

E-Rate: FCC Form 486

Presented by:
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Texas E-Rate Coordinator


July 2009

ESC 12/486 Workshop/July 2009/Financial Svcs-TPESC

Agenda




- Purpose of the Form 486
- What to do to prepare
- Let's go through the 486 step-by-step



The purpose of the 486

- To notify USAC that services have started and invoices for those services can be processed and paid
- Provide the name of the Tech Plan Approver (TPA) that approved the tech plan
- Report your status of compliance with Child Internet Protection Act (CIPA)



What Information You'll Need

- Your Billed Entity Number (BEN)
- 471 application number
- FRN from your commitment letter
- Billing account number, if contained in the commitment letter
- Service provider name and number
- Name of who approved the tech plan
- Personal Identity Number (PIN) if submitting electronically



General Information

- 486 cannot be filed prior to receipt of the FCDL
- Must be filed no later than:
 - 120 calendar days after SSD
 - 120 calendar days after FCDL


*****WHICHEVER IS LATER*****

- It usually helps to complete a pencil copy of the form first, even if you're filing on-line
- File on-line if the vendor participates in the on-line system


Let's look at the form itself



Paper Filing Process



Block 1: Billed Entity Information			
1. Name of Billed Entity <input type="text"/>			
2. Billed Entity Number <input type="text"/>		3. Funding Year July 1, <input type="text"/> through June 30, <input type="text"/>	
4. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number			
<input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	
Telephone Number <input type="text"/>	Extension <input type="text"/>	Fax Number <input type="text"/>	
5. Contact Person Information			
Contact Person Name <input type="text"/>			
Street Address, P.O. Box or Route Number			
<input type="text"/>			
City <input type="text"/>			
State <input type="text"/>	Zip Code <input type="text"/>		
<input type="checkbox"/> Telephone Number Extension <input type="text"/> <input type="checkbox"/> Fax Number			
<input type="checkbox"/> Email Address			



Block 2: Early Filing Information and CIPA Waiver Requests

6a. Early Filing

CHECK THE BOX BELOW 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 BELOW IF YOU ARE **REQUESTING A WAIVER** OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE 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 for Libraries for Funding Year 2004

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE 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 (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 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 Funding Year 2005.

**Get all of this information from your
FCDL**

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 FC DL for some of the information required below.
Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3.
If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 3

	(A) 471 Application Number From FC DL	(B) Funding Request Number (FRN) From FC DL	(C) Service Provider Identification Number (SPIN) From FC DL	(D) Service Provider Name From FC DL	(E) Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin)
1					
2					



Block 4: Certifications and Signature

8. ☒ I certify that the entity(ies) receiving discounted services as indicated on this Form 486 are covered by technology plans that have been approved by a state or other authorized body – a USAC-certified technology plan approved 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.

Texas Education Agency

9. ☒ I 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 identified 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 except 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 behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. ☒ I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11: A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d. A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.") A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.

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 (i).

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.

c. ☐ the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (i), 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 (i), 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.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

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.

Complete all sections



12. Signature of authorized person		13. Date	
<hr/>			
14. Printed name of authorized person			
<hr/>			
15. Title or position of authorized person			
<hr/>			
16a. Street Address, P.O. Box, or Route Number			
<hr/>			
City			
<hr/>			
State		Zip Code	
<hr/>		<hr/>	
16b. Telephone number of authorized person		Extension	16c. Fax number of authorized person
<hr/>		<hr/>	<hr/>
16d. Email address of authorized person			
<hr/>			

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3080-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Please submit this form to:

SLD Form 486
P. O. Box 7026
Lawrence, Kansas 66044-7026



For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD Forms
ATTN: SLD Form 486
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100

On-Line Process

<http://www.sl.universalservice.org/menu.asp>

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 for PCs or [Netscape Version 7.0](#) and above for Macs. 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.
- 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, 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.

Form 470 Description of Services Requested and Certification Form

- ☒ Form 470 Interview
- ☒ Create Form 470
- ☒ Search Posted
- ☒ Continue Incomplete Form
- ☒ Re-Certify

Form 471 Services Ordered and Certification Form

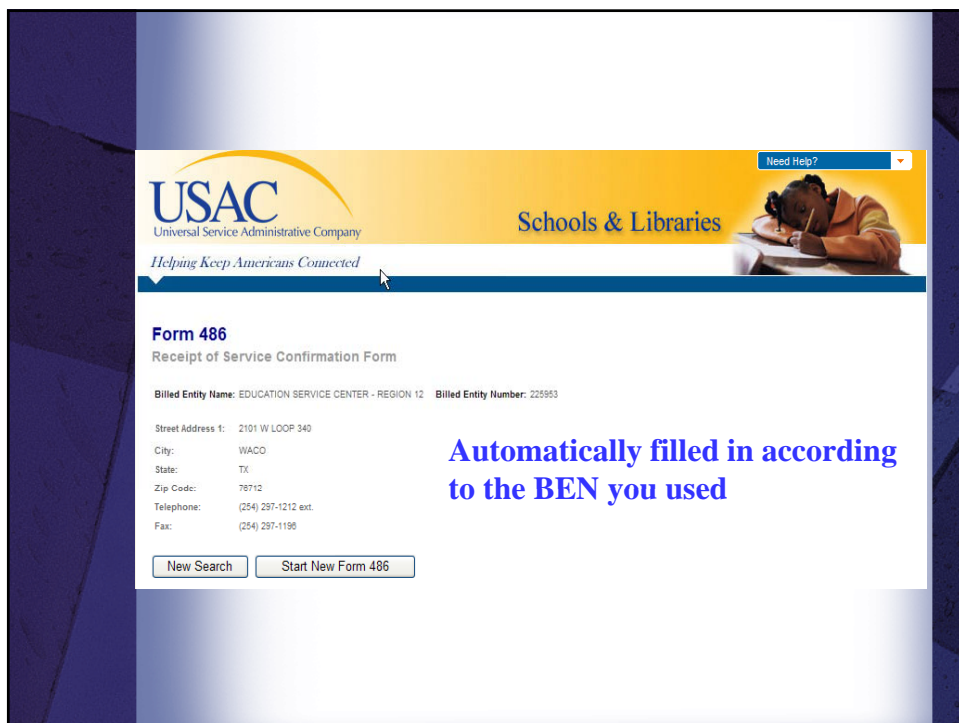
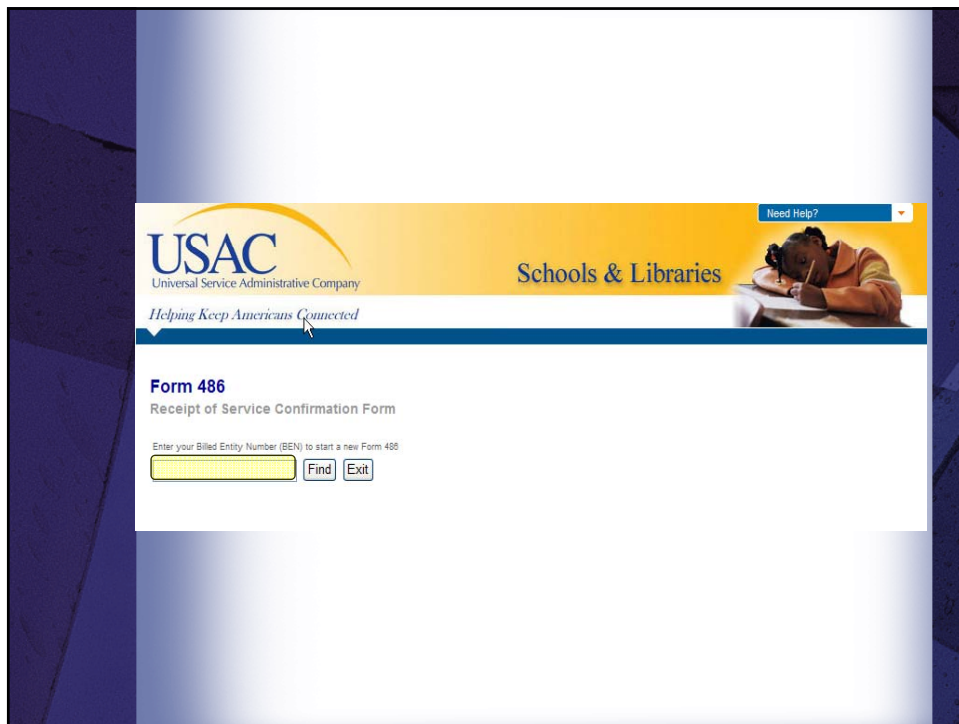
- ☒ Form 471 Interview
- ☒ Create Form 471
- ☒ Continue Incomplete Form
- ☒ Re-Certify
- ☒ Display
- ☒ Application Status
- ☒ Online Item 21 Attachment

Form 486 Receipt of Service Confirmation Form

- ☒ Form 486 Interview
- ☒ Create Form 486
- ☒ Continue Incomplete Form
- ☒ Display
- ☒ Re-Certify

Utilities

- ☒ Online BEAR
- ☒ FRN Extension
- ☒ Entity Search
- ☒ Two-In-Five Tool



Form 486
Receipt of Service Confirmation Form

Applicant's Form Identifier: Form 486 Number:
(create your own code to identify this Form 486)

Block 1: Billed Entity Information [Need Help?](#)

1. Billed Entity Name: EDUCATION SERVICE CENTER - REGION 12
2. Billed Entity Number: 225953
3. Funding Year:

4. Complete Mailing Address of Billed Entity:
Address Line 1: 2101 W LOOP 340 Telephone: (254) 297 - 1212 ext.
Address Line 2 (optional): Fax: (254) 297 - 1196
City: WACO Email:
State: TX
Zip Code +4: 76712 -

5. Contact Person Information:
Contact Person Name:
☐ Contact Information is the same as in Item #4
Address Line 1:
Address Line 2:
City:
State:
Zip Code +4: -

☐ Telephone: () - ext.
☐ Fax: () -
☒ Email:

* Select a radio button above next to the preferred method of contact.

[Save & Exit](#) [Reset Page](#) [Next >](#)

Form 486
Receipt of Service Confirmation Form

Applicant's Form Identifier: Form 486 Number:
(create your own code to identify this Form 486)

Block 1: Billed Entity Information [Need Help?](#)

1. Billed Entity Name: EDUCATION SERVICE CENTER - REGION 12
2. Billed Entity Number: 225953
3. Funding Year:

4. Complete Mailing Address of Billed Entity:
Address Line 1: 2101 W LOOP 340 Telephone: (254) 297 - 1212 ext.
Address Line 2 (optional): Fax: (254) 297 - 1196
City: WACO Email:
State: TX
Zip Code +4: 76712 -

5. Contact Person Information:
Contact Person Name:
☒ Contact Information is the same as in Item #4
Address Line 1:
Address Line 2:
City:
State:
Zip Code +4: -

☐ Telephone: () - ext.
☐ Fax: () -
☒ Email:

* Select a radio button above next to the preferred method of contact.

[Save & Exit](#) [Reset Page](#) [Next >](#)

Form 486
Receipt of Service Confirmation Form

Applicant's Form Identifier:
Form 486 Number: 580081
Security Code: 12400

Check here if filing before July 1

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.

Save & Exit < Previous Next >

Block 2: Early Filing Information and CIPA Waiver Requests [Need Help?](#)

6a. Early Filing
CHECK THE BOX BELOW 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 BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE 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 for Libraries for Funding Year 2004
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE 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 (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 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 Funding Year 2005.

Save & Exit Reset Page < Previous Next >

Billed Entity Number: 225953 Contact Person: Cathay George
Applicant's Form Identifier: Phone Number: (254) 291-1212

Block 4: Certifications [Need Help?](#)

8. ☒ I 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.
Texas Education Agency

9. ☒ I 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 identified 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 except 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 behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements or facts contained herein are true.

10. ☒ I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

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 (i).

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.

c. ☐ the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (i), 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 (i), 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.

Form 486
Receipt of Service Confirmation Form

Billed Entity Number: 225953 Contact Person: Cathey George
Applicant's Form Identifier: Phone Number: (764) 267-1212

Block 3: Service Information [Need Help?](#)

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 Block 1, Item 3.

(A) 471 Application # From FCDL:	(B) Funding Request # (FRN) From FCDL:	(C) Service Provider Identification # (SPIN) From FCDL:	(D) Service Provider Name From FCDL:	(E) Funding Year Service Start Date (Entered Date Not Discounted) Services Will Begin:	delete?
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>

[Add Item](#)

[Save & Exit](#) [Reset Page](#) [< Previous](#) [Next >](#)

Form 486

Receipt of Service Confirmation Form

Billed Entity Number:

225953

Contact Person:

Cathy George

Applicant's Form Identifier:

Phone Number:

(254) 297-1212

Block 4: Signature

Need Help?

14. Printed name of authorized person:

15. Title or position of authorized person:

16a. Street Address, P.O. Box, or Route Number:

Address Line 1:

Address Line 2 (optional):

City:

State:

Select State

Zip Code 4+:

16b. Telephone number of authorized person:

ext.

16c. Fax number of authorized person:

16d. Email address of authorized person:

Save & Exit

Reset Page

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Form 486

Receipt of Service Confirmation Form

Billed Entity Number:

225953

Contact Person:

Cathy George

Applicant's Form Identifier:

Phone Number:

(254) 297-1212

Submit Form 486

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

1. VERIFY a final time that all information is correct. To review your work, open a separate browser window by clicking on the "Print Preview" 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.

3. 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 MUST CLICK "SUBMIT" TO FILE YOUR FORM 486. IF YOU DO NOT CLICK "SUBMIT", YOU HAVE NOT FILED YOUR FORM 486.

4. CERTIFY your Form 486. The next screen will describe the certification process for the Form 486. You will be given a choice to certify(sign) your Form 486 either online using a PIN or on paper by printing out a certification page to sign and submit manually.

< Previous

Submit

Contact Information

- E-Rate Support
erate@esc12.net 254-297-1123
- Technology Planning
techplan@esc12.net 254-297-1275
- STaR Chart Support
starchart@esc12.net 254-297-1275

Questions?