



Print and hand complete all fields on this form after you have been approved for the Affordable Connectivity Program through the Lifeline National Verifier ([www.checklifeline.org](http://www.checklifeline.org)). For Diode Communications to confirm eligibility for ACP, the information on this form must match EXACTLY the information entered with the National Verifier. Once completed, return to Diode Communications.

SUBSCRIBER INFORMATION-If you used another individual as your qualifier such as a child, you would need to list their information as well.

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth(s): \_\_\_\_\_ Last 4 of SSN(s): \_\_\_\_\_

Phone number used in National Verifier: \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street St Zip

Billing Address: \_\_\_\_\_  
Street St Zip

National Verifier Application Approval ID: \_\_\_\_\_

**BY SIGNING THIS DOCUMENT, YOU AGREE TO ALL STATEMENTS BELOW:**

- \*Customer acknowledges after reviewing required ACP Disclosures, household consents to enroll with Diode Communications.
- \*Customer consents for Diode Communications to transmit personal information to the ACP Administrator (NLAD) to enroll them in ACP.
- \*The Affordable Connectivity Program (ACP) is a government program that reduces the customer's broadband Internet access service bill.
- \*The household may obtain ACP support Broadband service from any participating provider of its choosing.
- \*The household may apply the Affordable Connectivity Benefit to any broadband service offering of Diode Communications at the same terms available to households that are not eligible for ACP supported service.



\*Diode Communications may disconnect the household's ACP supported service after 90 consecutive days of non-payment.

\*The household will be subject to Diode Communication's undiscounted rates and general terms and conditions if the ACP program ends, if the consumer transfers their benefit to another provider but continues to receive service from Diode Communications, or upon de-enrollment from the ACP.

\*The household may file a complaint against Diode Communications via the Commission's Consumer Complaint Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR DIODE COMMUNICATIONS ACP PROCESSOR USE:**

Application processed by: \_\_\_\_\_

Completed form received on: \_\_\_\_\_

Customer Account # \_\_\_\_\_

**Diode Communications**  
300 Commercial Street  
Diller, NE 68342  
402-793-5125  
Diodecom.net