

Annex 2

CENTRAL OFFICE CODE ASSIGNMENT REQUEST – PART 1

Type of Application: New Change Delete

1.0 GENERAL INFORMATION

1.1 Contact Information:

Code Applicant:

Company/Entity Name: _____

Contact Name: _____

Address: _____

City, Country: _____

Phone: _____ FAX: _____ E-Mail: _____

Code Commission:

Name: _____

Address: _____

City, Country: _____

Phone: _____ FAX: _____

1.2 NPA: _____ OCN: _____

Switching Identification (Switching Entity/POI) _____

Locality/City/Wire Centre: _____ Rate Centre: _____

Homing Tandem Operating Co.: Tandem Homing CLLI: _____

Route same as: NPA _____ NXX _____ Rate Centre same as: NPA _____ NXX _____

1.3 Dates: Date of Application: _____ Requested Effective Date: _____

1.4 Type of company/entity requesting the code:

a) _____ (LEC, IC, CMRS, Other)

b) Type of service: _____ (e.g., Cellular - Type 2)

c) Is certification required? Yes _____ No _____

1) If no, explain: _____

2) Does your company have certification? Yes _____ No _____

i) If yes, what type? _____

ii) If no, explain: _____

d) Code Assignment Preference (Optional)

Codes that are undesirable, if any _____

Type of change: _____

1.5 Type of Request (Initial, growth, etc.):

Pool Indicator _____ (YES)

1.6 NPA Jeopardy Criteria Apply: Yes _____ No _____

1.7 Code request for new service (Explain): _____

1.8 Part 2 is attached _____ Part 2 is not attached _____ for TRA
(RDBS) & BRIDS

I hereby certify that the above information requesting an NXX code is true and accurate to the best of my knowledge and that this application has been prepared in accordance with the current Central Office Code (NXX) Assignment Guidelines dated March 3, 2005.

Signature of Code Applicant

Title

Date _____

CENTRAL OFFICE CODE ASSIGNMENT REQUEST – PART 2

Following are CO Code (NXX) data requirements for the Telcordia™ BIRRDs database. Section 1.2 of the COCAG/TBPAG Forms Part 2 Job Aid may be referenced for assistance in completing this form. This form must always be completed for newly assigned CO Codes.

New CO Code	All items are required unless otherwise noted.
Data change	Items 1-5 are required, as are the appropriate element(s) to be changed.
Disconnect	Only items 1-5 should be provided.

-
1. NPA _____ Numbering Plan Area Code (Area Code) in which the CO Code (NXX) has been assigned
 2. NXX _____ Central Office Code (the assigned NXX)
 3. BLOCK ID _____ No entry required for CO Codes.
 4. STATUS _____ E = new code, M = change to supporting data, D = disconnect
 5. EFFECTIVE DATE _____ Date a new CO Code can first be routed to, date supporting data change will be effective or, date of disconnect [D/M/Y]
 6. OCN _____ Operating Company Number
 7. LOCALITY _____ (Maximum 10 characters each)
 8. COUNTY _____ If applicable, the county in which the locality resides
 9. STATE _____ Two character code for the state or territory of the locality
 10. PLACE NAME _____ Enter up to 50 characters to identify PLACE NAME to be referenced in billing. Also enter the appropriate two character state code.*
 11. COC TYPE _____ Identifies use of the CO Code (Choose one - EOC, PLN, PMC, RCC, SIC, TST, SP1, SP2, for ODDBALL codes see Job Aid)
 12. SSC _____ Special Service Code - (Choose one (or valid combinations up to four) - A, B, C, I, J, M, N, O, R, S, T, W, X, Z, 8)
 13. TR DIG EO _____ Number of digits to be out pulsed to a switching entity/POI end office by another carrier (e.g. NPA + NXX + line would be 10).
 14. TR DIG AT _____ Number of digits to be out pulsed to a switching entity/POI tandem office by another carrier (e.g.

NPA + NXX + line would be 10).

- | | | |
|----------------------|-------|--|
| 15. NXXTYPE | _____ | Identifies use of CO Code (NXX) (Choose one of listed values provided in the COCAG Part 2 Job Aid) |
| 16. BILL RAO | _____ | A valid Revenue Accounting Office code. |
| 17. BO CODE | _____ | An appropriate Business Office code. |
| 18. CO TYPE | _____ | Company Type - (Choose appropriate value 0-9) |
| 19. TIME ZONE | _____ | 0-None, 1-Guam/CNMI, 2-Hawaii, 3-Alaska/Yukon, 4-Pacific, 5-Mountain, 6-Central, 7-Eastern, 8-Atlantic, 9-Newfoundland |
| 20. IDDD | _____ | International Direct Distance Dialling (Y - if the CO Code (NXX) can place IDDD calls, N - if not) |
| 21. DIND | _____ | Dialable Indicator (Y - if directly dialable, N - if not) |
| 22. DAYLIGHT SAVINGS | _____ | (Y - if the CO Code (NXX) serves an area that observes daylight, N - if not) |
| 23. PORTABLE | _____ | (Y/N) Y if line numbers can be ported from this CO Code |
| 24. SWITCH | _____ | Eleven-character CLLI™ code that identifies the Switching Entity/POI (see COCAG Part 2 Form 2 if switch has not yet been established in BIRRDS) |
| 25. SHA IND | _____ | Switch Homing Arrangement (two digits) (multiple homing arrangements - see COCAG Part 2 Form 8 if SHA IND has not yet been established in BIRRDS for the given switch) (if not applicable, enter 00) |
| 26. TEST LINE | _____ | Four-digit test line number |

Annex 3

Commission's Response/Confirmation

Name of Telecommunications Provider: _____

Date of Application: D M Y
 ___/___/___

Date of Receipt: D M Y
 ___/___/___

Date of Response: D M Y
 ___/___/___

Effective Date: D M Y
 ___/___/___

NPA: _____ Code Assigned: _____ Date of NXX Code Assignment: _____

Switch Identification (Switching Entity/POI) _____

- a. Rate Center: _____
- b. Routing and Rating information complete: Yes _____ No _____
Additional TRA (RDBS) and BRIDS information necessary as follows:
- d. To be published in the LERG and TPM by _____ additional TRA (RDBS) and BRIDS information needs to be received by the code Commission no later than _____.

Code Reserved: _____ Date of Reservation: _____

Your code reservation shall be honoured until dd/mm/yy

Form incomplete

Additional information required in the following section(s):

Form complete, code request denied

Explanation:

Assignment activity suspended by the Commission

Explanation: _____

Further Action: _____

NPA in jeopardy: Yes _____ **No** _____

Remarks:

.....
Signature of authorized representative of Commission

Name (print)

Annex 4

Confirmation of Code in Service

By signing below, I certify that the COC specified in Section 1 below is in service and that the COC is being used for the purpose specified in the original application.

Company Name: _____

OCN: _____

Authorized Representative of Applicant (Print Name)

.....
Signature

D M Y

____/____/____

Title

Date

1. NPA-NXX code: _____ Rate Center: _____

2. Switch Identification (Switching Entity / POI): _____

3. Dates: _____/_____/_____
D M Y

Date of Application: _____/_____/_____
D M Y

In-Service Date: _____/_____/_____
D M Y

Note: This form must be submitted to the Commission within 6 months of the requested effective date.

Annex 5

Request for Additional Central Office Code Assignments

MONTHS TO EXHAUST CERTIFICATION WORKSHEET - TN Level

(Worksheet to be used for Requests for Additional Codes for Growth)

1. Date: ____/____/____/
 D M Y
2. Company's Name _____

3. Switching Entity/Point of Interconnection (CLLI) _____
4. Rate Center _____
5. NPA(s): _____ 6. NXXs included in growth calculation: _____
7. Signature of Authorized Representative of Code Applicant: _____
_____ 8. Title _____
9. Telephone No.: _____ FAX No.: _____
 - A. Telephone Numbers (TNs) Available for Assignment (See Glossary):

Month	Month	Month	Month	Month	Month
#1	#2	#3	#4	#5	#6
Month	Month	Month	Month	Month	Month
#7	#8	#9	#10	#11	#12
 - B. Previous 6-month growth history: _____

 - C. Projected growth - Months 1-12: _____

 - D. Average Monthly Forecast (Sum of months 1- 6 Part C above divided by 6) _____

E. Months to Exhaust = $\frac{\text{Telephone No (TNs) Available for Assignment(A)}}{\text{Average Monthly Forecast (D)}}$

F. Utilisation Level = $\frac{\text{Telephone No's (TNs) Assigned}}{\text{Total Numbering Resources in Applicant's Inventory}} \times 10 = \text{ ______ } \%$

Please see the following Fees for obtaining copies or extracts of the National Telecommunications Numbering Register

Medium	Fee
Hard copy	\$50 (entire Register) \$2.00 (per page)
Data storage device	\$100
Electronic Transmission	Free

(Regulation 8)

Please see the following Fees for the use of numbers

	Application	Initial	Annual
Central Office Codes (Block of 10,000 numbers)	\$150	\$1000	\$1000
Short Codes (Block of 10 codes)	\$150	\$1000	\$1000