E-rate for Public Libraries: Form 486 (Receipt of Service Confirmation)



After the receipt of the Funding Commitment Decision Letter (FCDL), the next step in the E-rate process for libraries is to complete the Form 486, which indicates that services have begun. Though it can be filed prior to July, we strongly recommend filing after July 1st because that allows libraries to skip the early filing step.

Libraries have 120 days after receipt of the FCDL to complete the Form 486 without penalty. At the time of filing Form 486, the filer will want to refer to the FCDL in order to complete the process.

Please use Internet Explorer throughout this process. The online application process may not work correctly with other browsers.

Go to http://sl.universalservice.org . Click on "Create Form 486."

Apply Online

Click on the appropriate button below to file or certify a program form online. Buttons marked "Interview" provide a simple question-and-answer format you can use to complete the form.

- Use Internet Explorer 6.0 and above. Other browsers may cause errors.
- Do not use the 'Back' and 'Forward' buttons on your browser or the 'Enter' key to move through the forms.
- Clear your Internet cache and your temporary Internet files before you begin. If you will be submitting multiple forms, clear your Internet cache after each form.
- Turn off your pop-up blocker or set your browser to allow pop-ups in order to receive valuable warnings and error messages.
- When you file a Form 486 or a Form 472, make sure the funding year, Form 471 application number, SPIN and FRN all match.

Refer to Tips and Troubleshooting for more help.

Refer to the Required Forms page to access detailed form instructions. You can also Submit a Question or call our Client Service Bureau at 1-888-203-8100 for assistance.



Type in your BEN (Billed Entity Number) into the box provided and click Find.

Form 486 Receipt of Service Confirma

Receipt of Service Confirmation Form

Enter your Billed Entity Number (BEN) to start a new Form 486



Type in a form identifier (a code of your choice). Select the current funding year from the drop-down menu under 3. Funding Year. Enter in your name in the text box labeled 5. Contact Person Information. Check the box titled "Contact Information is the same as in Item #4." Click on the circle next to Email and enter your email address. Click Next.

Form 486

Receipt of Service Confirmation Form



Print the page containing your Form 486 number and security code, then click Next.

Form 486

Print Preview

APrint Preview

Receipt of Service Confirmation Form

Applicant's Form Identifier: Test2012Form 486 Number:900986Security Code:98973

Please record your Form 486 Number and Security Code. You will need this information if you wish to exit and then return later to this online Form 486 application.





If you are not filing this form prior to the start of your service (almost always July 1st) you may skip Block 2 and click Next.

| Diook L. Lurry | Need Help? |
|-------------------|---|
| 6a. Early Filling | |
| CHECK THE BOX B | 3ELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING ON OR BEFORE JULY 31 OF THE FUNDING YEAR. |
| | The Funding Requests listed in Block 3 have been approved by USAC as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year. |
| | Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year. |
| 6b. CIPA Waiver | |
| CHECK THE BOX E | 3ELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY. |
| | I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (I), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts. |
| 6c. CIPA Waiver f | or Libraries for Funding Year 2004 |
| CHECK THE BOX E | 3ELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY TRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486. |
| | I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into |

Save & Exit Reset Page

Block 2: Early Filing Information and CIPA Waiver Requests



If you are only requesting reimbursement for your phone service, you may check box 8, choose "Other from the drop-down list and type "NONE" into the text box. If you are receiving reimbursement for non-telephone services including smartphone data plans, select "Maine State Library" from the drop down menu. In both cases, also check boxes 9 and 10.

compliance with the CIPA requirements before the start of the Funding Year 2005.

Need Help?

Certify that the entity(ies) receiving discounted services as indicated on this Form 486 are covered by technology plan(s) that have been approved by a state or other authorized body – a USAC-certified technology plan approver – prior to the commencement of service and that cover all 12 months of the funding year. If applicable, provide the name(s) of the organization(s) that approved a technology plan for any eligible entity that is receiving services covered under this Form 486. If EVERY FRN listed in the Form 486 is for basic telephone service only, enter "NONE" here.

If all of the FRNs listed herein are for basic telephone service only, choose "Other" at the bottom of the drop down list and enter 'NONE' in the field.

| | Other | | ~ | | | |
|-----|---|--|---|---|--|--|
| | NONE | | | | | |
| 9. | Vecrtify that the services li identified in the Form 471 app except for those services prov behalf of the above-named Bi etstements of fact contained | Certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities tentified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 xcept for those services provided on a tariff or month-to-month basis. I certify that I am authorized to submit this receipt of service confirmation on ehalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all tatements of fact contained herein are true. | | | | |
| 10. | Understand that the disc schools and libraries that are may be audited pursuant to th to complete this form and, if a | count level used for shared services is conditio e treated as sharing in the services receive an a his application and will retain for five years any audited, will make available to the Administrato | onal, for future years, upon ensuring that appropriate share of benefits from those and all records, including Forms 479 wh or such records. | the most disadvantaged services. I recognize that I tere required, that I rely upon | | |

Check box 11c, then click Next. (If you are requesting reimbursement for a smartphone plan or internet service that is not MSLN, check 11a and click Next.)

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

- a. The recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b. pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (I), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(I) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

De Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES 1:

- d. I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e. I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:

- f. I certify that some or all of the eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g. 📃 I certify that no eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver.

¹ See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities." The certification language above is not intended to fully set forth or explain all the requirements of the statute.





Type in the FRN, SPIN and service start date (almost always July 1) for each request on the FCDL. (Click "Add Item" if you have more than one request.) Click Next. Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below. Remember: The FRNs listed below must be from the same Funding Year as is listed in Block1, Item 3.



Complete all parts of Block 4 and click Next.

| Block 4: Signature | | | | | |
|-------------------------------|--------------------------------|--|--|--|--|
| 14. Printed name | of authorized person: | | | | |
| 15. Title or positio | on of authorized person: | | | | |
| 16a. Street Addres | ss, P.O. Box, or Route Number: | 16b. Telephone number of authorized person | | | |
| Address Line 1: | | () - ext. | | | |
| Address Line 2 (optional): | | 16c. Fax number of authorized person: | | | |
| City: | | () - | | | |
| State: | Select State | 16d. Email address of authorized person: | | | |
| Zip Code +4: | <u> </u> | | | | |
| | Save & Exit Reset Page | < Previous (Next > | | | |

Use the Print Preview button to print the form for your records, then click Submit.

Submit Form 486

You have now filled the required information for your Form 486 application. The final steps in the process are:

- VERIFY a final time that all information is correct. To review your work, open a separate browser window by clicking on the "Print Pre button above. If you need to make corrections, close the "Print Preview" window and click on the "Previous" button below.
- 2. PRINT a copy of your Form 486. In the "Print Preview" screen, click on your browser's "File" button and select the "Print" option.
- SUBMIT your Form 486 electronically by clicking the "Submit" button below. IMPORTANT NOTE: By clicking "Submit" you are releasing the information you have supplied to the SLD for processing. YOU MUS' "SUBMIT" TO FILE YOUR FORM 486. IF YOU DO NOT CLICK "SUBMIT", YOU HAVE NOT FILED YOUR FORM 486.
- CERTIFY your Form 486. The next screen will describe the certification process for the Form 486. You will be given a choice to certi
 your Form 486 either online using a PIN or on paper by printing out a certification page to sign and submit manually.



You will then be able to certify your Form 486. If you have been assigned a PIN, you may do so electronically. Otherwise, you may print out the certification page, sign it and submit it by mail to the address provided on that page.