



Interstate TRS Fund
New Provider Registration Instructions

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Introduction

As Administrator of the Interstate TRS Fund, RolkaLoubé oversees the collection and disbursement of funds, which includes reviewing all monthly submissions from TRS providers seeking compensation to ensure that there are no irregularities, discrepancies, or violations of the Commission's TRS rules and that there are no indications of potential fraud.

RolkaLoubé has created a filing schedule, forms, and instructions describing how a certified provider in the Interstate TRS business can register and seek reimbursement for services provided according to the FCC regulations, orders, rules, and public notices regarding support from the Interstate TRS Fund.

Submission Forms Location

All submission forms are located on RolkaLoubé's secure file server. RolkaLoubé will maintain a table identifying the proper set of instructions and forms to follow for each period located on the secure file server site. Email notification will be provided when changes to the filing instructions and/or forms occur.

Provider Registration Process

TRS service providers are required to register with RolkaLoubé **at least 30 days prior to the first filing for which the provider seeks compensation from the Interstate TRS Fund.** Providers are required to register with RolkaLoubé to receive a secure file server login and password to access the RolkaLoubé secure file server. Filings for compensation are to be submitted using the RolkaLoubé secure file server. To obtain a login, FCC certification information must be sent to RolkaLoubé by the provider via email. Once reviewed, the provider will receive an email containing registration filing instructions and general company information forms. General company information is submitted using the login forms: Intent to Participate (Figure 1), Company Contact (Figure 2) and Eligible Signing Officer (Figure 3). Submit completed login forms to RolkaLoubé by emailing TRS@rolkaloubé.com. See the [Filing Submission Instructions](#) section of this document for appropriate file types and naming conventions.

Login Issuance Forms

Intent to Participate

The Intent to Participate form is to be submitted at registration time and any time a change occurs to the provider certified name, address information, or services being provided. FCC approval is required for a certified name change or the addition of services being provided.

ROLKA LOUBE Interstate TRS Fund
Intent to Participate

The Interstate TRS Fund Administrator, RolkaLoube, is hereby notified that

intends to participate in the Interstate TRS Shared Fund beginning

Participating providers may begin reporting minutes for the period covered by the next scheduled reporting month occurring at a minimum, 30 days after the administrator's receipt of this notice.

Types of service(s) the be provided (check all that apply)

Captioned Telephone VCO IP Captioned Telephone IP Relay Speech to Speech Traditional TRS Video Relay

Provider Name:

Doing Business As:

FCC Registration# (FRN)

Employer Identification # (EIN)

Dun & Bradstreet # (DUNS)

Street Address:

City: State: Zip Code:

Officer Signature

Officer Name

Officer Title

Date Signed

Upload your completed filing or files by logging in to:
[RolkaLoube Extranet](#)

For questions about this form, please call 717-585-6605 or email TRS@rolkaloube.com

Figure 1 Intent to Participate Form

To complete the form:

1. Enter the company name **as it appears on the certification**. This will populate the Provider Name field below
2. Enter the date (mm/dd/yyyy) on which participation begins
3. Use the checkboxes to designate the types of TRS services the company is certified to provide
4. Enter the following information in the available boxes:
 - a. 'Doing Business As', if the company has one
 - b. FCC Registration #
 - c. Employer Identification # and/or Dun & Bradstreet #
 - d. Street Address/City/State/Zip Code
5. Enter the name and title of a signing officer and the date for which the officer signed the form
6. Officer signs in the space available

Company Contacts

The Company Contact form is to be submitted at registration time and any time the information appearing on the form changes. Each company is allowed up to four contacts. See contact descriptions below.

Contact Types:

Contact Type	Contact Type Notifications
Administrative Contact	Will receive login credentials, supporting payment information, and be notified of banking information changes
Secondary Administrative Contact	Will receive login credentials, supporting payment information, and be notified of submission issues and banking information changes
Technical Contact	Will NOT receive login credentials or supporting information and will be notified of submission issues ONLY
Secondary Technical Contact	Will NOT receive login credentials or supporting information and will be notified of submission issues ONLY

ROLKA LOUBE Interstate TRS Fund Company Contacts

Provider:

Administrative Contact
 Name: Phone:
 Title: Email:

Secondary Administrative Contact:
 Name: Phone:
 Title: Email:

Technical Contact:
 Name: Phone:
 Title: Email:

Secondary Technical Contact:
 Name: Phone:
 Title: Email:

Office Name:
 Officer Title:
 Date Signed:
 Officer Signature

Upload your completed filing or files by logging in to:
[RolkaLoube Extranet](#)

For questions about this form, please call 717-585-6605 or email TRS@rolkaloube.com

Figure 2 Company Contacts

To complete the form:

1. Enter the company name
2. Enter the following information for the administrative, secondary administrative, and technical and secondary technical contacts:
 - a. Name
 - b. Title
 - c. Phone Number

d. Email

- 3. Enter the name and title of a signing officer and the dates for which the officer signed the form
- 4. Officer signs in the space available

Eligible Signing Officers

The Eligible Signing Officers form is to be submitted at registration time and any time the information appearing on the form changes. Each company is allowed up to four eligible signing officers. Current and former officers will be notified of form resubmissions.

Figure 3 Eligible Signing Officers

To complete the form:

- 1. Enter the company name
- 2. Enter the name, email address, title, and date signed of the eligible signing officers
- 3. Officer signs in the space available

Secure File Server Login Issuance

Once the required registration forms are received and reviewed, a provider ID is issued and file server login information is provided by telephone. One username and password is provided per company to an administrative contact appearing on the Company Contacts form.

If the password for your account needs to be changed at any point, please contact RolkaLoubé at 717-585-6605 or TRS@rolkaloubé.com for assistance. The request must come from an administrative contact identified on the Company Contacts form. Should further distribution of that authentication information be warranted within your company, it is your option and responsibility to provide that authentication information only to those who you authorize to access the system. **RolkaLoubé is not responsible for unauthorized distribution or use of the secure file server credentials.**



Figure 4 RolkaLoubé Secure File Server Login

Supplemental Registration Forms

The following supplemental information is required to complete registration.

- Company ACH Information
- Company Call Center List

The Company ACH Information form is available as a standalone .xlsx document and the Company Call Center List is to be submitted as a comma separated valued .txt file. See the [Filing Submission Instructions](#) section of this document for appropriate file types and naming conventions.

Attestation of Supplemental Information

A signed Attestation of Supplemental Information form is required anytime the following information is submitted:

- Company Call Center List
- Company Telephone List
- Company IP Address List
- Registered ESNs

For registration purposes, only the Call Center List file name is to be supplied.

ROLKA LOUBE Interstate TRS Fund
Attestation of Supplemental Provider Information

Provider

The chief executive officer, chief financial officer, or other senior executive of , with first hand knowledge of the accuracy and completeness of the information provided below

Call Center List (CNTR)
Registered ESNs (ESNS)

Company Telephone List (NUMS)
Company IP Address List (IPAS)

*I swear under penalty of perjury that
(1) I am an officer of the above named reporting entity and that I have examined the foregoing reports and that all requested information has been provided and all statements of fact, are true and accurate*

Officer Signature

Office Name
Officer Title
Date Signed

Upload your completed filing or files by logging in to:
[Rolkaloube Secure File Server](#)

For questions about this form, please call 717-585-6605 or email TRS@rolkaloube.com

Figure 5 Attestation of Supplemental Forms

To complete the form:

1. Select the provider name from the dropdown
2. Enter the CSV file name for each report being submitted
3. Enter the officer name, officer title, and date the officer signed
4. Officer signs in the space available
5. Submit this signed form as a standalone PDF

Company ACH Information

The Company ACH Information form is to be submitted at registration time and any time the information appearing on the form changes. All reimbursement payments are made electronically to the account information provided on the Company ACH Information form. Any changes to this information will be acknowledged by email to the administrative contacts.

ROLKA LOUBE Interstate TRS Fund
Company ACH Information

Provider Name:
Street Address:
City: State: Zip Code:
*Bank ABA/Routing #: *Bank Account #:
*Reimbursement/Fund Support payments will be made electronically

Officer Name
Officer Title
Date Signed
Officer Signature

Upload your completed filing or files by logging in to:
[RolkaLoubé Secure File Server](#)

For questions about this form, please call 717-585-6605 or email TRS@rolkaloubé.com

Figure 6 Company ACH Information

To complete the form:

1. Enter the provider name and address information
2. Enter the ABA/Routing number and Account number
3. Enter the name and title of the signing officer and date signed
4. Officer signs in the space available

Company Call Center

The Company Call Center report is to be submitted at registration time and any time a company opens or closes a call center **as well as bi-annually on April 1st and October 1st with updated center information.** Company call center information must be submitted as a comma separated value (CSV) .txt file. Openings and closures for call centers must be reported to the Commission and RolkaLoubé, with VRS centers being reported 30 days prior to the event. If the scheduled call center open/closure is delayed, confirmation of the actual open/closure date is required by submission of a new call center report. Once a center closure has been reported on a call center report, the center should be removed from any submitted call center reports thereafter.

For each opened and closed call center, supply the following information:

Table 1 Company Call Center Fields

Data	CSV Column Name	CSV Column Format	Description
Provider ID	ProviderID	6 character string	Provider's six-digit filer ID
Company Issued Center ID	CenterID	Character string maximum length of 40	Unique identifier for the call center
Address Line 1	AddressLine1	Character string maximum length of 255	Street Address of center Do not place commas within value. Use address line 2 for additional address information
Address Line 2	AddressLine2	Character string maximum length of 255	Used for additional address information. Do not place commas within value
City	City	Character string maximum length of 100	City
State	State	2 character string	State
Zip Code	ZipCode	5 character string	Five-digit zip code
Country	Country	Character string maximum length of 100	Country
Manager Name	ManagerName	Character string maximum length of 100	Enter the complete name of the single senior-most manager at this center
Manager Title	ManagerTitle	Character string maximum length of 100	Enter the position of the named manager
Phone Number	PhoneNumber	Character string maximum length of 20	Enter the complete telephone number and extension the manager can be reached at.
Manager Email	ManagerEmail	Character string maximum length of 100	Enter the complete email address the manager can be reached at
Services Provided	TTY	Bit field 1 or 0	CSV file must contain a field for each service. Enter 1 for each service the center provides and 0 for services the center does not provide.
	STS	Bit field 1 or 0	
	CTS	Bit field 1 or 0	
	IP Relay	Bit field 1 or 0	
	IP CTS	Bit field 1 or 0	
	VRS	Bit field 1 or 0	
Number of CA Managers on Staff	NumCAManagers	Character string representation of the number	Enter the number of call assistant managers on staff at the time this report is being prepared. Use the actual number of managers who identify this call center as their home center and not the full-time equivalent.
Number of CAs on Staff	NumCAs	Character string representation of the number	Enter the number of call assistants on staff at the time this report is being prepared. Use the actual number of call assistants who identify this call center as their home center and not the full-time equivalent.
Date Center Opened	CenterOpened	Character string representation of the short date MM/DD/YYYY	Enter the most recent date the center was considered to have been officially opened. Do not report the original opening date if the center was closed and reopened.

Date Center Closed	CenterClosed	Character string representation of the short date MM/DD/YYYY	If the center closed, enter the last date that relay services were provided from the site. Remove the center from any call center list submissions thereafter.
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See [CSV filing instructions](#) below for more information.

File Submission Instructions

Acceptable Filing Extensions and Naming Conventions

Table 2 Acceptable Filing Extensions and Naming Conventions

File	Naming Convention	File Ext	Submission Type
Pre-registration Forms			
When Pre-registering – For NEW registering Providers			
Intent to Participate	CompanyName_PART_0	.pdf	Email: TRS@rolkaloube.com
Company Contacts	CompanyName_CNTC_0	.pdf	Email: TRS@rolkaloube.com
Eligible Signing Officers	CompanyName_OFFS_0	.pdf	Email: TRS@rolkaloube.com
Supplemental Registration Forms – Submitted at Registration time for new users and when company information changes			
Attestation of Supplemental Forms	800XXX_ATSP_N	.pdf	Secure File Server Upload
Company ACH Information	800XXX_ACHI_N	.pdf	Secure File Server Upload
Company Call Center Information*	800XXX_CNTR_N	.txt	Secure File Server Upload

*Used in process for monthly support determinations.

Where 800XXX is the RolkaLoube issued Provider ID, YYMM is the year-year month-month (January 2014 = 1401) code for the service period submitting, and N is the submission number starting at 0 and incrementing by 1 for each additional submission per period.

Note: Not all file naming conventions include the YYMM period. Be mindful of this when naming files.

CSV (.txt) File Instructions

CSV files should:

- Include the column names as the first row. **Column names for each report can be found in individual report sections above.**
- Be comma delimited; quote enclosed
- Have a row terminator of Char(13) and Char(10)
- Not include any commas or quotes within the value of the field
- Not include any extraneous rows at the end of the file

Submitting Files to RolkaLoube

To submit files to RolkaLoube, visit RolkaLoube's secure file server portal at

<https://webapp.rolkaloube.com:447>. There is a secure file upload link on this page; use the credentials given to log in. Once logged in to the secure file upload area, you will have the option to upload files and see previously uploaded documents.

Each provider will have a Provider folder and Processed Submissions subfolder. Upload new files in the Provider folder. Files cannot be uploaded to the Processed Submission subfolder; this folder is read only. Files that have been uploaded cannot be retracted, modified, renamed nor deleted. To make changes to a file, see the Resubmission Guidelines (Table 8) and Company Information Change Guidelines (Table 9) sections of this document.

Once RolkaLoubé has processed a submission uploaded to the Provider folder, the file will be moved to the Processed Submission subfolder and an acknowledgement email will be sent to the administrative contacts.

To upload a file:

1. Click Upload in the bottom left corner
2. Click Browse to locate the file to be uploaded
3. Click Open or OK

Questions?

For any questions, please contact RolkaLoubé at 717-585-6605 or TRS@rolkaloubé.com.

Change Log

Change Date	Description
2/6/2018	Modified Intent to Participate for submission of EIN or DUNS