

**FCC Form 5641: Annual Report, Section 1.50007**  
Information Submitted Using Online Portal

Estimated Time Per Response: 3.5 hours

(Note: This is a representative description of the information to be collected via the online portal and is not intended to be a visual representation of what each applicant will see, the order in which they will see information, or the exact wording or directions used to collect the information.)

Item Number	Field(s) Description	Purpose/Instructions
<b>Applicant Information</b>		
1	Applicant FCC Registration Number (FRN)	An FRN is a 10-digit number that is assigned by the Commission Registration System (CORES) to a business or individual registering with the FCC. This unique FRN is used to identify the registrant's business dealings with the FCC. This information will be auto-generated from the information provided in the Application Request for Funding Allocation.
2	Applicant Name	This is the name of the Applicant submitting this request. This information will be auto-generated from the information provided in the Application Request for Funding Allocation.

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3	Applicant Information: <ul style="list-style-type: none"> <li>• Applicant Street Name;</li> <li>• Applicant City;</li> <li>• Applicant State;</li> <li>• Applicant Zip Code;</li> <li>• Applicant Phone Number;</li> <li>• Applicant Email.</li> </ul>	This information will be auto-generated from the information provided in the Application Request for Funding Allocation.
<b>Contact Information</b>		
4	Contact different than Applicant: <ul style="list-style-type: none"> <li>• Contact Name;</li> <li>• Contact Street Name;</li> <li>• Contact City;</li> <li>• Contact State;</li> <li>• Contact Zip Code;</li> <li>• Contact Phone #;</li> <li>• Contact Email.</li> </ul>	These items identify the contact representative, if different from the Applicant. This is usually the headquarters offices of a large company, the law firm or other representative of the Applicant, or the person or company that prepared or submitted the application on behalf of the Applicant. If there is a question about the application, an FCC representative will communicate with the Applicant's contact representative. This information will be auto-generated from the information provided in the Application Request for Funding Allocation but filer will have the opportunity to change information to designate a different contact for the filing.
5	Contact same as Applicant: <ul style="list-style-type: none"> <li>• Contact Name;</li> <li>• Contact Street Name;</li> <li>• Contact City;</li> </ul>	These items identify the contact representative. This is usually the headquarters offices of a large company, the law firm or other representative of the Applicant, or the person or company that prepared or submitted the application on behalf of the Applicant. If

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	<ul style="list-style-type: none"> <li>• Contact State;</li> <li>• Contact Zip Code;</li> <li>• Contact Phone #;</li> <li>• Contact Email.</li> </ul>	<p>there is a question about the application, an FCC representative will communicate with the Applicant’s contact representative.</p> <p>This information will be auto-generated from the information provided in the Application Request for Funding Allocation but filer will have the opportunity to change information to designate a different contact for the filing.</p>
<b>Program Compliance</b>		
6	<p>Have you purchased, leased or otherwise obtained communications equipment or services that is included on the Covered List developed per 47 CFR § 1.50002 on or after August 14, 2018 or within 60 days after the date on which the Commission places such equipment or service on the list per 47 CFR § 1.50003. (Yes/No)</p>	<p>Statutorily required to obtain information from filer.</p>
7	<p>If Filer answered “yes” in response to item 6, then Filer must identify equipment and services (including type and location) and date obtained and provide supporting documentation evidencing purchase, lease, rental, or how otherwise obtained.</p>	<p>Information needed to determine scale and scope of covered communications equipment and services obtained and to assess potential network security risks.</p> <p>Filer will need to report information by location providing additional details about each location where the covered communications equipment or services are located. Location information will include:</p>

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		latitude/longitude, street address, city, state, and ZIP code. System will assign unique identifier for each location reported by Filer.
8	If Filer answered “yes” in response to item 6, then Filer must provide a detailed justification as to why Filer purchased or otherwise obtained the covered communications equipment or services.	Statutorily required to obtain information from filer. Filer will upload attachment containing justification.
9	If Filer answered “yes” in response to item 6, then Filer must provide details on removal and replacement plans.	Information will assist Commission in assessing network security risks. Filer will upload attachment providing details of plans.
10	If Filer answered “yes” in response to item 6, then Filer must indicate whether reported covered communications equipment or service has been subsequently removed or replaced pursuant to the Commission’s Supply Chain Reimbursement Program. (Yes/No)	Statutorily required to obtain information from filer.
11	If Filer answered “yes” in response to item 6, then Filer must indicate whether Filer will continue to purchase, rent, lease, or otherwise obtain covered communications equipment or service. (Yes/No)	Statutorily required to obtain information from filer.
12	If Filer answered “yes” in response to item 11, then provide explanation why Filer will continue to purchase,	Statutorily required to obtain information from filer. Filer will upload attachment providing details of plans.

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	rent, lease or otherwise obtain covered communications equipment or service.	
<b>Certifications</b>		
13	Filer certifies under penalty of perjury that all information provided in this filing is true and correct to the best of Applicant's knowledge.	Certification necessary to ensure accuracy of information provided.
14	Certifying Official Name	Name of certifying official.
15	Certifying Official Title	Job title of certifying official.
16	Certifying Official Phone Number	Phone number of the certifying official.
17	Certifying Official Email Address	Email address of the certifying official.
18	Certifying Date Signed	The date on which the filing is certified will be auto-generated.