

Telecommunications (Telecom) Program

FCC Form 467 Guide

How to submit the FCC Form 467 (Connection Certification Form) as a health care provider (HCP).

HCP Information and Action Taken Tab

Block 3: Action Taken

- Block 3 of the FCC Form 467 is used to confirm that the HCP is receiving the service for which it is requesting a discount, and in the event that the service is connected late or discontinued, to notify RHC of the date of disconnection so that RHC can arrange for termination of the discount. HCPs must promptly report to RHC all connections and disconnections.
- **Line 5** requires identifying the purpose for which this form is being used.
 - If **confirming the connection** of a service for the entire dates of the funding commitment, check the first box in Line 5.
 - If notifying RHC that the **requested service was never turned on** (or will not be turned on) during the funding year, check the second box in Line 5 to cancel the entire funding commitment.
 - If notifying RHC of the **disconnection of a service**, check the third box in Line 5 and enter the effective date of the disconnection.

Connection Information Tab

- **Address** is required, unless a Geo Location is entered. Enter the site's physical address (do not enter a P.O. Box or a rural route address).

Block 4: Connection Information

- **Funding Request Number, Service Provider Name, Service Provider Number, Billing Account Number, and Type of Telecommunications Service & Circuit Bandwidth.**
- **Line 8 Line 6 Funding Request Number** is a pre-populated field. If this is a multi-carrier funding request, the information for each carrier will be in separate columns.
- **Line 7 Service Provider Name** and **Line 8 Service Provider Identification Number (SPIN/498 ID)** are pre-populated from the approved funding commitment. If you need to update the SPIN/498 ID, select "Edit" on Line 8, and in the pop-up, search for the new SPIN/498 ID. If you change the SPIN/498 ID, you will be required to upload supporting documentation in the "Upload a SPIN change reason document" line that appears. In addition, fill in the "Justification for changing SPIN/498 ID" field.
- Line 9, **Billing Account Number**, is pre-populated from the approved funding commitment. If you need to change this information, select the "Edit" button, type in the new Billing Account Number, and then select "Save."
- Line 10, **Type of Telecommunications Service & Circuit Bandwidth**, is pre-populated from the approved funding commitment. If this information is not correct, you must contact RHC immediately.
- Line 11 requires providing the **actual start date for each service**.
- Line 12 requires the **date service was or will be disconnected**, if the FCC Form 467 is being submitted to notify RHC that the discounted service has been terminated. If there are no plans to disconnect the service, leave this item blank.
- **Note:** Lines 11 & 12 currently show the funding dates provided on the FCL. Adjust as necessary to accurately reflect the dates of service. Dates may be shifted, but no additional days of funding are allowed beyond what is provided on the FCL.

Certifications tab

Certifications

- Certifications are required fields. **All certifications must be checked** before the form can be submitted.

Preview

- Applicants must **preview the FCC Form 467** before the form can be submitted. Once the form is reviewed, applicants should:
 1. Make any necessary changes to the information entered; or,
 2. Select the "**I have reviewed the form and have no changes**" radio button, and then click "**Save and Continue.**"

Submit

- Select "**Accept,**" enter your **Signature** (the "Signature" is your password to access My Portal), and click "**Certify & Submit.**"
- The person signing the FCC Form 467 must be authorized to provide the information required by the FCC Form 467 on behalf of the HCP.