



**Other NANP Resources  
User Guide**

**1.7v**

April 20, 2011

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## **1.0 Introduction**

### **1.1 Purpose**

This document provides instruction for making requests for the assignment of the following North American Numbering Plan (NANP) resources via the NANP Administration System (NAS): Carrier Identification Codes (CICs), 456 (INT/NPA/NXX), PCS 5YY NXX [NPA 500/533/544] and 9YY [NPA 900] NXX codes, NPAs (area codes), and 555 and 800-855 line numbers. It also provides information regarding the capabilities for queries and reports in NAS. These resources are commonly referred to as Other NANP Resources (a.k.a. Other Resources).

### **1.2 NAS Overview as it Relates to Other NANP Resource Processing**

The following list includes some of the request processing and reporting capabilities available in NAS for these resources:

- Entering and submitting requests for new resource assignments
- Entering and submitting requests for changes to existing resource assignments
- Searching for forms tied to resource requests (Part 1s, Part As, Confirmation of In-Service)
- Reports capabilities
  - Submitted applications
  - Submitted in-service confirmations
  - Assignments needing in-service confirmations

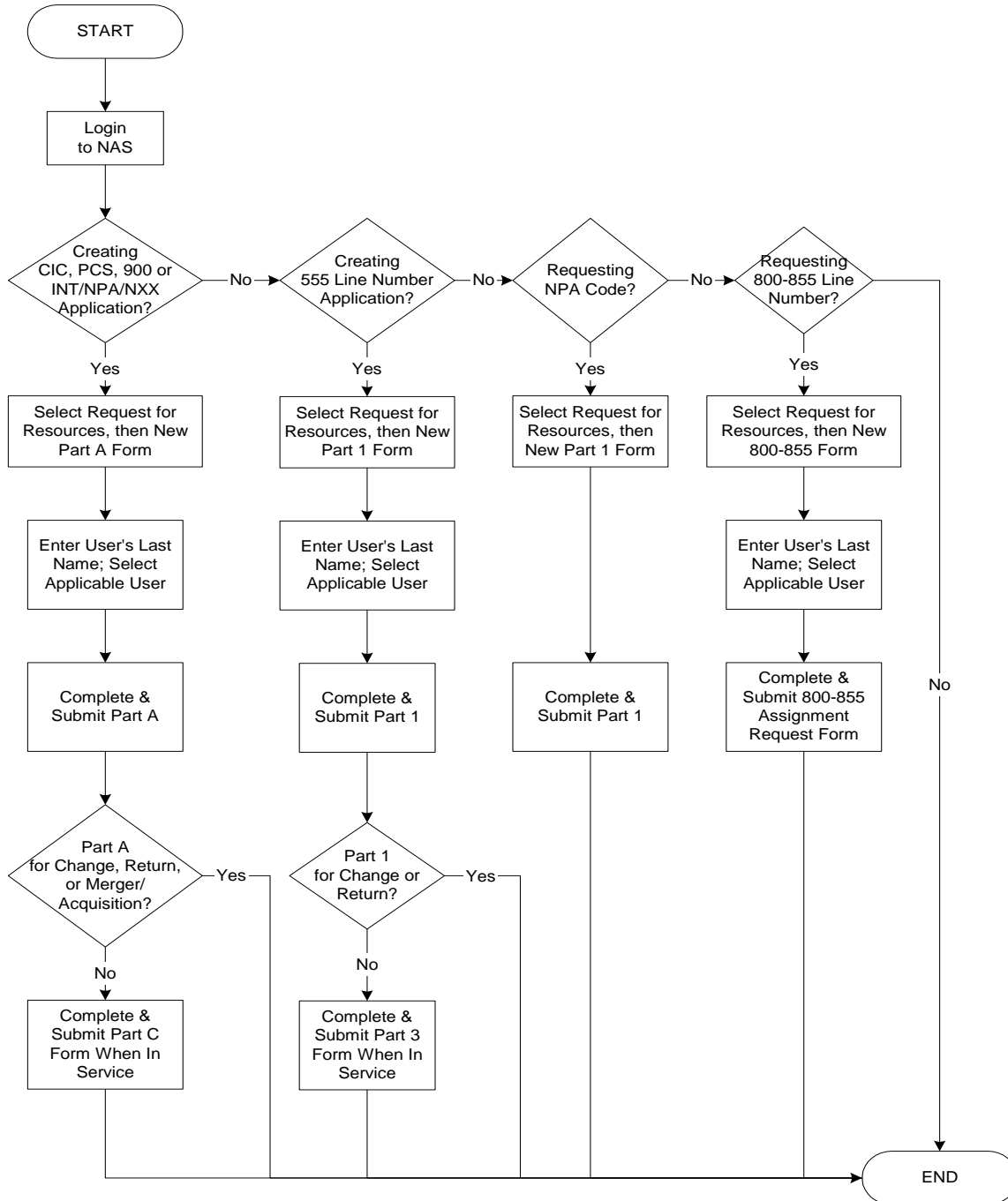
### **1.3 Content Summary**

This document guides NAS users through the application process for Other Resources, excluding central office codes. The following resources are addressed:

- CICs
- Personal Communications Service (PCS) 5YY NXX [500/533/544] Codes
- 9YY NXX Codes
- 555 Line Numbers
- NPAs
- International Inbound NPA (456) Codes
- 800-855 Line Numbers

### 1.4 Flowchart

The flowchart below describes Other Resources request processing in NAS.



## 1.5 Getting Started

To have access to Other Resources forms in NAS, you must have selected the “Other Resources” subscription during registration. For questions on registration, please contact the North American Numbering Plan Administration (NANPA) Customer Support Desk at (866) 623-2282 or via email at [nanpa-login@neustar.biz](mailto:nanpa-login@neustar.biz).

When you log into NAS, the following tool frame menu (Figure 1.4) will be available for Other Resources.

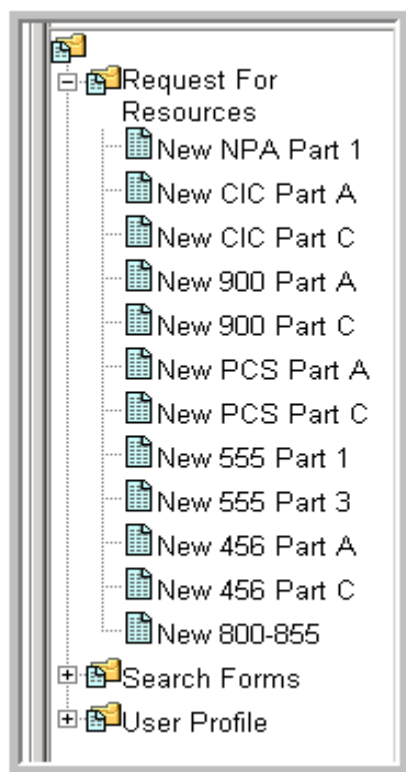


Figure 1.4

To create an application request for any of the Other Resources, click on “Request for Resources.” This will bring down a list of the application forms associated with the various other NANP resources available in NAS. Click on the particular form you wish to submit and proceed with completing the form.

## **2.0 Carrier Identification Codes (CICs)**

This section discusses the submission of a first CIC application, a request for an additional CIC, changes to an assigned CIC, return of a CIC, and applying to NANPA for the transfer of a CIC assignment due to merger/acquisition.

From the “Request for Resources” main menu, select “New CIC Part A” to begin each of these submissions.

**CIC APPLICATION FORM**

Entities requesting a CIC shall complete the following steps:

(a) The entity shall place a valid order for FG B or FG D trunk access service, or FG B translations access service, where available, with an access provider<sup>2</sup>.

(b) If a CIC assignment is being requested, the entity shall complete this form and attach to the request for access service. Use one form per CIC request.

(c) The access service provider shall submit the CIC Application Form to the administrator, currently North American Numbering Plan Administrator (NANPA).

(d) The CIC administrator shall complete the CIC Assignment Form, within 10 working days from receipt of assignment request from the access service provider. The CIC Assignment Form shall be sent to the entity requesting a CIC and the access service provider.

A CIC assigned to an entity shall be placed in service within 6 months after the assignment date as reported on the CIC Assignment Form. The entity assigned the CIC shall submit the CIC Activation Form to the CIC administrator indicating the date the CIC was activated. If a CIC is not activated within the 6-month period, the assigned CIC may be reclaimed using procedures described in Section 6 of these guidelines. It is understood that the entity will return the CIC to the administrator for reassignment if the resource is no longer used by the entity, has not been activated within the timeframe specified in these guidelines, or is not being used in conformance with these guidelines.

The entity, access service provider and the CIC administrator acknowledge that the information contained in this application form is sensitive, proprietary and will only be shared with the appropriate administrator and/or regulators.

**1. Date of request for access service:**

**2. Contact Information**

Access Customer Name\*:

Street\*:

City\*:  State/Prov\*:  Zip\*:

Telephone\*:  Fax:

Email\*:

Contact Name\*:

Title:

**3. Access Customer Name Abbreviation (ACNA):**

**4. Type of Request (select one)\*:**

First CIC  
 Additional CIC  
 Information change CIC (go to Section 12)  
 Return CIC (go to Section 11)  
 Merger/Acquisition (go to Section 12)

**5. Type of service (select one)\*:**

FG B  
 FG B Translations Access  
 FG D

**6. Does the entity requesting this assignment have any CICs currently assigned?**

Yes  
 No  
 Not Applicable

If yes, please list the CICs currently assigned, specifying whether they are FGB or FGD assignments

**7. Does the requesting entity share common ownership or control with other companies (see Section 1.3 for the guidelines)?**

Yes  
 No  
 Not Applicable

If yes, please list the name(s) of all other companies under common ownership or control with the requesting entity

**8. If yes to 7, do any of these entities under common ownership or control have CICs?**

Yes  
 No  
 Not Applicable

Figure 2.1

**9. Please provide three code selections in order of preference:**

1.

2.

3.

**10. If the above codes are not available, may any available code be assigned?**

Yes

No

Not Applicable

**11. Code Return Notification:**  
The following CIC(s) is being returned to the list of available codes

Effective Date:

**12. CIC Information Change:**  
CIC affected:

Old Information

New Information

Explanation

Effective Date:

I hereby certify that the above information is true and accurate to the best of my knowledge, that the assigned CIC will be used in accordance with the *CIC Assignment Guidelines* (INC 95-0127-006) and that this application has been prepared in accordance with the guidelines.

Authorized Representative of the CIC Entity\*:

Title\*:

Date\*:

gh LECs are not formal "purchasers" of FG B or FG D access, the CIC Assignment Guidelines do not preclude LECs from being assigned

NeuStar, Inc. Legal Notice/Disclaimer. Plug-ins. Last updated: January 29, 2004.

Figure 2.2

**CIC Activation Form**

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By signing below, I certify that the CIC(s) specified below are in service, i.e. the appropriate Feature Group B and/or Feature Group D access trunks are in place, or FG B translations access has been obtained, and that the CIC(s) are being used for the purpose specified in the original application.

Authorized Representative of the CIC Applicant\*:

Access Customer Name Abbreviation (ACNA)\*:

Title\*:

Date\*:

	CIC	CIC Type	Date of Assignment	In-Service Date
1	<input type="text"/>	FGB ▾	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	FGB ▾	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	FGB ▾	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	FGB ▾	<input type="text"/>	<input type="text"/>

Figure 2.3

## 2.1 CIC Application Form – First CIC

This section discusses the creation and submission of a CIC application form for a “First CIC” assignment via NAS.

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the CIC application form as follows (Figures 2.1 and 2.2):

### Section 1 – Date of Request for Access Service

The date of request for access service represents the date that a valid order for trunk access was placed with the applicant’s service provider. The applicant enters this date. A switchless reseller that is applying to NANPA for a CIC would not enter information in this field, leaving it blank.

If a date is supplied in Section 1 and if the applicant is a long distance carrier, the applicant’s service provider must supply NANPA (separate from Part A) with a copy of the Access Service Request (ASR) as confirmation that an order for trunk access was placed.

**Section 2 – Contact Information** - The access customer name, street, city, state and zip code, the telephone and fax numbers, e-mail address, contact name and title are pre-populated from the NAS user profile. Each of these fields is editable.

**Section 3 – Access Customer Name Abbreviation (ACNA)**

Any US applicant must supply a valid ACNA assignment in this field, as required by the CIC assignment guidelines (<http://www.atis.org/inc/>). ACNAs are 3-character alphabetical assignments. All ACNAs are validated by NANPA. Canadian applicants are not required to supply an ACNA.

**Section 4 – Type of Request (select one)**

Select “First CIC”.

**Section 5 – Type of Service (select one)**

Identify the type of request (Feature Group B (FGB), FGB Translations Access, or Feature Group D (FGD)). Only one of these types of request can be identified.

**Section 6 – Does the entity requesting this assignment have any CICs currently assigned -** Since this CIC application form is being submitted for a “First CIC”, Section 6 must be answered with a “No”.

**Section 7 – Does the requesting entity share common ownership or control with other companies?**

A “Yes” or “No” response is required.

If Section 7 is answered “Yes”, the names of any and all other companies under common ownership and/or control with the applicant must be provided in the space below the “Yes” response (required field if Section 7 is “Yes”).

If Section 7 is answered “No”, the space below the “No” response is left blank.

**Section 8 – If yes to #7, do any of these entities under common ownership or control have CICs -** If Section 7 was answered “No”, “Not Applicable” should be marked in Section 8.

If Section 7 was answered “Yes”, then the appropriate response of “Yes” or “No” should be marked in Section 8.

**Section 9 – Please provide three code selections in order of preference.**

If the applicant wishes to apply for a specific code, these fields are provided for the applicant to identify the specific code they are requesting. The applicant is not required to complete this section. If this section is not completed, and if the applicant meets all other qualifications to obtain an assignment, a random assignment will be made.

**Section 10 – If the above codes are not available, may any available code be assigned** - If the applicant provides specific codes in response to Section 9 that are not available for assignment, by answering “Yes” to this question, the applicant indicates that they will accept a random assignment. By responding “No” to this section, the applicant indicates that no assignments other than the specific codes they provided in response to Section 9 will be accepted. Responding “No” to this section may result in denial of the CIC application form.

**Section 11 – Code Return Notification** - This section is not applicable to the request for a “First CIC”.

**Section 12 - CIC Information Change** - This section is not applicable to the request for a “First CIC”.

### **Certification Section**

The authorized representative of the CIC entity, title, and date are pre-populated from the user profile.

### **Step 2 – Submit the CIC application form**

To submit the CIC application form for a “First CIC”, click the “**Submit**” button. If you have a successful submission, you will receive a confirmation form with a specific tracking number. (Be sure to record the tracking number reflected on the confirmation; the tracking number is for your use to monitor the status of your application form in NAS.) If your submission is unsuccessful, NAS will return you to the CIC application form with an “Error Message” at the beginning of the screen specifically indicating the fields that must be corrected or completed in order to successfully submit the application.

If you click on the “**Cancel**” button, NAS will cancel the CIC application form and return you to the NAS home page.

If you click on the “**Reset**” button, NAS will blank out all fields in which you provided information and allow you to re-enter information.

### **CIC Activation Form (Figure 2.3)**

The CIC Activation Form appears when “New CIC Part C” is selected from the “Request for Resources” main menu. For an applicant to create and submit a confirmation of CIC activation (for either a “First CIC” or “Additional CIC”), complete the fields on the CIC Activation Form:

The “Authorized Representative of the CIC Applicant”, “Title”, and “Date” fields will be pre-populated from the user profile information.

**ACNA** – Enter the ACNA [required field].

**CIC** – Enter your assigned CIC.

**CIC Type** – Click on the drop down arrow to select the appropriate CIC Type (FGB or FGD).

**Date of Assignment** – Enter the date the CIC was assigned using the mm/dd/yyyy format.

**In-Service Date** – Enter the date service (FGB or FGD) was activated for the CIC using the mm/dd/yyyy format.

## 2.2 CIC Application Form – Additional CIC

This section discusses the creation and submission of a CIC application form for an “Additional CIC” assignment via NAS.

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the CIC application form as follows (Figures 2.1.and 2.2):

**Section 1 – Date of Request for Access Service** - The date of request for access service represents the date that a valid order for trunk access was placed with the applicant’s service provider. The applicant enters this date. A LEC, CLEC, or switchless reseller that is applying directly to NANPA for a CIC without ordering trunk access from a service provider would not enter information in this field, leaving it blank.

If a date is supplied in Section 1, the applicant’s service provider must supply NANPA (separate from Part A) with a copy of the Access Service Request (ASR) as confirmation that an order for trunk access was placed.

**Section 2 – Contact Information** - The access customer name, street, city, state and zip code, the telephone and fax numbers, e-mail address, contact name and title are pre-populated from the user profile information. Each of these fields is editable.

**Section 3 – Access Customer Name Abbreviation (ACNA)** - Any US applicant must supply a valid ACNA assignment in this field, as required by the CIC assignment guidelines. ACNAs are 3-character alphabetical assignments. All ACNAs are validated by NANPA. Canadian applicants are not required to supply an ACNA.

**Section 4 – Type of Request (select one)** - Select “Additional CIC”.

**Section 5 – Type of Service (select one)** - Identify the type of request (FGB, FGB Translations Access, or FGD). Only one of these types of request can be identified.

**Section 6 – Does the entity requesting this assignment have any CICs currently assigned** - Since this CIC application form is being submitted for a “Additional CIC”, Section 6 must be answered with a “Yes”.

**Section 7 – Does the requesting entity share common ownership or control with other companies** - A “Yes” or “No” response is required.

If Section 7 is answered “Yes”, the names of any and all other companies under common ownership and/or control with the applicant must be provided in the space below the “Yes” response (required field if Section 7 is “Yes”).

If Section 7 is answered “No”, the space below the “No” response is left blank.

**Section 8 – If yes to #7, do any of these entities under common ownership or control have CICs?**

If Section 7 was answered “No”, “Not Applicable” should be marked in Section 8.

If Section 7 was answered “Yes”, then the appropriate response of “Yes” or “No” should be marked in Section 8.

**Section 9 – Please provide three code selections in order of preference.**

If the applicant wishes to apply for a specific code, these fields are provided for the applicant to identify the specific code they are requesting. The applicant is not required to complete this section. If this section is not completed, and if the applicant meets all other qualifications to obtain an assignment, a random assignment will be made.

**Section 10 – If the above codes are not available, may any available code be assigned?** - If the applicant provides specific codes in response to Section 9 that are not available for assignment, by answering “Yes” to this question, the applicant indicates that they will accept a random assignment. By responding “No” to this section, the applicant indicates that no assignments other than the specific codes they provided in response to Section 9 will be accepted. Responding “No” to this section may result in denial of the CIC application form.

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**Section 11 – Code Return Notification** - This section is not applicable to the request for an “Additional CIC”.

**Section 12 - CIC Information Change** - This section is not applicable to the request for an “Additional CIC”.

### **Certification Section**

The authorized representative of the CIC entity, title, and date are pre-populated from the user profile.

#### **Step 2 – Submit the CIC application form**

To submit the CIC application form for an “Additional CIC”, click the “**Submit**” button.

#### **CIC Activation Form (Figure 2.3)**

For an applicant to create and submit a confirmation of CIC activation (for either a “First CIC” or “Additional CIC”), complete the fields on the CIC Activation Form:

The “Authorized Representative of the CIC Applicant”, “Title”, and “Date” fields will be pre-populated from the user profile information.

**ACNA** – Enter the ACNA that is affiliated with the CIC that has been activated [required field].

**CIC** – Enter your assigned CIC.

**CIC Type** – Click on the drop down arrow to select the appropriate CIC Type (FGB or FGD).

**Date of Assignment** – Enter the date the CIC was assigned using the mm/dd/yyyy format.

**In-Service Date** – Enter the date that service (FGB or FGD) was activated for the CIC using the mm/dd/yyyy format.

## 2.3 CIC Application Form – Information change CIC

This section discusses the creation and submission of a CIC application form for an “Information change CIC” assignment via NAS.

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the CIC application form as follows (see Figures 2.1 and 2.2):

**Section 1 – Date of Request for Access Service** - This section is not applicable to notification of an information change relating to an existing CIC assignment.

**Section 2 – Contact Information** - The access customer name, street, city, state and zip code, the telephone and fax numbers, e-mail address, contact name and title are pre-populated from the user profile information. Each of these fields is editable.

**Section 3 – Access Customer Name Abbreviation (ACNA)** - Any US applicant must supply a valid ACNA assignment in this field, as required by the CIC assignment guidelines. ACNAs are 3-character alphabetical assignments. All ACNAs are validated by NANPA. Canadian applicants are not required to supply an ACNA.

**Section 4 – Type of Request (select one)** - Select “Information change CIC”.

**Section 5 – Type of Service (select one)** - This section is not applicable to “Information change CIC.”

**Section 6 – Does the entity requesting this assignment have any CICs currently assigned** - This section is not applicable to Information Change on a CIC assignment.

**Section 7 – Does the requesting entity share common ownership or control with other companies** - This section is not applicable to Information Change on a CIC assignment.

**Section 8 – If yes to #7, do any of these entities under common ownership or control have CICs?** - This section is not applicable to Information Change on a CIC assignment.

**Section 9 – Please provide three code selections in order of preference** - This section is not applicable to Information Change on a CIC assignment.

**Section 10 – If the above codes are not available, may any available code be assigned?** - This section is not applicable to Information Change on a CIC assignment.

**Section 11 – Code Return Notification** - This section is not applicable to Information Change on a CIC assignment.

### **Section 12 - CIC Information Change**

**CIC affected** - Enter the CIC(s) affected by the information change, specifically identifying if the CIC(s) is a FGB or a FGD CIC(s).

**Old Information** - Supply the old information relating to the CIC(s) as it exists before the change is requested.

**New Information** - Supply the new information that you are requesting the change be made to relating to the CIC(s) assigned.

**Explanation** - Supply a brief, but comprehensive explanation of the reason you are requesting a change (i.e., entity name change, reason for the entity name change [legal entity name change, etc.], address change, contact information change, change of address, ACNA change, etc.). NOTE: Confirming legal documentation must be supplied separately to NANPA to support the request for an entity name change or assignee name change due to a merger/acquisition.

**Effective Date** – Supply the date that the information change is effective. Use the format, mm/dd/yyyy.

### **Certification Section**

The authorized representative of the CIC entity, title, and date are pre-populated from the user profile.

### **Step 2 – Submit the CIC application form**

To submit the CIC application form for an “Information change CIC”, click the “**Submit**” button.

## 2.4 CIC Application Form – Return CIC

This section discusses the creation and submission of a CIC application form to return a CIC assignment via NAS.

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the CIC application form as follows (see Figures 2.1 and 2.2):

**Section 1 – Date of Request for Access Service** - This section is not applicable to returning a CIC assignment.

**Section 2 – Contact Information** - The access customer name, street, city, state and zip code, the telephone and fax numbers, e-mail address, contact name and title are pre-populated from the user profile information. Each of these fields is editable.

**Section 3 – Access Customer Name Abbreviation (ACNA)** – Enter the ACNA that is affiliated with the CIC being returned.

**Section 4 – Type of Request (select one)** - Select “Return CIC”.

**Section 5 – Type of Service (select one)** – One type of service must be identified.

**Section 6 – Does the entity requesting this assignment have any CICs currently assigned** - This section is not applicable to returning a CIC.

**Section 7 – Does the requesting entity share common ownership or control with other companies** - This section is not applicable to returning a CIC.

**Section 8 – If yes to #7, do any of these entities under common ownership or control have CICs”** - This section is not applicable to returning a CIC.

**Section 9 – Please provide three code selections in order of preference** - This section is not applicable to returning a CIC.

**Section 10 – If the above codes are not available, may any available code be assigned?** - This section is not applicable to returning a CIC.

**Section 11 – Code Return Notification**

**The following CIC(s) is being returned to the list of available codes** - Supply the CIC(s) to be returned, specifically identifying if it is a FGB or FGD CIC(s) being returned to NANPA.

**Effective Date** - Supply the date that the return of the CIC(s) is effective. Use the format, mm/dd/yyyy.

**Section 12 - CIC Information Change** - This section is not applicable to a Return CIC.

### Certification Section

The authorized representative of the CIC entity, title, and date are pre-populated from the user profile.

#### Step 2 – Submit the CIC application form

To submit the CIC application form for a “Return CIC”, click the “**Submit**” button. .

## **2.5 CIC Application Form – Merger/Acquisition**

This section discusses the creation and submission of a CIC application form requesting the transfer of a CIC assignment due to merger/acquisition.

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the CIC application form as follows (see Figures 2.1 and 2.2):

**Section 1 – Date of Request for Access Service** - This section is not applicable to notification of a merger/acquisition relating to an existing CIC assignment.

**Section 2 – Contact Information** - The access customer name, street, city, state and zip code, the telephone and fax numbers, e-mail address, contact name and title are pre-populated from the user profile information. Each of these fields is editable.

**Section 3 – Access Customer Name Abbreviation (ACNA)** - Any US applicant must supply a valid ACNA assignment in this field, as required by the CIC assignment guidelines.

**Section 4 – Type of Request (select one)** - Select “Merger/Acquisition”.

**Section 5 – Type of Service (select one)** - Identify the type of request (FGB, FGB Translations Access, or FGD).

**Section 6 – Does the entity requesting this assignment have any CICs currently assigned?** - This section is not applicable to notice of a merger/acquisition.

**Section 7 – Does the requesting entity share common ownership or control with other companies** - This section is not applicable to notice of a merger/acquisition.

**Section 8 – If yes to #7, do any of these entities under common ownership or control have CICs?** - This section is not applicable to notice of a merger/acquisition.

**Section 9 – Please provide three code selections in order of preference** - This section is not applicable to notice of a merger/acquisition.

**Section 10 – If the above codes are not available, may any available code be assigned?** - This section is not applicable to notice of a merger/acquisition.

**Section 11 – Code Return Notification** - This section is not applicable to notice of a merger/acquisition.

## **Section 12 - CIC Information Change**

**CIC affected** - Enter the CIC(s) affected by the information change, specifically identifying if the CIC(s) is a FGB or a FGD CIC(s).

**Old Information** - Supply the old information relating to the CIC(s) as it exists before the change is requested.

**New Information** - Supply the new information that you are requesting the change be made to relating to the CIC(s) assigned.

**Explanation** - Supply a brief, but comprehensive explanation of the reason you are requesting a change (i.e., entity name change, reason for the entity name change [legal entity name change, etc.], address change, contact information change, change of address, ACNA change, etc.). NOTE: Confirming legal documentation must be supplied separately to NANPA to support the request for an entity name change or assignee name change due to a merger/acquisition.

**Effective Date** – Supply the date that the information change is effective. Use the format, mm/dd/yyyy.

### Certification Section

The authorized representative of the CIC entity, title, and date are pre-populated from the user profile.

#### Step 2 – Submit the CIC application form

To submit the CIC application form for “Merger/Acquisition”, click the “**Submit**” button.

### 3.0 PCS 5YY NXX [500/533/544] Codes

This section discusses the submission of an initial PCS 5YY NXX [500/533/544] code application, a request for an additional PCS 5YY NXX code assignment, changes to an assigned PCS 5YY NXX code, and the return of a PCS 5YY NXX code.

From the “Request for Resources” main menu, select “New PCS Part A” to begin each of these submissions.

**PCS 5YY CODE FORMS**  
**PART A**  
**ASSIGNMENT REQUEST/RETURN NOTIFICATION/INFORMATION CHANGE**

---

The applicant and code administrator acknowledge that information other than identifying the applicant and any code assigned to that applicant, contained on this request form is sensitive and will be treated as confidential. The information in this form shall be treated as proprietary and will only be shared with PCS 5YY NXX code administrator personnel and/or regulators.

**1. Name of entity requesting code assignment/return notification/information change:**

**2. Contact Information :**

Name:\*:

Address:\*:

Room:

City/State/Zip Code, Prov./Country/Postal Code:\*:

Phone No.\*\*:

Fax No.\*\*:

Email\*:

Company Name

Operating Company Number (OCN)\*: <sup>1</sup>

**3. PCS 5YY NXX Code Request:**

**3a. Type of Request**

Initial PCS 5YY NXX code(s) for service provider (Also complete section 3b)

Additional PCS 5YY NXX code(s) for service provider (Also complete section 3c)

PCS 5YY NXX code return (Also complete section 3d)

PCS 5YY NXX code information change (Also complete section 3e)

Note: It is the responsibility of the applicant to arrange with other entities for code activation, deactivation, and changes.

**3b. Initial PCS 5YY NXX Code(s) Request**

Quantity of initial PCS 5YY NXX(s) being requested

Initial PCS 5YY NXX(s) Assignment Preference in order of priority <sup>2</sup>:XXX-XXX

Provide a general description of the service:

Provide a subscription forecast substantiation if request is for more than one NXX code; i.e. Projected demand for 12 months (from initial service date):

(Average Amount of Numbers/Month)

Planned in service date(s) for PCS 5YY NXX code(s): <sup>3</sup>

Is certification or authorization required to provide services in the intended service area(s)?:

Yes  No  Not Applicable

If yes, does your company have such certification or authorization?

Yes  No  Pending  Not Applicable

If yes, type and date of certification (e.g., letter of authorization, license, Certificate of Public Convenience, etc.):

If no or pending, explain:

Figure 3.1

**3c. Additional PCS 5YY NXX Code(s) Request**

Quantity of additional PCS 5YY NXX(s) being requested

Additional PCS 5YY NXX(s) Assignment Preference in order of priority<sup>2</sup>

Current percent fill on assigned PCS 5YY NXX codes:

Current % Fill=  $\frac{\text{Working Numbers} + \text{Numbers Unavailable for Assignment}}{\text{Number of NXX code(s)} \times 10,000} \times 100$

Growth history for 12 months:  (Average Amount of Numbers/Month)

Projected demand for the coming 12 months:  (Average Amount of Numbers/Month)

Months to exhaust:

Planned in service date for the PCS 5YY NXX code(s):<sup>3</sup>

(The applicant agrees to place these code(s) in service within six months of the assignment date.)

**3d. Code return notification**

The following PCS 5YY NXX code(s) are being returned to the list of available NXX codes:

Effective date: (mm/dd/yyyy)

Figure 3.2

**3e. Code information change**

PCS 5YY NXX Codes affected:

Reasons for change:

- Merger/Acquisition
- Company Name Change
- Contact Information Change
- Other

Explanation:

Effective date:

These PCS 5YY NXX code(s) were formerly administered by:

Company Name:

Contact Name:

Address:

Room:

City/State/Zip Code,  
Province/Country/Postal  
Code:

Phone:

Fax:

Email:

Operating Company  
Number (OCN):

It is understood that applicant will return the assigned PCS 5YY NXX code to the administrator for reassignment if the resource is no longer in use by the applicant, no longer required for the service for which it was intended, not activated by the timeframe specified in these guidelines (an extension can be applied for), or not used in conformance with these assignment guidelines.

I hereby certify that the above information is true and accurate to the best of my knowledge, that the assigned PCS 5YY NXX codes will be used in the provision of personal communication services as a public telecommunication service, and that this application has been prepared in accordance with the "Personal Communications Services 5YY NXX Code Assignment Guidelines".

Authorized Representative  
of Code Applicant/Holder\*:

Title\*:

Date\*:

<sup>1</sup> Required per FCC 00-429 Section 52.15(g)(3)(iv).

<sup>2</sup> Initially a single 5YY code (500/533) will be allocated to personal communications services. However, it is anticipated that additional SAC(s) will be allocated when applicable. Please indicate the full six digits (e.g. 500-234) in order of preference.

<sup>3</sup> At least 90 calendar days after the code is assigned by the Administrator is needed to update the LERG Routing Guide. Updating the LERG Routing Guide does not imply the code will be activated/deactivated/ changed in every network by that date. It is the responsibility of the applicant to arrange with other entities for code activation, deactivation, and changes.

Figure 3.3

**PCS 5YY NXX Forms  
Part C  
CONFIRMATION OF PCS/5YY/NXX CODE IN SERVICE**

---

By signing below, I certify that the PCS 5YY code(s) specified below are in service(i.e., the code holder has actual assigned end users [customers] or services that are used to generate traffic) and that the NXX code(s) are being used for the purpose specified in the original application (See Section 5.0, "Responsibilities of Code Applicants and Holders" in the current Personal Communications Services 5YY NXX Code Assignment Guidelines").

Authorized Representative of Code Holder\*

Operating Company Number(OCN):

Title:

Date

Service Trouble Reporting Contact Name\*:

Service Trouble Reporting Number\*:

---

PCS NXX Code	Date of Assignment (mm/dd/yyyy)	In-Service Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 3.4

### 3.1 PCS 5YY NXX Part A - Initial Request

The following section describes the steps for an applicant to create and submit a request in NAS for an initial PCS 5YY NXX assignment.

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the Part A form as follows (Figure 3.1, 3.2 and 3.3):

**Section 1 – Name of entity requesting code assignment/return notification/information change** - This field will be pre-populated from the user profile information and it is editable.

**Section 2 – Contact Information** - All fields will be pre-populated from the user profile information except for Operating Company Number (OCN) which the applicant must enter. These fields are editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

**Section 3 – PCS 5YY NXX Code Request:**

**3a. Type of Request (select one)** - For the request of an initial assignment, select “Initial PCS 5YY NXX code(s) for service provider”.

**3b. Initial PCS 5YY NXX code(s) requested:**

**Quantity of initial PCS 5YY NXX(s) being requested** - The applicant enters the number of codes being requested.

**Initial PCS 5YY NXX(s) assignment preference in order of priority** - The applicant may specifically request a particular code by entering that code in this field (in the format of 5YY-XXX, always 6 digits in length).

**Provide a general description of the service** - The applicant enters a brief description of the service to be offered in this field. (When requesting an additional code assignment, completion of this field is not required).

**Provide a subscription forecast substantiation if request is for more than one 5YY NXX code; i.e., Projected demand for 12 months (from initial service date):**

**Average Amount of Numbers/Month** - This section is not applicable in the request for an initial PCS 5YY NXX code.

**Planned in-service date(s) for PCS 5YY NXX code(s)** - The applicant enters the planned activation date. The date should be entered in the format of mm/dd/yyyy.

**Is certification or authorization required to provide services in the intended service area(s)?** - Select one appropriate response (Yes/No/Not Applicable).

**If yes, does your company have such certification or authorization?** - If yes, type and date of certification or authorization – Enter a description of the type and date of certification or authorization. Completion of this field is required if the applicant answered “Yes” regarding certification or authorization.

**If no or pending, explain** – Enter an explanation as to why certification or authorization has not been obtained. Completion of this field is required if applicant answered “Yes” to certification or authorization being required, but answered “No” to not having the required certification or authorization.

**3c. Additional PCS 5YY NXX Code(s) Request** - None of the fields in this section are applicable to the request for an initial PCS N00 NXX code.

**3d. Code Return Notification** - This section is not applicable to the request for an initial PCS 5YY NXX code.

**3e. Code information change** - This section is not applicable to the request for an initial PCS 5YY NXX code.

**These PCS 5YY NXX code(s) were previously administered by** - This section is not applicable to the request for an initial PCS N00 NXX code.

### **Certification Section**

The Authorized Representative, Title, and Date fields are pre-populated from information in the user profile. These fields may be edited.

Step 2: Submit the Part A PCS 5YY NXX Request Form as follows:

To submit the Part A Request form, click the “**Submit**” button. If you click on the “**Reset**” button, NAS will blank out all fields in which you provided information and allow you to re-

enter the information. If you click on the “**Cancel**” button, NAS will cancel the Part A form and return you to the NAS home page.

### **Part C – PCS 5YY NXX – Activation Form (Figure 3.3)**

The Part C Confirmation of PCS 5YY NXX Code Activation Form appears when “New PCS Part C” is selected from the “Request for Resources” main menu.

**Authorized Representative, Title and Date** – These fields will be pre-populated from information in the user profile.

**Operating Company Number (OCN)** – This is a required field that must be completed by the applicant when the PCS 5YY NXX Activation Form is submitted through NAS.

**Service Trouble Reporting Contact Name and Service Trouble Reporting Number** - These are required fields that must be completed by the applicant when the Activation Form is submitted through NAS after the code assignment(s) has been put into service.

PCS 5YY NXX Code, Date of Application, In-Service Date - **These are required fields that must be completed by the assignee when the Activation Form is submitted through NAS. Date format must be mm/dd/yyyy.**

## **3.2 PCS 5YY NXX Part A - Additional Request**

The following section describes the steps for an applicant to create and submit a request in NAS for an additional PCS 5YY NXX code.

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the Part A form as follows (see Figures 3.1, 3.2 and 3.3):

**Section 1 – Name of entity requesting code assignment/return notification/information change** - This field will be pre-populated from the user profile information and it is editable.

**Section 2 – Contact Information** - All fields will be pre-populated from the user profile information except for OCN which the applicant must enter. These fields are editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

**Section 3 – PCS 5YY NXX Code Request:**

**3a. Type of Request (select one)** - For the request of an additional assignment, select “Additional PCS 5YY NXX code(s) for service provider”.

**3b. Initial PCS 5YY NXX code(s) requested** - This section is not applicable in the request for an additional PCS N00 NXX code.

**3c. Additional PCS 5YY NXX Code(s) Request:**

**Quantity of additional PCS 5YY NXX code(s) being requested** - Enter the number of additional codes requested.

**Additional PCS 5YY NXX Assignment Preferences in order of priority** - The applicant may specifically request a particular code(s) by entering that code in this field (in the format of 500/533/544-NXX, always 6 digits in length).

**Current percent fill on assigned PCS 5YY NXX codes** – Enter the current percent fill on any existing PCS 5YY NXX code(s) assigned using the formula provided.

**Growth history for 12 months (Average Amount of Numbers/Month)** – Enter the growth history on any existing PCS 5YY NXX currently assigned using the formula provided. The growth history must be expressed in whole numbers (no decimals or commas).

**Projected demand for the coming 12 months (Average Amount of Numbers/Month)** – Enter the projected demand using the formula provided.

**Months to exhaust** – Enter the approximate months to exhaust information.

**Planned in-service date for the PCS 5YY NXX code(s). (The applicant agrees to place these code(s) in service within six months of the assignment date.)** - Enter the planned activation date in the format of mm/dd/yyyy.

**3d. Code Return Notification** - This section is not applicable to additional requests.

**3e. Code information change** - This section is not applicable to additional requests.

**Certification Section**

The Authorized Representative, Title, and Date fields are pre-populated from information in the user profile. These fields are editable.

Step 2: Submit the Part A PCS 5YY NXX Request Form as follows:

To submit the application, click the “**Submit**” button.

### **Part C – PCS 5YY NXX – Activation Form (Figure 3.3)**

**Authorized Representative, Title and Date** – These fields will be pre-populated from information in the user profile.

**Operating Company Number (OCN)** – This is a required field that must be completed by the applicant when the PCS 5YY NXX Activation Form is submitted through NAS.

**Service Trouble Reporting Contact Name and Service Trouble Reporting Number** – These are required fields that must be completed by the applicant when the Activation Form is submitted through NAS after the code assignment(s) has been put into service.

**PCS 5YY NXX Code, Date of Assignment, In-Service Date** – These are required fields that must be completed by the assignee when the Activation Form is submitted through NAS. Date format must be mm/dd/yyyy.

## **3.3 PCS 5YY NXX Part A - Return Request**

The following section describes the steps for an applicant to create and submit a request in NAS to return a PCS 5YY NXX code.

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the Part A form as follows (see Figures 3.1, 3.2 and 3.3):

**Section 1 – Name of entity requesting code assignment/return notification/information change** - This field will be pre-populated from the user profile information and it is editable.

**Section 2 – Contact Information** - All fields will be pre-populated from the user profile information except for OCN which the applicant must enter. These fields are editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

### **Section 3 – PCS 5YY NXX Code Request:**

**3a. Type of Request (select one)** - For the return of a PCS N00 NXX assignment, select “PCS 5YY NXX code(s) return”.

**3b. Initial PCS 5YY NXX code(s) requested** – This section is not applicable to a code return.

**3c. Additional PCS 5YY NXX Code(s) Request** - This section is not applicable to code returns.

**3d. Code Return Notification:**

**The following PCS 5YY NXX code(s) are being returned to the list of available codes** - Enter the PCS 5YY NXX code(s) being returned (in the format of 500/533/544-XXX, always 6 digits).

**Effective date (mm/dd/yyyy)** - Enter the effective date on the return of the codes in the format of mm/dd/yyyy. This is a required field.

**3e. Code information change** - This section is not applicable to code returns.

**Certification Section**

The Authorized Representative, Title, and Date fields are pre-populated from information in the user profile. These fields may be edited.

Step 2: Submit the Part A PCS 5YY NXX Code Request Form as follows:

To submit the application, click the “**Submit**” button.

**3.4 PCS 5YY NXX Part A - Change Request**

The following section describes the steps for an applicant to create and submit a request in NAS to change information associated with a PCS 5YY NXX code.

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the Part A form as follows (see Figures 3.1, 3.2 and 3.3):

**Section 1 – Name of entity requesting code assignment/return notification/information change** - This field will be pre-populated from the user profile information and it is editable.

**Section 2 – Contact Information** - All fields will be pre-populated from the user profile information except for OCN which the applicant must enter. These fields are editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

**Section 3 – PCS 5YY NXX Code Request:**

**3a. Type of Request (select one)** - For a change in a PCS 5YY NXX assignment, select “PCS 5YY NXX code information change”.

**3b. Initial PCS 5YY NXX code(s) requested** – This section is not applicable to a code information change.

**3c. Additional PCS 5YY NXX Code(s) Request** - This section is not applicable to information changes.

**3d. Code Return Notification** - This section is not applicable to information changes.

**3e. Code information change:**

**PCS 5YY NXX code(s) affected** – Enter the listing of the PCS 5YY NXX code(s) that are affected by the change (in the format of 500/533/544-XXX, always 6 digits).

**Reason for change** – Select one of the reasons for the code change (Merger/Acquisition, Company Name Change, Contact Information Change or Other).

**Explanation:** Supply a brief but comprehensive explanation of the reason for the code information change. NOTE: Confirming legal documentation must be supplied separately from this form to NANPA to support the request for a company name change or assignee name change as the result of a merger/acquisition.

**Effective Date:** Enter the effective date of the change to the code(s).

**These NXX code(s) were formerly administer by** – Enter contact information (Company Name, Contact Name, etc.) of the former code assignee if the change involves updated contact information.

**Operating Company Number (OCN)** – Enter the OCN associated with the PCS 5YY NXX code(s).

**Certification Section**

The Authorized Representative, Title, and Date fields are pre-populated from information in the user profile. These fields may be edited.

Step 2: Submit the Part A PCS 5YY NXX Code Request Form as follows:

To submit the application, click the “**Submit**” button.

## **4.0 9YY NXX Codes**

This section discusses the submission of an initial 9YY code application, a request for an additional 9YY code assignment, changes to an assigned 9YY code and the return of a 9YY code.

From the “Request for Resources” main menu, select “New 9YY Part A” to begin each of these submissions.

**900 NXX CODE FORMS**  
**PART A**  
**ASSIGNMENT REQUEST/RETURN NOTIFICATION/INFORMATION CHANGE**

---

The applicant and code administrator acknowledge that information other than identifying the applicant and any code assigned to that applicant, contained on this request form is sensitive and will be treated as confidential. The information in this form shall be treated as proprietary and will only be shared with 900 NXX code administrator personnel and/or regulators.

**1. Name of entity requesting code assignment/return notification/information change:**

**2. Applicant Contact Information :**

Name\*:

Address\*:

City\*:  State/Province\*:

Country\*:  Zip\*:

Telephone\*:  Fax\*:  Email\*:

Company Name\*:

Operating Company Number (OCN):

Access Customer Name Abbreviation (ACNA):

Carrier Identification Code (CIC):

**3. 900 NXX Code Request\*:**

**3a. Is certification or authorization required to provide 900 NXX services in the intended service area?:**  
 Yes  No  Not Applicable

If yes, does your company have such certification or authorization?  
 Yes  No  Not Applicable

If yes, indicated type and date of certification (e.g., letter of authorization, license, Certification of Public Convenience, etc.):

If no or pending, explain:

**3b. Request Type:**

900 NXX Code request (also complete Sections 3c and 3d)  
 900 NXX Code return (also completed Section 3e)  
 900 NXX Code information change (also complete Section 3f)

**3c. 900 NXX Code Request Information (see Section 5 of the Guidelines)**

These will be no maximum placed on the total number of codes assigned to each carrier. No more than 5 codes can be requested per application form. Additional codes will be allocated provided the applicant can:

- Demonstrate that all previously assigned codes have been activated or will be activated within within the six-month period from the date the codes were assigned (see Section 3d).
- Justify the need for the additional codes requested by advising of plans to activate new service requiring individual codes within six months of the date of the request.

Assignment Preferences	Activation Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Expected date of activations(s) must be within 6 Months of assignment

Figure 4.1

**3d. Current 900 NXX Code Assignments**  
 List current 900 NXX Code(s) already assigned:

Have all the above 900 NXXs been activated or will they be activated within 6 months of assignment?

Yes  No  Not Applicable

If no, please list the 900 NXXs not activated and reasons why.

**3e. Code Return Notification**  
 The following 900 NXX code(s) are being returned to the list of available NXX codes:

Effective date: (mm/dd/yyyy)

**3f. Code Information Change**

900 NXX Codes affected:

Reasons for change:

Merger/Acquisition  
 Company Name Change  
 Contact Information Change  
 Other

Explanation:

Effective date:

These NXX code(s) were formerly administered by:

Company Name:

Contact Name:

Street:

Room:

City, State/Province:

Country:

Zip/Postal Code:

Telephone:

Fax:

Operating Company Number (OCN):

Access Customer Name Abbreviation (ACNA):

Carrier Identification Code (CIC):

It is understood that applicant will return the assigned 900 NXX code to the administrator if the resource is no longer in use by the applicant, no longer required for the service for which it was intended, not activated within the timeframe specified in these guidelines (an extension can be applied for), or not used in conformance with these assignment guidelines.

I hereby certify that the above information is true and accurate to the best of my knowledge, that the assigned 900 NXX code will be used in the provision of 900 service as a public telecommunications services, and that this application has been prepared in accordance with the "900 NXX code Assignment Guidelines."

Authorized Representative of Code Applicant/Holder\*:

Title\*:

Date\*:

Figure 4.2

**900 NXX Forms**  
**Part C**  
**CONFIRMATION OF 900 NXX CODE ACTIVATION FORM**

---

By signing below, I certify that the 900 NXX code(s) specified below are in service and that the NXX code(s) are being used for the purpose specified in the original application (See Section 5, "Responsibilities of Code Applicants and Holders" in the 900 NXX Code Assignment Guidelines").

Authorized Representative of Code Holder\*:

Operating Company Number (OCN):

Title\*:

Date\*:

Service Trouble Reporting Contact Name\*:

Service Trouble Reporting Number\*:

---

900 NXX Code	Date of Application (mm/dd/yyyy)	In-Service Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Last updated: January 21, 2004.

Figure 4.3

## 4.1 9YY NXX Part A - Initial Request

The following section describes the steps for an applicant to create and submit a request in NAS for an initial 9YY code.

Step 1: Complete fields on the Part A form as follows (Figures 4.1 and 4.2):

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

**Section 1 – Name of entity requesting code assignment/return notification/information change** - This field will be pre-populated from the user profile information and it is editable.

**Section 2 – Applicant Contact Information** - All fields containing contact information will be pre-populated from the user profile information. All fields are editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

**Operating Company Number (OCN)** - Enter your company's Operating Company Number.

**Access Customer Name Abbreviation (ACNA)** – Completion of this field is not required.

**Carrier Identification Code (CIC)** - Completion of this field is not required.

**Section 3 – 9YY NXX Code Request:**

**3a. Is certification or authorization required to provide 9YY NXX services in the intended service area?** - Select the appropriate response (Yes/No/Not Applicable).

**If yes, does your company have such certification or authorization?** - Select the appropriate response (Yes/No/Not Applicable).

**If yes, indicate type and date of certification (e.g., letter of authorization, license, Certification of Public Convenience, etc.).** - Enter a description of the type and date of certification or authorization. Required field if the response to the question, "If yes, does your company have such certification or authorization?", is 'yes.'

**If no or pending, explain.** - Enter an explanation as to why certification or authorization has not been obtained. Required field if the response to the question, "If yes, does your company have such certification or authorization?", is 'no.'

**3b. Request type: (select one)** - For the request of an initial 9YY-NXX assignment, select “9YY NXX Code request”.

**3c. 9YY-NXX Code Request Information:**

An initial request shall be limited to five NXX codes.

**Assignment Preferences** - The applicant may specifically request a particular code by entering that code in this field (in the format of 9YY-XXX, 6 digits in length).

**Activation Date (mm/dd/yyyy)** - Enter the planned activation date in the format of mm/dd/yyyy.

**3d. Current 9YY NXX Code Assignments (list current 9YY NXX Code(s) already assigned).** - This section is not applicable to the request for an initial 9YY NXX assignment.

**3e. Code Return Notification** - This section is not applicable to the request for an initial 9YY NXX assignment.

**3f. Code Information Change** - This section is not applicable to the request for an initial 9YY NXX assignment.

**Certification Section**

The Authorized Representative, Title and Date are pre-populated from information in the user profile. These fields may be edited.

**Step 2: Submit the Part A 9YY Form as follows:**

To submit the Part A Request form for a new 9YY NXX assignment, click the “**Submit**” button. If you click on the “**Reset**” button, NAS will blank out all fields in which you provided information and allow you to re-enter the information. If you click on the “**Cancel**” button, NAS will cancel the Part A form and return you to the NAS home page.

### **Part C – 9YY NXX – Activation Form (Figure 4.3)**

The Part C Confirmation of 9YY NXX Code in Service Form appears when “New 9YY Part C” is selected from the “Request for Resources” main menu.

**Authorized Representative of Code Holder, Title and Date** – These fields will be pre-populated from information in the user profile.

**Operating Company Number (OCN)** – This is a required field that must be completed by the applicant when the 9YY NXX Code in Service Form is submitted through NAS.

**Service Trouble Reporting Contact Name and Service Trouble Reporting Number** - These are required fields that must be completed by the applicant when the 9YY NXX Code in Service Form is submitted through NAS after the code assignment(s) has been put into service.

**9YY NXX Code, Date of Application, In-Service Date** - These are required fields that must be completed by the assignee when the 9YY NXX Code in Service Form is submitted through NAS.

## **4.2 9YY NXX Part A - Additional Request**

The following section describes the steps for an applicant to create and submit a request in NAS for an additional 9YY code.

Step 1: Complete fields on the Part A form as follows (Figures 4.1 and 4.2):

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

**Section 1 – Name of entity requesting code assignment/return notification/information change** - This field will be pre-populated from the user profile information and it is editable.

**Section 2 – Applicant Contact Information** - All fields containing contact information will be pre-populated from the user profile information. All fields are editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

**Operating Company Number (OCN)** - Enter your company’s Operating Company Number.

**Access Customer Name Abbreviation (ACNA)** – Completion of this field is optional.

**Carrier Identification Code (CIC)** - Completion of this field is optional.

### Section 3 – 9YY NXX Code Request:

**3a. Is certification or authorization required to provide 9YY NXX services in the intended service area?** - Select the appropriate response (Yes/No/Not Applicable).

**If yes, does your company have such certification or authorization?** - Select the appropriate response (Yes/No/Not Applicable).

**If yes, indicate type and date of certification (e.g., letter of authorization, license, Certification of Public Convenience, etc.).** - Enter a description of the type and date of certification or authorization. Required field if the response to the question, “If yes, does your company have such certification or authorization?”, is ‘yes.’

**If no or pending, explain.** - Enter an explanation as to why certification or authorization has not been obtained. Required field if the response to the question, “If yes, does your company have such certification or authorization?”, is ‘no.’

**3b. Request type: (select one)** - For the request of an additional 9YY-NXX assignment, select “9YY NXX Code request”.

### 3c. 9YY-NXX Code Request Information:

No more than five NXX codes shall be requested per application form. To request additional codes, the applicant will be required to :

1. **Certify that all previously assigned codes are in service and the code holder has submitted its Part C Confirmation of 9YY NXX Code in Service Form to the NANPA.**
2. **Certify the need for the additional codes requested and advise of plans to activate new services requiring individual codes within six months of the date of the request on the Part A form.**

**Assignment preferences** - The applicant may specifically request a particular code by entering that code in this field (in the format of 9YY-XXX, 6 digits in length).

**Activation Date (mm/dd/yyyy)** - Enter the planned activation date in the format of mm/dd/yyyy.

**3d. Current 9YY NXX Code Assignments (list current 9YY NXX Code(s) already assigned).**

**List current 9YY NXX Code(s) already assigned** – Enter your previously assigned 9YY codes.

**Have all the above 9YY NXXs been activated or will they be activated within 6 months of assignment?** - Select the appropriate response (Yes/No/Not Applicable).

**If no, please list the 9YY NXX codes not activated and reasons why** - Enter the 9YY NXX codes that have not been activated and a brief explanation why they have not been activated. Required field if the response to the above question includes any 9YY-NXXs that have not been activated.

**3e. Code Return Notification** - This section is not applicable to the request for an additional 9YY NXX assignment.

**3f. Code Information Change** - This section is not applicable to the request for an additional 9YY NXX assignment.

### **Certification Section**

The Authorized Representative, Title and Date are pre-populated from information in the user profile. These fields may be edited.

Step 2: Submit the Part A 9YY Form as follows:

To submit the Part A Request form for an additional 9YY NXX assignment, click the “**Submit**” button

### **Part C – 9YY NXX – Activation Form (Figure 4.3)**

**Authorized Representative of Code Holder, Title and Date** – These fields will be pre-populated from information in the user profile.

**Operating Company Number (OCN)** – This is a required field that must be completed by the applicant when the 9YY NXX Code in Service Form is submitted through NAS.

**Service Trouble Reporting Contact Name and Service Trouble Reporting Number** - These are required fields that must be completed by the applicant when the 9YY NXX Code in Service Form is submitted through NAS after the code assignment(s) has been put into service.

**9YY NXX Code, Date of Application, In-Service Date** - These are required fields that must be completed by the assignee when the 9YY NXX Code in Service Form is submitted through NAS. Date format must be mm/dd/yyyy.

### 4.3 9YY NXX Part A – Code Return Request

The following section describes the steps for an applicant to create and submit a request in NAS to return a 9YY code.

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the Part A form as follows (see Figures 4.1 and 4.2):

**Section 1 – Name of entity requesting code assignment/return notification/information change:** - This field will be pre-populated from the user profile information and it is editable.

**Section 2 – Applicant Contact Information** - All fields will be pre-populated from the user profile information. All fields are editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

**Operating Company Number (OCN)** - Enter your company's Operating Company Number.

**Access Customer Name Abbreviation (ACNA)** – Completion of this field is optional.

**Carrier Identification Code (CIC)** - Completion of this field is optional.

#### Section 3 - 9YY NXX Code Request:

**3a. Is Certification or authorization required to provide 9YY NXX services in the intended service area?** - This section is not applicable to a code return.

**3b. Request Type** - For returning a 9YY-NXX assignment, select “9YY NXX Code return.”

**3c. 9YY NXX Code Request Information** - This section is not applicable to a code return.

**3d. Current 9YY NXX Code Assignments** - This section is not applicable to a code return.

**3e. Code Return Notification.**

**The following 9YY NXX code(s) are being returned to the list of available NXX codes.** - Supply the 9YY code to be returned, in the format of 9YY-XXX (i.e., 9YY-9YY).

**Effective date** - Supply the date that the return of the 9YY-NXX code is effective in the format of mm/dd/yyyy.

**3f. Code Information Change** - This section is not applicable to a code return.

### **Certification Section**

The Authorized Representative, Title and Date are pre-populated from information in the user profile. These fields may be edited.

Step 2: Submit the Part A Request Form as follows:

To submit the Part A Request form, click the “**Submit**” button.

## **4.4 9YY NXX Part A - Change Request**

The following section describes the steps for an applicant to create and submit a request in NAS for a “9YY NXX Code Information Change”.

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the Part A form as follows (see Figures 4.1 and 4.2):

**Section 1 – Name of entity requesting code assignment/return notification/information change** - This field will be pre-populated from the user profile information and it is editable.

**Section 2 – Applicant Contact Information** - All fields containing contact information will be pre-populated from the user profile information. All fields are editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

**Operating Company Number (OCN)** – Enter your company’s Operating Company Number. This field is not marked as a required field in NAS; however, the OCN is required for NANPA to process a 9YY NXX Information Change.

**Access Customer Name Abbreviation (ACNA)** – Completion of this field is optional.

**Carrier Identification Code (CIC)** – Completion of this field is optional.

### **Section 3 - 9YY NXX Code Request:**

**3a. Is certification or authorization required to provide 9YY NXX services in the intended service areas?** - This section is not applicable to a 9YY NXX information change.

**3b. Request Type (select one)** – For change to a 9YY NXX assignment, select “9YY NXX Code Information Change”.

**3c. 9YY NXX Code Request Information** - This section is not applicable to a 9YY NXX information change.

**3d. Current 9YY NXX Code Assignments** – This section is not applicable to a 9YY NXX information change.

**3e. Code Return Notification** – This section is not applicable to a 9YY NXX information change.

### **3f. Code Information Change –**

**9YY NXX Codes affected:** Enter a listing of the 9YY NXX code(s) that are affected by the Code Information Change (in the format of 9YY-XXX, always 6 digits).

**Reasons for change** – Select one of the following reasons for the code change (Merger/Acquisition, Company Name Change, Contact Information Change or Other).

**Explanation:** Supply a brief but comprehensive explanation of the reason for the code information change. NOTE: Confirming legal documentation must be supplied separately from this form to NANPA to support the request for a company name change or assignee name change as the result of a merger/acquisition.

**Effective Date:** Enter the effective date of the change to the code(s) in the format of mm/dd/yyyy.

**These NXX code(s) were formerly administered by** – Enter the Company Name, Contact Name, Street, Room, City, State/Province, Country, Zip Code/Postal Code, Telephone number and Fax number of the previous assignee.

**Operating Company Number (OCN)** – Enter the OCN previously associated with the 9YY NXX code(s), if this information is available to you. This field is not marked as a required field in NAS, however, the OCN previously associated with this 9YY-NXX(s) is helpful in processing a 9YY NXX information change.

**Access Customer Name Abbreviation (ACNA)** – Enter the ACNA previously associated with the 9YY NXX code(s) if this information is available to you. This field is not marked as a required field in NAS, however, the ACNA previously associated with this 9YY-NXX(s) is helpful in processing a 9YY NXX information change.

**Carrier Identification Code (CIC)** – Enter the CIC previously associated with the 9YY NXX code(s) if this information is available to you. This field is not marked as a required field in NAS, however, the CIC previously associated with this 9YY NXX(s) is helpful in processing a 9YY NXX information change.

### **Certification Section**

The Authorized Representative, Title and Date are pre-populated from information in the user profile. These fields may be edited.

**Step 2: Submit the Part A Request Form as follows:**

To submit the Part A Request form, click the “**Submit**” button.

## **5.0 555 Line Numbers**

This section discusses the submission of an initial 555 line number application, a request for additional 555 line numbers, updates to the NPA(s) associated with a 555 line number, changes to an assigned 555 line number and the return of a 555 line number.

From the “Request for Resources” main menu, select “New 555 Part 1” to begin each of these submissions.

**555 Line Number Request Form**

Please complete the following form to request line numbers in the 555 NXX resource. The applicant and the 555 number Administrator acknowledge that the information contained on this request form is sensitive and will be treated as confidential.

**1. Name of entity requesting 555 Numbers(s)\*:**

**2. Applicant Contact Information:**

Name\*:

Address\*:

City\*:  State/Province\*:  Zip\*:

Telephone\*:  Fax:  Email\*:

Company Name\*:

**3. Type of Request (Select One)\*:**

- Initial 555 number assignment<sup>7</sup> (Go to Section 3a)
- Additional 555 number assignment (Go to Section 3b)
- Update or change information (Go to Section 6)
- 555 Number Return Notification (Go to Section 7)
- Additional NPAs for existing non-national number (Go to Section 3c)

Note: It is the responsibility of the applicant to arrange for 555 line number activation, deactivation and changes.

**3a. Initial 555 Number Assignments(s)**

Quantity of initial 555 number(s) being requested on this form:

Have other initial 555 line number(s) been assigned to this entity?  
 Yes  No  Not Applicable

If yes, please complete Part (a) of the attached worksheet (Attachment A).

Proceed to Section 4

**3b. Additional 555 Number Assignment(s)**

Quantity of additional 555 number(s) being requested on this form<sup>8</sup>:

Please list all 555 numbers assigned to this entity by completing Part (a) and/or Part (b) of the attached worksheet (Attachment A).

Proceed to Section 4.

**3c. Additional NPAs for Existing Non-National Number**

Enter the non-national number for which additional NPAs are being requested:  
555-

For this request, list additional NPAs for which the above non-national number shall be assigned:

Planned in service date(s) for the above additional NPAs requested on this form (list separate dates for multiple NPAs, if the dates are different):

Proceed to Section 5.

Figure 5.1

**4. National or Non-National Number Classification**

For each 555 request on this form please indicate if the number will be used on a national<sup>9</sup> or non-national<sup>10</sup> basis and provide appropriate certification that the numbers will meet the criteria for a national or non-national number per Section 4.0 of the guidelines.

**4a. Total national number(s) on this request form:**

For this request, specify national 555 number assignment preference(s) in order of priority (optional):

Planned in service date(s) for the above 555 numbers requested on this form <sup>11</sup> (List separate dates for multiple number requests, if the dates are different):

Will all requested national numbers on this form be activated in at least 30% of NANP Area NPAs or states or provinces within an 18-month period?  
 Yes  No  Not Applicable

If no, explain circumstances of those that will not meet this criteria:

Have all the previously assigned 555 national numbers listed on Attachment A been activated in at least 10% of the NANP Area geographic NPAs or states or provinces?  
 Yes  No  Not Applicable

If no, explain:

**4b. Total non-national number(s) on this request form:**

For this request, specify non-national 555 number assignment preference(s) in order of priority (optional):

Planned in service date(s) for the above 555 numbers requested on this form <sup>11</sup> (List separate dates for multiple number requests, if the dates are different):

Have all the previously assigned non-national numbers listed on Attachment A been activated in the NPA in which they were requested, or in at least 10% of the NANP Area geographic NPAs in which they were requested?  
 Yes  No  Not Applicable

If no, explain:

**4c. List NPAs in which non-national numbers requested on this form will be activated:**

Figure 5.2

**5. Service Description(s)**

a) Please provide a description of the type of service for each 555 number being requested:

555 Number or Classification <sup>†</sup>	Description
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>

\* National or Non-national

b) Is regulatory certification or authorization required to provide this type of service(s) in the relevant geographic area?\*

Yes  No  Not Applicable

If yes, does the requesting entity have such certification or authorization (See Section 4.1.3)?

Yes  No  Not Applicable

If yes, type and date of certification or authorization (e.g. letter of authorization, license, CPCN, tariff, etc.):

If no or pending, explain:

**6. 555 Number Updates or Changes**

Please indicate the updates or changes to current 555 number assignment information:

555 Number(s):

Update or Change Information:

Figure 5.3

**7. 555 Number Return Notification**

Please return the following 555 number(s) to the list of available numbers:

Reason for return:

<b>555 Number(s) Assigned</b>	<b>NPAs Assigned<sup>12</sup></b>
1. <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
2. <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
3. <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
4. <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
5. <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

Effective Date:

It is understood that the applicant<sup>6</sup> will return the assigned 555 number(s) to the administrator for reassignment if the 555 number(s) is no longer in use by the applicant, no longer required for the service for which it was intended, not activated by the INC-established activation date (an extension can be applied for), or not used in conformance with these assignment guidelines.

I hereby certify that the above information requesting a 555 number assignment(s) is true and accurate to the best of my knowledge, that the assigned 555 number(s) will be used in the provisioning of a public telecommunications service(s), and that this application has been prepared in accordance with the "555 NXX Assignment Guidelines" in effect on April 1995. <sup>13</sup>

555 Number Applicant or Authorized Representative\*:

Name/Title\*:

Date\*:

<sup>6</sup> If the Company Name differs from the entity requesting the number(s), a letter must be attached from the entity indicating that this agent is authorized to act on their behalf.

<sup>7</sup> The first five 555 line number assignments are classified as "initial" assignments. Entities may use single or multiple forms to apply for any or all of these first five 555 numbers. Requests for 555 number assignments beyond the first five 555 initial numbers are classified as "additional" assignments and should be requested on a separate form.

<sup>8</sup> Requests for additional 555 numbers may be for up to a maximum of five national and/or non-national numbers per form. All previous 555 number assignments must meet the criteria specified in Section 4.4 of the guidelines before additional 555 numbers will be assigned by the Administrator.

<sup>9</sup> A national number is a unique line number in the 555 NXX assigned to an entity for use in all or most of the geographic NPAs in the NANP area. A number will be designated as a national number if it is to be used in at least 30% of all NPAs or states or provinces in NANP area. National numbers cannot be assigned by the Administrator to any other entity. A national number must be in service in at least 30% of NANP Area NPAs or states or provinces within an 18-month period (See Section 4 of the guidelines).

<sup>10</sup> A non-national number is a line number in the 555 NXX assigned to an entity for use in a specific geographic area or areas (NPA, states, or provinces). A number will be designated non-national if it is to be used in fewer than 30% of NPAs or states or provinces. Non-national numbers are available for assignment to multiple entities, assuming those entities wish to use the non-national number in different geographical NPAs.

<sup>11</sup> Each assigned 555 number must be in service or activated within 12 months from the date of assignment.

<sup>12</sup> For national number assignments the Administrator should enter "National" in the NPAs assigned field.

\* either an individual applicant or the several users of a shared use resource

<sup>13</sup> A copy of the "555 NXX Assignment Guidelines" can be obtained from the Administrator(s).

<sup>14</sup> Acknowledgement and indication of disposition of this application will be provided to applicant within ten working days from the date of receipt of this application using Part 2 of this application form. Note: An incomplete form may result in delays in processing this request.

Figure 5.4

**555 In-Service Certification Form**  
Revised July 27, 2009

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By signing below, I certify that the 555 Line Numbers specified below are in service (a specific subscriber, service or market trial is utilizing the assigned numbers) in the NPAs indicated and that the 555 Numbers are being used for the purpose specified in the original application.

Entity Name\*:   
Name\*:   
Title:   
Date:

---

	555 Number	NPA/States/Provinces	Date of Assignment	In-Service Date
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 5.5

## 5.1 555 Line Number - Initial 555 Line Number Request

This section discusses the creation and submission of a Part 1 requesting an initial 555 line assignment via NAS.

Step 1: Complete fields on the Part 1 form as follows (Figures 5.1, 5.2, 5.3 and 5.4):

### Section 1 – Name of Entity Requesting 555 Number(s)

This field will be pre-populated from the user profile information. The field is editable.

### Section 2 – Applicant Contact Information

These fields will be pre-populated from the user profile information. Each of these fields is editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

**Section 3 – Type of Request (select one)** - Select “Initial 555 Number Assignment.”  
Proceed to Section 3a.

#### 3a. Initial 555 Number Assignment(s):

**Quantity of initial 555 number(s) being requested on this form** - Indicate quantity of initial 555 numbers being requested.

**Have other initial 555 line number(s) been assigned to this entity?** - Select the appropriate response (Yes/No/Not Applicable).

Proceed to Section 4.

**3b. Additional 555 Number Assignment(s)** – This section is not applicable for an initial 555 line number assignment.

**3c. Additional NPAs for Existing Non-National Number** - This section is not applicable for an initial 555 line number assignment.

### Section 4 - National or Non-National Classification:

**4a. Total national number(s) on this request form** - Indicate quantity of initial 555 number(s) requested that will be national numbers.

**For this request, specify national 555 number assignment preference(s) in order of priority (optional)** - Indicate code preference, if any. Each number listed must be in the format of 555-XXXX (7 digits in length).

**Planned in-service date(s) for the above 555 numbers requested on this form (List separate dates for multiple number requests, if the dates are different)** - Supply planned in-service date in the format of mm/dd/yyyy.

**Will all requested national numbers on this form be activated in at least 30% of NANP area NPAs or states or provinces within an 18-month period?** - Indicate a “Yes” or “No” response to coincide with planned in-service date supplied in above response.

**If no, explain circumstances of those that will not meet this criterion.** – Provide an explanation as to why the number will not be activated in at least 30% of NANP area NPAs or states or provinces within an 18-month period.

**Have all the previously assigned 555 national numbers listed on Attachment A been activated in at least 10% of the NANP area geographic NPAs or states or provinces?** - This section is not applicable to the request for an initial 555 line number assignment.

**If no, explain** - This section is not applicable to the request for an initial 555 line number assignment.

**4b. Total non-national number(s) on this request form** – - Indicate quantity of initial 555 line numbers requested that will be non-national numbers.

**For this request, specify non-national number assignment preference(s) in order of priority (optional):** - Indicate code preference, if any. Each number listed must be in the format of 555-XXXX (7 digits in length).

**Planned in-service date(s) for the above 555 numbers requested on this form (list separate dates for multiple number requests, if the dates are different):** - Supply planned in-service date in the format of mm/dd/yyyy.

**Have all of the previously assigned non-national numbers listed on Attachment A been activated in the NPA in which they were requested, or in at least 10% of the NANP Area geographic NPAs in which they were requested?** - This section is not applicable to the request for an initial 555 line number assignment.

**If no, explain:** - This section is not applicable to the request for an initial 555 line number assignment.

**4c. List NPAs in which non-national numbers requested on this form will be activated:** - Enter the NPA(s) in which the initial 555 line number will be activated.

**Section 5 - Service Description(s):**

**5a. Please provide a description of the type of service for each 555 number being requested:**

**555 Number or Classification:** - Insert the 555 line number being requested and whether it is national or non-national.

**Description (of service):** - Provide a brief summary of the intended service to be offered to the public using the 555 line number.

**5b. Is regulatory certification or authorization required to provide this type of service(s) in the relevant geographic area?** - Select the appropriate response (Yes/No/Not Applicable).

**If “Yes”, does the requesting entity have such certification or authorization (see Section 4.1.3)?** - Select the appropriate response (Yes/No/Not Applicable).

**If no or pending, explain:** - Enter an explanation as to why certification or authorization has not been obtained. Required field if the response to the question, “If yes, does your company have such certification or authorization?”, is ‘no.’

**Section 6 - 555 Number Updates or Changes** - This section is not applicable to the request for an initial 555 line number assignment.

**Section 7 - 555 Number Return Notification** - This section is not applicable to the request for an initial 555 line number assignment.

**Certification Section**

The 555 Number Applicant or Authorized Representative, Name/Title and Date are pre-populated from the user profile.

**Step 2 – Submit the Application**

To submit the application, click the “**Submit**” button. The “**Cancel**” button will allow you to completely cancel the Part A and return you to the NAS home page. The “**Reset**” button will allow you to blank out all fields in which you entered information and re-enter the data.

### **Part 3 – 555 In-Service Certification Form (Figure 5.5)**

The 555 In-Service Certification Form appears when “New 555 Part 3” is selected from the “Request for Resources” main menu.

**Entity Name and Date** – These fields will be pre-populated from information in the user profile. Name and Title may be entered by the applicant.

**555 Number:** - Enter your 555 line number assignment.

**NPA/States/Provinces:** - If your assignment is on a National basis, enter “National” in this field. If your assignment is in specific NPAs only, enter the specific NPAs in which your 555 line number assignment has been activated.

**Date of Assignment:** Enter the date the 555 line number(s) was assigned in the format of mm/dd/yyyy.

**In-Service Date:** - Enter the date the 555 line number(s) was activated in the format of mm/dd/yyyy.

## **5.2 555 Line Number – Additional Line Number Request**

This section discusses the creation and submission of a Part 1 requesting additional 555 line assignment(s) via NAS.

Step 1: Complete fields on the Part 1 form as follows (Figures 5.1, 5.2, 5.3 and 5.4):

### **Section 1 – Name of Entity Requesting 555 Number(s)**

This field will be pre-populated from the user profile information. The field is editable.

### **Section 2 – Applicant Contact Information**

These fields will be pre-populated from the user profile information. Each of these fields is editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

**Section 3 – Type of Request (select one)** - Select “Additional 555 Number Assignment.” Proceed to Section 3b.

**3a. Initial 555 Number Assignment(s)** - This section is not applicable for an additional 555 line number assignment.

**3b. Additional 555 Number Assignment(s)** – Indicate the quantity of additional 555 numbers being requested.

Proceed to Section 4.

**3c. Additional NPAs for Existing Non-National Number** – This section is not applicable to an additional 555 line number assignment.

**Section 4 - National or Non-National Classification:**

**4a. Total national number(s) on this request form** - Indicate quantity of additional 555 numbers requested that are national numbers.

**For this request, specify national 555 number assignment preference(s) in order of priority (optional)** - Indicate the number preference, if any. Each number listed must be in the format of 555-XXXX (7 digits in length).

**Planned in-service date(s) for the above 555 numbers requested on this form (List separate dates for multiple number requests, if the dates are different)** - Supply planned in-service date in the format of mm/dd/yyyy.

**Will all requested national numbers on this form be activated in at least 30% of NANP area NPAs or states or provinces within an 18-month period?** - Indicate a “Yes” or “No” response to coincide with planned in-service date supplied in above response.

**If no, explain circumstances of those that will not meet this criterion.** – Provide an explanation as to why the number will not be activated in at least 30% of NANP area NPAs or states or provinces within an 18-month period.

**Have all the previously assigned 555 national numbers listed on Attachment A been activated in at least 10% of the NANP area geographic NPAs or states or provinces?** - Select the appropriate response (Yes/No/Not Applicable).

**If no, explain:** - Provide an explanation as to why the assigned 555 line number(s) will not be activated in at least 30% of NANP area NPAs or states or provinces within an 18-month period.

**4b. Total non-national number(s) on this request form** – Indicate the quantity of growth 555 line numbers requested that would be non-national numbers.

**For this request, specify non-national number assignment preference(s) in order of priority (optional):** - Indicate the number preference, if any. Each number listed must be in the format of 555-XXXX (7 digits in length).

**Planned in-service date(s) for the above 555 numbers requested on this form (list separate dates for multiple number requests, if the dates are different):** - Supply planned in-service date in the format of mm/dd/yyyy.

**Have all of the previously assigned non-national numbers listed on Attachment A been activated in the NPA in which they were requested, or in at least 10% of the NANP Area geographic NPAs in which they were requested?** - Select the appropriate response (Yes/No/Not Applicable).

**If no, explain:** - Provide an explanation as to why the assigned 555 line number(s) will not be activated in at least 30% of NANP area NPAs or states or provinces within an 18-month period.

**4c. List NPAs in which non-national numbers requested on this form will be activated:** - Enter the NPA(s) in which the additional 555 line number(s) will be activated.

#### **Section 5 - Service Description(s):**

**5a. Please provide a description of the type of service for each 555 number being requested:**

**555 Number or Classification:** - Insert the 555 line number being requested and whether it is national or non-national.

**Description (of service):** - Provide a brief summary of the intended service to be offered to the public using the 555 line number.

**5b. Is regulatory certification or authorization required to provide this type of service(s) in the relevant geographic area?** - Select the appropriate response (Yes/No/Not Applicable).

**If “Yes”, does the requesting entity have such certification or authorization (see Section 4.1.3)?** - Select the appropriate response (Yes/No/Not Applicable).

**If no or pending, explain:** - Enter an explanation as to why certification or authorization has not been obtained. Required field if the response to the question, “If yes, does your company have such certification or authorization?”, is ‘no.’

**Section 6 - 555 Number Updates or Changes** - This section is not applicable to the request for an additional 555 line number assignment.

**Section 7 - 555 Number Return Notification** - This section is not applicable to the request for an additional 555 line number assignment.

### **Certification Section**

The 555 Number Applicant or Authorized Representative, Name/Title and Date are pre-populated from the user profile.

#### **Step 2 – Submit the Application**

To submit the application, click the “**Submit**” button.

### **Part 3 – 555 In-Service Certification Form (Figure 5.5)**

**Entity Name and Date** – These fields will be pre-populated from information in the user profile. Name and Title may be entered by the applicant.

**555 Number:** - Enter your additional 555 line number assignment.

**NPA/States/Provinces:** - If your assignment is on a National basis, enter “National” in this field. If your assignment is in specific NPAs only, enter the specific NPAs in which your 555 line number assignment has been activated.

**Date of Application:** Enter the date the 555 line number(s) was assigned in the format of mm/dd/yyyy.

**In-Service Date:** - Enter the date the 555 line number(s) was activated in the format of mm/dd/yyyy.

## **5.3 555 Line Number – Change Request**

This section discusses the creation and submission of a Part 1 to update or change information associated with a 555 line number assignment via NAS.

Step 1: Complete fields on the Part 1 form as follows (Figures 5.1, 5.2, 5.3 and 5.4):

### **Section 1 – Name of Entity Requesting 555 Number(s)**

This field will be pre-populated from the user profile information. The field is editable.

## **Section 2 – Applicant Contact Information**

These fields will be pre-populated from the user profile information. Each of these fields is editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

**Section 3 – Type of Request (select one)** - Select “Update or change information” to an existing 555 line number assignment. Proceed to Section 6.

**3a. Initial 555 Number Assignment(s):** - This section is not applicable for an information change for an assigned 555 line number.

**3b. Additional 555 Number Assignment(s)** – This section is not applicable for an information change for an assigned 555 line number.

**3c. Additional NPAs for Existing Non-National** - This section is not applicable for an information change for an assigned 555 line number.

**Section 4 - National or Non-National Classification** - This section is not applicable for an information change for an assigned 555 line number.

**Section 5 - Service Description(s)** - This section is not applicable for an information change for an assigned 555 line number.

## **Section 6 - 555 Number Updates or Changes**

**Please indicate the updates or changes to current 555 number assignment information:**

**555 Number(s)** - Enter the 555 line number(s) where information associated with the number is changing.

**Update or Change Information** - Enter a brief description of the update or change being made to the 555 line number assignment.

**Section 7 - 555 Number Return Notification** - This section is not applicable for an information change for an assigned 555 line number.

## **Certification Section**

The 555 Number Applicant or Authorized Representative, Name/Title and Date are pre-populated from the user profile.

### Step 2 – Submit the Application

To submit the application, click the “**Submit**” button.

## **5.4 555 Line Number – Return Request**

This section discusses the creation and submission of a Part 1 to return a 555 line number assignment via NAS.

Step 1: Complete fields on the Part 1 form as follows (Figures 5.1, 5.2, 5.3 and 5.4):

### **Section 1 – Name of Entity Requesting 555 Number(s)**

This field will be pre-populated from the user profile information. The field is editable.

### **Section 2 – Applicant Contact Information**

These fields will be pre-populated from the user profile information. Each of these fields is editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

**Section 3 – Type of Request (select one)** - Select “555 Number Return Notification.” Proceed to Section 7.

**3a. Initial 555 Number Assignment(s)** - This section is not applicable for a returned 555 line number.

**3b. Additional 555 Number Assignment(s)** – This section is not applicable for a returned 555 line number.

**3c. Additional NPAs for Existing Non-National** - This section is not applicable for a returned 555 line number.

**Section 4 - National or Non-National Classification** - This section is not applicable for a returned 555 line number.

**Section 5 - Service Description(s):** - This section is not applicable for a returned 555 line number.

**Section 6 - 555 Number Updates or Changes** - This section is not applicable for a returned 555 line number.

### **Section 7 - 555 Number Return Notification**

**Please return the following 555 number(s) to the list of available numbers** - Enter the 555 line number(s) being returned.

**Reason for return** - Enter the reason(s) the number(s) are being returned.

**555 Number(s) Assigned** – Enter the 555 line number(s) being returned.

**NPAs Assigned** – Enter the NPA(s) for which the returned 555 line number(s) have been assigned.

**Effective Date** - Enter the effective date associated with the returned number(s).

### **Certification Section**

The 555 Number Applicant or Authorized Representative, Name/Title and Date are pre-populated from the user profile.

#### **Step 2 – Submit the Application**

To submit the application, click the “**Submit**” button.

## **5.5 555 Line Number – Additional NPAs for Existing Non-National Number Assignment**

This section discusses the creation and submission of a Part 1 requesting additional NPAs for an existing non-national 555 number via NAS.

**Step 1: Complete fields on the Part 1 form as follows (Figures 5.1, 5.2, 5.3 and 5.4):**

### **Section 1 – Name of Entity Requesting 555 Number(s)**

This field will be pre-populated from the user profile information. The field is editable.

### **Section 2 – Applicant Contact Information**

These fields will be pre-populated from the user profile information. Each of these fields is editable.

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Note: Name of entity (section 1) and Company Name (section 2) should match.

**Section 3 – Type of Request (select one)** - Select “Additional NPAs for existing non-national number.” Proceed to Section 3c.

**3a. Initial 555 Number Assignment(s)** - This section is not applicable for providing additional NPAs for an existing non-national 555 line number assignment.

**3b. Additional 555 Number Assignment(s)** – This section is not applicable for providing additional NPAs for an existing non-national 555 line number assignment.

**3c. Additional NPAs for Existing Non-National**

**Enter the non-national number for which additional NPAs are being requested -**

Enter the non-national 555 line number(s) for which additional NPAs are being requested.

**For this request, list additional NPAs for which the above non-national number shall be assigned -**

Enter the additional NPA(s) for which the above non-national number(s) will be assigned.

**Planned in-service date(s) for the above additional NPAs requested on this form (list separate dates for multiple NPAs, if the dates are different)** - Supply planned in-service date in the format of mm/dd/yyyy.

Proceed to Section 5.

**Section 4 - National or Non-National Classification** - This section is not applicable for providing additional NPAs for an existing non-national 555 line number assignment(s).

**Section 5 - Service Description(s):**

**5a. Please provide a description of the type of service for each 555 number being requested:**

**555 Number or Classification** - Insert the 555 line number being requested and whether it is national or non-national.

**Description (of service)** - Provide a brief summary of the intended service to be offered to the public using the 555 line number.

**5b. Is regulatory certification or authorization required to provide this type of service(s) in the relevant geographic area?** - Select the appropriate response (Yes/No/Not Applicable).

**If “Yes”, does the requesting entity have such certification or authorization (see Section 4.1.3)?** - Select the appropriate response (Yes/No/Not Applicable).

**If no or pending, explain** - Enter an explanation as to why certification or authorization has not been obtained. Required field if the response to the question “If yes, does your company have such certification or authorization?” is ‘no.’

**Section 6 - 555 Number Updates or Changes** - This section is not applicable for providing additional NPAs for an existing non-national 555 line number assignment(s).

**Section 7 - 555 Number Return Notification** - This section is not applicable for providing additional NPAs for an existing non-national 555 line number assignment(s).

### **Certification Section**

The 555 Number Applicant or Authorized Representative, Name/Title and Date are pre-populated from the user profile.

#### **Step 2 – Submit the Application**

To submit the application, click the “**Submit**” button.

### **Part 3 – 555 In-Service Certification Form (Figure 5.5)**

**Entity Name and Date** – These fields will be pre-populated from information in the user profile. Name and Title may be entered by the applicant.

**555 Number** - Enter your 555 line number assignment.

**NPA/States/Provinces** - If your assignment is on a National basis, enter “National” in this field. If your assignment is in specific NPAs only, enter the specific NPAs in which your 555 line number assignment has been activated.

**Date of Application** - Enter the date the 555 line number(s) was assigned in the format of mm/dd/yyyy.

**In-Service Date** - Enter the date the 555 line number(s) was activated in the format of mm/dd/yyyy.

## **6.0 NPAs**

This section discusses the steps for an applicant to create and submit a request in NAS for a Specific Geographic NPA Relief Code, a Unique NPA Code, an Easily Recognizable NPA Code and a General Purpose NPA Code.

From the “Request for Resources” main menu, select “New NPA Part 1” to begin each of these submissions.

### NPA Code Assignment Form Part 1 - Assignment Request

Please complete and submit the following form.

**1. Contact Information:**

Entity Name:

Contact Name:

Address:

City:  State:  Zip:

Telephone:  Fax:  Email:

**2. NPA Code Request: <sup>1</sup>**

Specific Geographic NPA Relief Code (See Section 9.3, & Item 5 below)

Unique Country NPA Code (See Section 10.3)

Easily Recognizable NPA Code (See Section 12.3)

General Purpose NPA Code (See Section 13.3)

**3. Planned/Proposed Activation Date:**  (mm/dd/yyyy)

**4. NPA being requested (Optional):**

**5. If the assignment request is for a Specific Geographic NPA Relief Code please complete the following:**

a. Specific details about the NPA for which relief is being sought:

NPA:

Location (state, province or country):

Projected exhaust date before relief (e.g., 2Q99):

b. A brief description of the NPA relief plan, e.g., split, overlay, etc.:

c. Has the NPA relief plan received regulatory and/or industry approval?

Yes  No  Not Applicable

If no, explain:

d. Please provide the projected exhaust of all NPAs involved in the relief plan after the plan has been implemented:

NPA	Exhaust after Relief
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Figure 6.1

Step 1: Complete fields on the NPA Code Assignment Form Part 1 form as follows (Figure 6.1):

### **Section 1 – Contact Information**

The Entity Name, Contact Name, Address and Contact information (telephone number, fax number and email address) are pre-populated from the user profile information. Each field is editable.

### **Section 2 – NPA Code Request**

The applicant selects the type of NPA being requested (i.e., Specific Geographic NPA Relief Code, Unique Country NPA Code, Easily Recognizable NPA Code or General Purpose NPA Code).

### **Section 3 – Planned/Proposed Activation Date**

The applicant enters the planned or proposed activation date for the NPA code request. The date is entered in the format of mm/dd/yyyy.

### **Section 4 – NPA being requested**

The applicant may specifically request a particular NPA by entering that NPA in this field (optional field).

### **Section 5 – If the assignment request is for a Specific Geographic NPA Relief Code:**

- a. Enter the NPA being relieved, the state, province or country of this NPA and the projected exhaust date before relief.
- b. Provide a brief description of the NPA relief plan.
- c. Indicate if the relief plan has been approved by the appropriate state commission (Yes/No). If the response is no, an explanation is required. If a relief plan does not require regulatory and/or industry approval, then select “Not Applicable.”
- d. Enter the projected exhaust dates of the NPAs involved in the relief plan.

After completing the application, enter the Authorized Representative of the Code Applicant and their Title. The date is pre-populated with the current date.

### Step 2 – Submit the Application

To submit the application, click the “**Submit**” button. The “**Cancel**” button will allow you to completely cancel the Part 1 request and return you to the NAS home page. The “**Reset**” button will allow you to blank out all fields in which you entered information and re-enter the data.

## **7.0 INT/NPA/NXX Codes**

This section discusses the submission of an initial International Inbound NPA (456) code (INT/NPA/NXX) application, a request for an additional INT/NPA/NXX code assignment, changes to an assigned INT/NPA/NXX code and the return of an INT/NPA/NXX code.

From the “Request for Resources” main menu, select “New 456 Part A” to begin each of these submissions.

**PART A**

**INT/NPA/NXX CODE**

**ASSIGNMENT REQUEST/RETURN NOTIFICATION/INFORMATION CHANGE**

---

The applicant and the code administrator acknowledge that the information contained on this request form is sensitive and will be treated as confidential. The information in this form shall be treated as proprietary and will only be shared with INT/NPA/NXX code administrator personnel and/or regulators.

**1. Applicant**

**Name of entity/company requesting code assignment/return notification/information change:**

**2. Contact Information:**

Name:

Address:

City:  State:  Zip:

Phone:  Fax:  Email:

Company Name:

Operating Company Number (OCN):

**3. INT/NPA/NXX Code Request**

**3a. Type of Request (check one)\*:**

- Initial INT/NPA/NXX code(s) for service provider (Also complete section 3b)
- Additional INT/NPA/NXX code(s) for service provider (Also complete section 3c)
- INT/NPA/NXX Code return (Also complete section 3d)
- INT/NPA/NXX Code Information change (Also complete section 3e)

Note: It is the responsibility of the applicant to arrange with other entities code activation, deactivation, and changes.

**3b. Initial INT/NPA/NXX Code(s) Request<sup>16</sup>**

Quantity of initial INT/NPA/NXX(s) being requested:

Initial INT/NPA/NXX(s) Assignment Preference in order of priority. (Indicate the full 6 digit combinations, i.e., 456-123, 456-234, etc. up to five)

Provide a general description of the service(s) to be provided via the requested code(s):

Provide a forecast substantiating the number of codes requested (if requesting more than one code)

(12 Month view minimum):

Planned in service date(s) for INT/NPA/NXX codes(s):

(The applicant agrees to implement the service for which the code(s) have been allocated within twelve months of the assignment date.)

Is certification or authorization required to provide the service in the intended service area(s)?

Yes  No  Not Applicable

If yes, does your company have such certification or authorization?

Yes  No  Not Applicable

If yes, type and date of certification (e.g. letter of authorization, license):

If no or pending, explain:

Figure 7.1

**3c. Additional INT/NPA/NXX code request<sup>17</sup>**

Quantity of additional INT/NPA/NXX(s) being requested:

Additional INT/NPA/NXX(s) Assignment Preference in order of priority:

Current percent fill on assigned INT/NPA/NXX code(s):

Current % Fill = [ (Working Numbers + Numbers Unavailable for Assignment) / (Number of NXX code(s) x 10,000) ] x 100

Growth history for 12 months: (Average Amount of Numbers/Month)

Projected demand for the coming 12 months: (Average Amount of Numbers/Month)

Months to exhaust:

Planned in service date(s) for INT/NPA/NXX codes(s):

(The applicant agrees to place these code(s) in service within six months of the assignment date.)

**3d. Code return notification**

The following INT/NPA/NXX code(s) are being returned to the list of available NXX codes:

Effective date:

Figure 7.2

**3e. Code information change**

INT/NPA/NXX(s) affected:

Reason for change:

Merger/Acquisition  
 Company Name Change  
 Contact Information Change  
 Other

Explanation:

Effective date:

These NXX code(s) were formerly administered by:

Company name:  
 Contact name:  
 Address:  
 City:  
 State:  
 Zip:  
 Phone:  
 Fax:

It is understood that the applicant\* will return the INT/NPA/NXX to the administrator for reassignment if the resource is no longer in use by the applicant, no longer required for the service for which it was intended, not activated by the timeframe specified in these guidelines (an extension can be applied for), or not used in conformance with these assignment guidelines.

I hereby certify that the above information is true and accurate to the best of my knowledge, that the assigned INT/NPA/NXX codes will be used in the provision of international inbound communications as a public telecommunications service, and that this application has been prepared in accordance with the current "INT/NPA/NXX Assignment Guidelines".

Authorized Representative of Code Applicant/Holder:

Title:

Date:

Submit Reset Cancel

<sup>16</sup> See Section 2.6  
<sup>17</sup> Due to the limitation as referenced in footnote 1, a carrier receiving more than one code, will have all additional codes (up to nine) assigned from the same decade. These additional codes must be justified under conditions as stated in section 4.6 of the assignment guidelines.  
\* either an individual applicant or several users of a shared use resource

Figure 7.3

**PART C**  
**CONFIRMATION OF INT/NPA/NXX CODE ACTIVATION**

---

By signing below, I certify that the INT/NPA/NXX code(s) specified below are in service and that the NXX code(s) are being used for the purpose specified in the original application (see Section 5.0, "Responsibilities of Code Applicants and Holders" in the current INT/NPA/NXX Code Assignment Guidelines").

**Company Name:**

**Authorized Representative of Code Holder:**

**Operating Company Number(OCN):**

**Title:**

**Date:**

---

	<b>INT/NPA/NXX Code</b>	<b>Date of Application</b>	<b>In-Service Date</b>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Figure 7.4

Step 1: Complete fields on the Part A form as follows (Figures 7.1, 7.2 and 7.3):

### **Section 1 – Applicant**

The Entity/Company Name is pre-populated from the user profile information and it is editable.

### **Section 2 - Contact Information**

The Contact Name, Address and Contact information (telephone number, fax number and email address) are pre-populated from the user profile information. Each field is editable.

Operating Company Number (OCN) - Enter your company's Operating Company Number.

Note: Name of entity (section 1) and Company Name (section 2) should match.

### **Section 3 – INT/NPA/NXX Code Request**

**3a. Type of Request** – Enter the type of request being made (Initial INT/NPA/NXX code(s), Additional INT/NPA/NXX code(s), INT/NPA/NXX code return or INT/NPA/NXX code information change).

#### **3b. Initial INT/NPA/NXX Code(s) Request**

For an initial 456-NXX code request, complete the following fields:

**Quantity of initial INT/NPA/NXX(s) being requested** – Enter the number of initial codes being requested.

**Initial INT/NPA/NXX(s) Assignment Preference in order of priority** – Enter up to five INT/NPA/NXX codes you would like to be assigned in order of preference.

**Provide a general description of the service(s) to be provided via the requested code(s)** - Enter a description of the service to be offered using the INT/NPA/NXX code.

**Provide a forecast substantiating the number of codes requested** – Enter a forecast that substantiates the quantity of INT/NPA/NXX codes being requested. A minimum of 12 months is requested.

**Planned in service date(s) for INT/NPA/NXX code(s)** – Enter the planned in-service date for each INT/NPA/NXX code requested. The date should be entered in the format of mm/dd/yyyy.

**Is certification of authorization required to provide the service in the intended service area(s)?** - Select the appropriate response (Yes/No/Not Applicable).

**If yes, does your company have such certification or authorization?** - Select the appropriate response (Yes/No/Not Applicable).

**If yes, type and date of certification** - Enter a description of the type and date of certification or authorization. Required field if the response to the question “If yes, does your company have such certification or authorization?” is ‘yes.’

**If no or pending, explain** – Enter an explanation as to why certification or authorization has not been obtain. Required field if the response to the question “If yes, does your company have such certification or authorization?” is ‘no.’

### 3c. Additional INT/NPA/NXX Code(s) Request

For additional 456-NXX codes, complete the following fields:

**Quantity of additional INT/NPA/NXX(s) being requested** – Enter the number of additional codes being requested.

**Additional INT/NPA/NXX(s) Assignment Preference in order of priority** – Enter up to five 456-NXX codes you would like to be assigned in order of preference.

**Current percent fill on assigned INT/NPA/NXX code(s)** – Enter the percent fill on the total quantity of 456-NXX codes assigned to your company.

**Growth history for 12 months** –. Enter the average number of 456-NXX numbers assigned over the last 12 months. The growth history must be expressed in whole numbers (no decimals or commas).

**Projected demand for the coming 12 months** - Enter the projected average amount of 456-NXX numbers expected to be assigned over the next 12 months.

**Months to Exhaust** – Enter the number of months before the assigned quantity of 456-NXX codes will exhaust.

Planned in service date(s) for INT/NPA/NXX code(s) - **Enter the date(s) the assigned 456-NXX code(s) will be activated in the format of mm/dd/yyyy.**

### 3d. Code return notification

For 456-NXX returns, complete the following fields:

**The following INT/NPA/NXX code(s) are begin returned to the list of available NXX codes** – Enter the INT/NPA/NXX code(s) being returned.

**Effective date** – Enter the effective date on the return of the code(s).

### 3e. Code information change

For information changes pertaining to 456-NXXs, complete the following fields:

**INT/NPA/NXX(s) affected** – Enter the 456-NXX codes affected by the change.

**Reason for change** – Select one of the reasons for the code change (Merger/Acquisition, Company Name Change, Contact Information Change or Other).

**Explanation** – If Other is selected, provide an explanation for the change.

**Effective date** – Enter the effective date on the change to the codes.

**These NXX code(s) were formerly administer by** – Enter the contact information of the former assignee.

The Authorized Representative of the Code Applicant/Holder, Title and Date are pre-populated. These fields are editable.

#### Step 2 – Submit the Application

To submit the application, click the “**Submit**” button. The “**Cancel**” button will allow you to completely cancel the Part A and return you to the NAS home page. The “**Reset**” button will allow you to blank out all fields in which you entered information and re-enter the data.

#### **Part C Form – Confirmation of INT/NPA/NXX Code Activation (Figure 7.4)**

The following section describes the steps for an applicant to create and submit a confirmation of INT/NPA/NXX code activation.

The Part C Confirmation of INT/NPA/NXX Code Activation Form appears when “New 456 Part C” is selected from the “Request for Resources” main menu.

#### Step 1: Complete fields on the Part C form as follows:

**Company Name** – Company Name is pre-populated based upon the user profile and is editable.

**Authorized Representative of the Code Applicant** - Enter the name of the Authorized Representative of the Code Applicant.

**Operating Company Number (OCN)** – Enter the OCN associated with the assigned 456-NXX.

**Title** - Enter the title of the Authorized Representative of the Code Applicant.

**Date** – Enter the date. The field is pre-populated with the current date and is editable.

**INT/NPA/NXX** - Enter the 456-NXX.

**Date of Application** – Enter the date the application for the code was submitted to NANPA.

**In-Service Date** – Enter the date the code was placed into service.

Step 2 – Submit the Part C

To submit the confirmation of activation, click the “**Continue**” button.

## **8.0 800-855 Line Numbers**

This section discusses the submission of an initial 800-855 line number application, a request for an additional 800-855 line number assignment and changes to an assigned 800-855 line number.

From the “Request for Resources” main menu, select “New 800-855” to begin each of these submissions.

**800-855 Assignment Request Form**

Please complete the following form. Use one form per 800-855 number request. Mail, email, or fax the completed form to North American Numbering Plan administration (NANPA), see section 5.3.2 of the guidelines.

The applicant and the number administrator acknowledge that the information contained on this request form is sensitive and will be treated as confidential. Prior to confirmation the information in this form will only be shared with the appropriate administrator and/or regulators.

Company Name:

Contact Name:

Address:

City, State, ZIP:

Phone:

Fax:

Email:

Request Type (Check One):  New Number  Additional Number<sup>14</sup>  Change

If the request is for an additional number, are all current numbers in service?  Yes  No  Not Applicable  
If no, please explain why an existing, inactive number cannot satisfy this need.

Will the 800-855 number being requested be used for services intended for the deaf, hard of hearing or speech impaired?  
 Yes  No  Not Applicable

Please briefly describe the type of service for which an 800-855 number is being requested:

Is certification or authorization required to provide this type of service?:  Yes  No  Not Applicable

If yes, does your company have such certification or authorization?  Yes  No  Not Applicable

(a) If yes, indicated type and date of certification or authorization (e.g., letter of authorization, license, Certification of Public Convenience and Necessity, tariff, etc.):

(b) If no, explain:

Please indicate the date when the assigned 800-855 number will be activated.<sup>15</sup>

List three 800-855 numbers in order of preference (Optional)

If the preferred number(s) is not available, may any available number be assigned?  Yes  No  Not Applicable

Remarks:

Authorized Representative of Applicant:

Title:

Date of Application:

<sup>14</sup> If requesting an additional 800-855 number, the applicant must list all currently assigned numbers, including those obtained by merger or acquisition, in the Remarks section of this form.  
<sup>15</sup> 800-855 numbers must be activated within 12 months from the date of assignment.

Figure 8.1

Step 1: Complete fields on the 800-855 Assignment Request Form as follows (Figure 8.1):

**Contact Information** – Contact information is pre-populated from the user profile. Each field is editable.

**Request Type (Check One)** – Select the request type (i.e., New Number, Additional Number or Change). Only one request type can be entered.

**If request is for an additional number, are all current numbers in service?** – Select the appropriate response (Yes/No/Not Applicable).

**If no, please explain why an existing, inactive number cannot satisfy this need.** - Enter an explanation why an existing, inactive number cannot satisfy this need.

**Will the 800-855 number be used for services intended for the deaf, hard of hearing or speech impaired?** – Select the appropriate response (Yes/No/Not Applicable).

**Briefly describe the type of service to which an 800-855 number is being requested** - Enter a description of the service to be offered using the 800-855 number.

**Is certification of authorization required to provide this type of service?** - Select the appropriate response (Yes/No/Not Applicable).

**If yes, does your company have such certification or authorization?** - Select the appropriate response (Yes/No/Not Applicable).

**(a) If yes, please indicate type and date of certification or authorization?** - Enter a description of the type and date of certification or authorization. Required field if the response to the question “If yes, does your company have such certification or authorization?” is ‘yes.’

**(b) If no, explain** – Enter an explanation as to why certification or authorization has not been obtained. Required field if the response to the question “If yes, does your company have such certification or authorization?” is ‘no.’

**Please indicate the date when the assigned 800-855 number will be activated** – Enter the date the assigned 800-855 number will be activated in the format of mm/dd/yyyy.

**List the three 800-855 numbers in order of preference** – List the last four (4) digits of the 800-855 line number preferred in order of preference.

**If preferred number(s) are not available, may any available number be assigned?** - Select the appropriate response (Yes/No/Not Applicable).

**Remarks** – Provide any remarks pertaining to your application for an 800-855 line number.

After completing the application, enter the Authorized Representative of the Code Applicant and their Title. The date is pre-populated with the current date.

Step 2 – Submit the Application

To submit the application, click the “**Submit**” button.

## 9.0 Search and View Forms

This section outlines the search capabilities of NAS as it relates to CICs, PCS 5YY NXX [500/533/544] codes and 9YY codes. NAS allows a user to search for and view the forms related to a request including the application or Part A, Part Bs (responses to applications) and Part Cs (in-service confirmation forms). In addition, this section describes how to view various Other Resource forms via a tracking number.

Figure 9.0 below shows the toolbar associated with the Search and View capabilities of NAS as they relate to Other Resources.

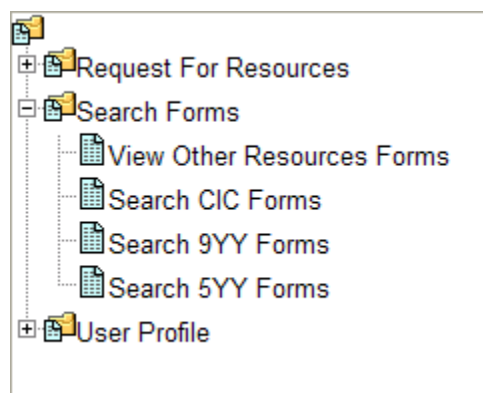


Figure 9.0

There are several options available to the NAS user in searching for forms. The following describes options that users have in searching for forms in NAS and the steps to perform those searches.

### 9.1 Search CIC Forms

This section discusses the NAS capability to search for CIC forms.

Step 1 - To begin the search for CIC forms, click on the + sign next to “Search Forms” on the tools frame to the left of the screen.

Step 2 - Click on “Search CIC Forms”. The *Search for CIC Forms* screen is displayed as shown in Figure 9.1

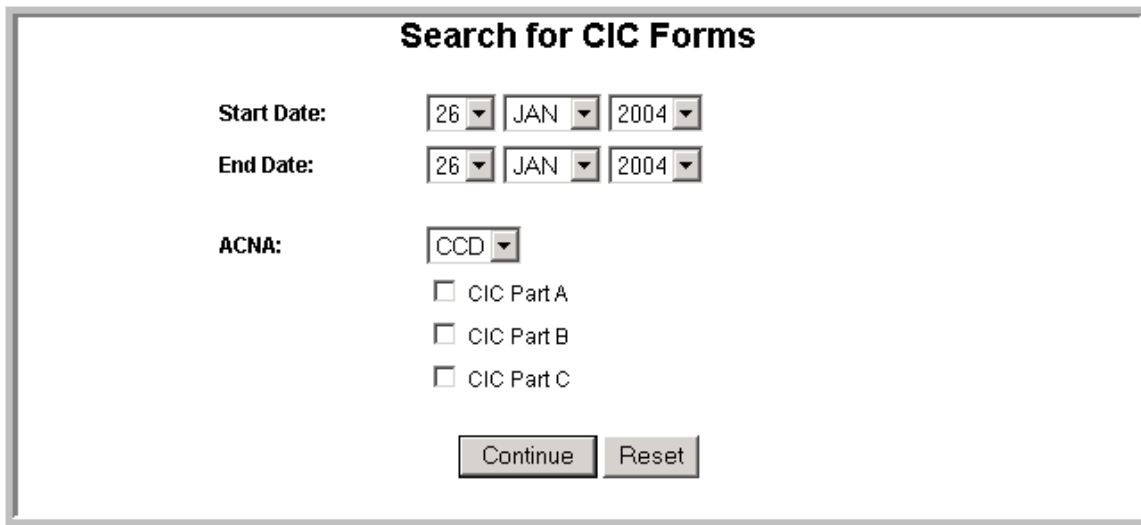


Figure 9.1

Step 3 – Select the date or date range for the search.

Step 4 – Select the ACNA from the drop-down menu. Note that selections will only be available if they have been added to your NAS user profile.

Step 5 – Select the particular forms you want to be listed in the search by clicking on the radio button to the left of the different types of forms. One, two or all three selections can be made.

Step 6 – Click on “Continue” and a list of appropriate CIC forms will appear corresponding with the information provided in Steps 3, 4 and 5. Click on “Reset” to start your search over again with new information.

## 9.2 Search 5YY Forms

This section discusses the NAS capability to search for PCS 5YY NXX forms.

Step 1 - To begin the search for PCS 5YY NXX forms, click on the + sign next to “Search Forms” on the tools frame to the left of the screen.

Step 2 - Click on “Search 5YY Forms” (Figure 9.2.)

---

**Search for 5YY NXX Forms**

**Start Date:** 26 ▼ OCT ▼ 2009 ▼

**End Date:** 26 ▼ OCT ▼ 2009 ▼

**OCN:** Please Select ▼

Form PCS Part A

Form PCS Part B

Form PCS Part C

Figure 9.2

Step 3 – Select the date or date range for the search.

Step 4 – Select the OCN from the drop-down menu.

Step 5 – Select the particular forms you want to be listed in the search by clicking on the radio button to the left of the different types of forms. One, two or all three selections can be made.

Step 6 – Click on “Continue” and a list of appropriate PCS 5YY forms will appear corresponding with the information provided in Steps 3, 4 and 5. Click on “Reset” to start your search over again with new information.

### 9.3 Search 9YY NXX Code Forms

This section discusses the NAS capability to search for 9YY forms.

Step 1 - To begin the search for 9YY forms, click on the + sign next to “Search Forms” on the tools frame to the left of the screen.

Step 2 - Click on “Search 9YY Forms”. The *Search for 9YY NXX Code Forms* screen is displayed.

Step 3 – Select the date or date range for the search.

Step 4 – Select the OCN from the drop-down menu.

Step 5 – Select the particular forms you want to be listed in the search by clicking on the radio button to the left of the different types of forms. One, two or all three selections can be made.

Step 6 – Click on “Continue” and a list of appropriate 9YY forms will appear corresponding with the information provided in Steps 3, 4 and 5. Click on “Reset” to start your search over again with new information.

## **9.4 View Other Resource Forms**

To search for forms tied to a specific tracking number, click on “View Other Resources Forms” under “Search Forms” on the tools frame. This will bring up the *Search for Other Resources Form* window.

Step 1 - Enter the tracking number associated with the form you desire in the “Tracking Number” field.

Step 2 – Select the “Form Type” from the drop-down menu.

Step 3 – Click on “Continue” and a list of appropriate forms will appear corresponding with the information provided in Steps 1 and 2.

## 10.0 Exception Messages

The following section describes the various exceptions or error messages you may encounter when completing the forms associated with Other NANP Resources.

In the process of completing your application, you will press “Submit” to submit your application via NAS. If you need to provide missing information, or correct the information provided, NAS will generate a validation error on the top of the page.

Below are some common validation errors that may occur with some of the Other Resource forms. Please note that the validation error shown below with a particular resource may also be an error that may appear with the various Other Resources.

Carrier Identification Code (CIC) - CIC sample validation error messages:

### **Validation Error**

You must correct the following error(s) before proceeding:

- Section 2, Email Address is invalid, must be a registered NAS user
- Section 3, ACNA is required
- Section 5, Type of Service is required

PCS N00 Codes - PCS 500-NXX sample validation error messages:

### **Validation Error**

You must correct the following error(s) before proceeding:

- Please provide changed PCS 5YY NXX(s) code list.
- OCN is required.
- Code change effective date is required. Date format must be mm/dd/yyyy.
- Formally NXX codes administered Company Name is required.

9YY Codes - 9YY-NXX sample validation error messages:

### **Validation Error**

You must correct the following error(s) before proceeding:

- Code change effective date is required. Date format must be mm/dd/yyyy.
- Formally NXX codes administered Company Name is required.

555 Line Numbers – 555 line number sample validation messages:

### **Validation Error**

You must correct the following error(s) before proceeding:

- Section 3a, Quantity of initial 555 number(s) is required
- Section 5, Service Description, one of descriptions is required.

INT/NPA/NXX Codes – 456-NXX sample validation error messages:

**Validation Error**

You must correct the following error(s) before proceeding:

- Section 3a, Type of request is required
- Section 3b, Initial INT/NPA/NXX(s) Assignment Preference is required
- Section 3b, Certification Explanation is required
- Section 3b, General Service Description is required

NPA Codes – NPA sample validation error messages:

**Validation Error**

You must correct the following error(s) before proceeding:

- Section 5b, A brief description of the NPA relief plan is required

## 11.0 Glossary

**Access Customer Name Abbreviation (ACNA)** – Three-character alpha identifier assigned by Telcordia™ Common Language1® Group to a purchaser of Feature Group B and/or Feature Group D services. The code is primarily used for billing between the Local Exchange Carrier and the access purchaser.

**Carrier Identification Code (CIC)** – Four-digit numeric code which is used to identify a customer who purchased Feature Group B and/or Feature Group D access services. This code is primarily used for routing from the local exchange network to the access purchaser and for billing between the Local Exchange Carrier and access purchaser.

**800-855 Line Numbers** - Used to access Public Switched Telephone Network services for the deaf, hard of hearing, or speech impaired. Such services include Telecommunications Relay Service and Message Relay Service.

**Feature Group B (FGB)** - Type of access arrangement that provides line-side access to the interexchange carrier. FGB callers reach an interexchange carrier's facility for transport of their inter-LATA call by dialing the carrier access code 950-XXXX.

**Feature Group D (FGD)** - Type of trunk-side access arrangement that permits subscribers to presubscribe to or select, on a per-call basis, a specific interexchange carrier for transport of their inter-LATA calls. To use the presubscribed carrier for a call, the subscriber need only dial the destination directory number. To override the terminal's presubscription on a per-call basis and choose an alternative interexchange carrier, 101XXXX + 0 or 1 +10 digits must be dialed.

**500/533/544 (PCS 5YY NXX) Codes** - Used for "follow me" personal communication services.

**555 Line Numbers** - 555 numbers are used to reach a wide variety of information services such as directory assistance.

**International Inbound NPA (456) Codes** - Used to identify carrier-specific services using the prefix following 456 (456-NXX). Enables proper routing of inbound international calls destined for these services into and between NANP countries.

**NANP Administration System (NAS)** – System that supports a variety of number administration functions including capabilities referred to as Other NANP Resources.

**9YY NXX Codes** - Used for premium services with the cost of each call being billed to the calling party.

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**North American Numbering Plan (NANP)** - Numbering plan for the public switched telephone network in the US and its territories, Canada, and the Caribbean.

**North American Numbering Plan Administration (NANPA)** – Group that holds overall responsibility for neutral administration of NANP numbering resources, subject to directives from regulatory authorities in the countries that share the NANP.

**Numbering Plan Area (NPA)** – Geographical area served by the NANP, each identified by a three-digit code, commonly called an area code.

**NXX** – Central office code.

**Operating Company Number (OCN)** – Company code assigned by the National Exchange Carrier Association (NECA).

**Personal Communications Service (PCS)** - Set of capabilities that allows some combination of personal mobility, terminal mobility, and service profile management.

## 12.0 Change History

Version	Effective Date	Author	Description of Change
1.1	2/6/04	NANPA	Initial version.
1.2	6/15/05	NANPA	Added change history, concept of workflow, glossary, index, and updated selected text.
1.3	6/15/07	NANPA	Consolidated request types in the NPA and 456-NXX sections and added navigation steps from the main menu.
1.4	9/24/08	NANPA	Updated PCS text to 5YY where applicable.
1.5	11/4/09	NANPA	Updated ACNA required field references and various screenshots.
1.6	9/24/10	NANPA	Added text on Name of Entity and Company Name fields.
1.7	4/20/11	NANPA	Specified that Growth History for additional 5YY and 456 requests must be expressed in whole numbers.

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