, AT&T Mobility, and T-Mobile. TracFone relies on those network's reliability in all situations, including emergency situations. Each of those companies complies with applicable requirements for emergency service, including available power supplies. Those network operators have implemented state-of-the-art network reliability standards and TracFone and its customers benefit from their high standards. Throughout is more than ten years of existence, TracFone's service reliability has compared favorably with that of any facilities-based operator in the wireless telecommunications industry.**

