OMB Control No. 3060-0853 Estimated time per response: 1 hour

DO NOT SEND THIS FORM TO THE UNIVERSAL SERVICE ADMINISTRATIVE COMPANY OR TO THE FEDERAL COMMUNICATIONS COMMISSION

Schools and Libraries Universal Service
Certification by Administrative Authority to Billed Entity of
Compliance with the Children's Internet Protection Act

Please read instructions before completing.

(To be completed by the Administrative Authority and provided to your Billed Entity)

Administrative Authority's Forn					
Create your own code to identi	fy THIS FCC Form 479.				
Block 1: Administrative Aut	hority Information				
1. Name of Administrative Auth	ority			2. Funding Year	
O Mallian Address and Conta	at lafama atian fan Adaminia	tuation Acuthanito			
3. Mailing Address and Conta		trative Authority			
Street Address, P. O. Box or R	toute Number				
City		State		Zip Code	
Name of Contact Person					
Telephone Number	Fax Number		Email Address		
relephone Number	I ax Number		Liliali Addie		
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the					
Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States					
Code, 18 U.S.C. Sec. 1001.					
Block 2: Certifications and S	Signature				
4. I am the Administrative Au	thority for one or more sch	nools or libraries fo	or which Universal Ser	vice Support Mechanism	

- 4. I am the Administrative Authority for one or more schools or libraries for which Universal Service Support Mechanism discounts have been requested or approved for eligible services. The Administrative Authority must make the required certification(s) for the purposes of the Children's Internet Protection Act (CIPA) in order to receive discounted services.
- 5. I recognize that I may be audited pursuant to this form and will retain for at least ten years (or whatever retention period is required by the rules in effect at the time of this certification) after the later of the last day of the applicable funding year or the service delivery deadline for the funding request any and all records that I rely upon to complete this form.

Name of Administrative AuthorityAdministrative Authority's Form Identifier					
Contact Person					
Telephone Number					
Block 2: Certifications and Signature (Continued)					
6. I certify that as of the date of the start of discounted services:					
a the recipient(s) of service under my administrative authority and for which you have requested or received Funding Commitments the Children's Internet Protection Act, as codified at 47 U.S.C. §	s has (have) complied with the requirements of				
b pursuant to the Children's Internet Protection Act, as codified at service under my administrative authority and represented in the have requested or received Funding Commitments: (FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUN (are) undertaking such actions, including any necessary pro requirements of CIPA for the next funding year, but has (have this funding year.	Funding Request Number(s) for which you DING YEAR FOR PURPOSES OF CIPA) is curement procedures, to comply with the				
(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(h) for the next	ements of CIPA under 47 U.S.C. § 254(I) and nent procedures, to comply with the				
the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service under my administrative authority and represented in the Funding Request Number(s) for which you have requested or received Funding Commitments is (are) receiving discount services only for telecommunications services.					
CIPA Waiver. Check the box below if you are requesting a waiver of Cafter the recipients of service under your administrative authority have					
d I am providing notification that, as of the date of the start of disconnection certifications required by the Children's Internet Protection Act, as because my state or local procurement rules or regulations or commaking of the certification(s) otherwise required. I certify that the authority and represented in the Funding Request Number(s) for Commitments will be brought into compliance with the CIPA request in which they apply for discounts.	as codified at 47 U.S.C. § 254(h) and (l), impetitive bidding requirements prevent the erecipient(s) of service under my administrative which you have requested or received Funding				
(CIPA WAIVER FOR LIBRARIES FOR FUNDING YEAR 2004. Check of CIPA requirements for Funding Year 2004 for the library(ies) under applied for discounts for Funding Year 2004. By checking this box, yo in the Funding Request Number(s) on this FCC Form 479 will be broughtefore the start of the Funding Year 2005.)	your administrative authority that has (have) u are certifying that the library(ies) represented				
The certification language above is not intended to fully set forth or	explain all the requirements of the statute.				
7. Signature of authorized person 8. Da					
Printed name of authorized person					
10. Title or position of authorized person					
11. Telephone number of authorized person					

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 be 1 hour 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 (3060-0853), 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.

A paper copy of this form, with a signature in Block 2, Item 7, must be mailed or delivered to your Billed Entity.

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