

SCRPS Status Update

FCC Form 5640

OMB Control No. 3060-1270

File No. SC-SU0002617

Applicant Information

Applicant FRN 0017440736

Applicant Address Suite 310

Applicant Name TRANSTELCO INC.

Applicant City El Paso

Applicant Email jrn@transtelco.net

Applicant State TX

Applicant Phone 9157010328

Applicant ZIP Code 79901

Contact Information



Is the contact the same as the contact listed on the Application Request for Funding Allocation? If not, please list below.

Contact Name Jorge Robles

Contact Address 500 W OVERLAND #110

Contact Email jrn@transtelco.net

Contact City El Paso

Contact Phone 9157010328

Contact State TX

Contact ZIP Code 79901

*Indicate which deadline you are meeting with this filing.

2024-04-08

Explanation of Effort and Availability of Commercial Equipment

*Provide an explanation of efforts undertaken, and challenges encountered, in permanently removing, replacing, and disposing of covered communications equipment or service.

Certificates of destruction for all packet-related gear is at 100%.

All packet-related gear has been successfully accounted for with certificates of destruction reaching 100%. Regarding OTN/DWDM, we have made significant progress, currently at 97% completion, and the corresponding certificates of destruction have been promptly delivered. Furthermore, we wish to confirm that all hardware supplied by the vendor has been received, and the fiber provider has efficiently delivered the pending fiber segment from Waxahachie to Dallas, TX. Moreover, we are delighted to announce that all customer services have been seamlessly migrated to new technology.

*Explain whether you are finding commercially available equipment in the marketplace. If not, then explain efforts taken to obtain replacement equipment.

Vendor providers have successfully delivered equipment in the United States. There is no pending equipment from vendors. *****

* If there is additional information relevant to the preceding questions or that you believe the Commission should be aware of, please include the information below.

Program Compliance

*Indicate whether recipient has fully complied with (or is in the process of complying with) all requirements of the Reimbursement Program.

Yes No

*Indicate whether recipient has permanently removed from its communications network all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes No

If recipient has not yet completed the removal process, what estimated percentage of the removal process have you completed?

98

*Indicate whether recipient has replaced all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes No

If recipient has not yet completed the replacement process, what estimated percentage of the replacement process have you completed?

98

*Indicate whether recipient has disposed of all covered communications equipment or services that were in the recipient's network as of the date of the submission of the recipient's application request for funding.

Yes No

If recipient has not yet completed the disposal process, what estimated percentage of the disposal process have you completed?

98

*Indicate whether recipient has fully complied with (or is in the process of complying with) the timeline submitted by the recipient. If not, provide explanation for deviation.

Yes No

*The filer has indicated no to a question in this section, please provide additional information.

The final 2% pertaining to OTDN/DWDM equipment is currently in the process of being decommissioned and prepared for certification of destruction.

Certifications

*By checking the box and providing the electronic signature where indicated below, the Certifying Official on behalf of the filer certifies under penalty of perjury that:

(1) The Certifying Official is authorized to submit this status report on behalf of the above-named filer and, based on information known to me or provided to me by employees responsible for the information being submitted, the information set forth in this status report has been examined and is true, accurate, and complete, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. The Certifying Official acknowledges that any false, fictitious, or fraudulent information or statement, or the omission of any material fact on this status report or on any other document submitted by the filer may subject the filer and the undersigned to punishment by fine or forfeiture under the Communications Act (47 U.S.C. §§ 502, 503(b), 1606), or fine or imprisonment under Title 18 of the United States Code (18 U.S.C. § 1001, §§ 286-287, and § 1343), or can lead to liability under the False Claims Act (31 U.S.C. §§ 3729-3733, and §§ 3801-3812). (2) The filer is in compliance with the statute, rules, and orders governing the Reimbursement Program, including but not limited to allocations, draw downs, payments, obligations and expenditures of money, and the Certifying Official acknowledges that failure to be in compliance and remain in compliance with those statutes, rules, and orders may result in the denial of funding, cancellation of funding commitments, and/or recoupment of past disbursements. The Certifying Official acknowledges that the filer will maintain detailed records, including receipts, of all costs eligible for reimbursement actually incurred for a period of 10 years; and will file all required documentation for its expenses. The Certifying Official acknowledges that failure to comply with the statute, rules, and orders governing the Reimbursement Program could result in civil or criminal prosecution by law enforcement authorities.

Certifier Information

Certifier Signature	Arturo Iglesias	Certifier Phone	9153071311
Certifier Name	Arturo Iglesias	Certifier Email	alf@transtelco.net
Certifier Title	CTO		
Date Signed	2024-04-18		