**Instructions for Completing the Inmate Calling Services  
Annual Certification Form (FCC Form 2301(b))**

**PURPOSE OF FORM**

FCC Form 2301(b) is required to be submitted to the Federal Communications Commission’s (FCC or Commission) Wireline Competition Bureau (WCB or Bureau) each year. The form must be completed by each provider of inmate calling services (ICS) to certify that the provider has complied with the Commission’s rules governing ICS. FCC Form 2301(b) can be found on the FCC’s website at <https://www.fcc.gov/general/ics-data-collections>.

Throughout these instructions, the service provider may be referred to as “you.” A service provider is any entity that provides inmate calling service, or any other service that allows inmates to make calls to individuals outside of the correctional facility where the inmate is being held, regardless of the technology used.

**FILING REQUIREMENTS AND GENERAL INSTRUCTIONS**

***Who must file the FCC Form 2301(b)*?**

FCC Form 2301(b) must be completed by each provider of ICS.

***When to File***

FCC Form 2301(b) should be submitted once each year, and should be submitted at the same time as the provider’s annual report, by April 1 of each year.

***Where to File***

Submit FCC Form 2301(b) by filing and certifying the completed form electronically, using the Internet by accessing the ECFS: <http://apps.fcc.gov/ecfs/>.

***Compliance***

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 USC. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Service providers must provide all of the information requested in FCC Form 2301(b). A valid entry must be submitted on the form for each component of the required information. These instructions set forth the requirements for a valid entry. If you have any questions about completing this form, please contact the Bureau at 202-418-1520, before submitting the form. If the form is not completed properly, the form may be rejected and returned to you.

**A. Block One: Service Provider Information**

Block 1 of FCC Form 2301(b) asks you for your basic identification information and contact person data.

**Item (1) –** Provide the name under which the provider offers service. If the provider offers ICS under more than one name, provide all relevant names.

**Item (2)** – Provide the relevant time period for the information the certification covers.

**Item (3) –** Provide the name of the officer completing FCC Form 2301(b). The officer may be the Chief Executive Officer (CEO), Chief Financial Officer (CFO), or other senior executive who can attest to the accuracy and completeness of the information provided.

**Item (4) –** Provide the business mailing address for the officer identified in Item (3).

**Item (5) –** Provide the business telephone number, with area code, for the officer identified in Item (3).

**Item (6) –** Provide the business email address of the officer identified in Item (3).

**B. Block Two: Certification**

This block requires the person who submits FCC Form 2301(b) on behalf of the service provider to declare, under penalty of perjury, that (1) he or she is an officer of the above-named service provider and is authorized to submit the attached Annual Reporting Form, FCC Form 2301(a), on behalf of the service provider; (2) has examined the attached Annual Reporting Form and determined that all requested information has been provided; (3) based on information known to the signatory, or provided to the signatory by employees responsible for the data being submitted, all statements of fact, as well as all data, are true and accurate; and (4) the above-named service provider is in compliance with the Federal Communications Commission’s rules governing ICS. The block requires the signatory to acknowledge that failure to comply with the rules governing ICS may result in civil or criminal prosecution.

**Item (9) –** The signature of the officer identified in Item (3) is required in this block.

**Item (10) –** The date the officer identified in Item (3) signs the form is required in this block.

**Item (11) -** The printed name of the officer identified in Item (3) is required in this block.