# APPENDIX C

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| **Incarcerated People’s Communications Services 2023 Mandatory Data Collection Certification Form (FCC Form 2303(b))**  OMB Control No. 3060-XXXX / Not Approved by OMB  Please Read Instructions Before Completing (To Be Completed by Provider) | | | |
| **1. Name of Provider** | **2. Reporting Period:**  **Calendar Year 2022** | |
| **3. Authorized Officer Name, Title** | | |
| **4. Mailing Address of Officer**  **Street Address** | | |
| **City State Zip Code** | | |
| **5. Telephone Number** | | |
| **6. Email Address** | | |
| **7. Certification** | | |
| The Chief Executive Officer (CEO), Chief Financial Officer (CFO), or other senior executive officer with first-hand knowledge of the truthfulness, accuracy, and completeness of the information provided certifies as follows:  I swear under penalty of perjury that:   1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and title), am an officer of the above-named Provider and am authorized to submit the attached Mandatory Data Collection response on behalf of the Provider; 2. I have examined the attached Mandatory Data Collection response and all requested information has been provided; 3. Based on information known to me, or provided to me by employees responsible for the information being submitted, and on my own reasonable inquiry, all statements and information contained in the attached Mandatory Data Collection response are true, accurate, and complete. | | |
| **8. Signature of Authorized Officer** | | **9. Date** |
| **10. Printed Name of Authorized Officer** | | |