

Review Forms Window

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Part 1A | [Appendix 3](#) | [Part 1B - 1](#)**K-Block New Request - Part 1A**

Type of Request: NEW

1.1 Contact InformationBlock Applicant: [Details](#)Pooling Administrator: [Details](#)**1.2 General Information**

| | |
|-------------------------------|-------------|
| NPA: | 561 |
| OCN: | 8300 |
| Parent Company OCN: | 7421 |
| Number of K-Blocks Requested: | 1 |
| CLLI (Switch ID): | ORLDFLMAGT1 |
| Site/WC: | LNS2 |
| Rate Center: | BOYNTONBCH |
| Rate Center Sub Zone: | |

1.3 Dates

Date of Application: 08/13/2013

Requested Block Effective Date: 09/12/2013

Request Expedited Treatment: N

By selecting this checkbox, I acknowledge that I am requesting the earliest possible effective date the Administrator can grant. Please note that this only applies to a reduction in the Administrator's processing time, however the request will still be processed in the order received:

N

1.4 Type of Service Provider Requesting the Thousands-Block

Type of Service Provider: Voice over Internet Protocol (VoIP)

Primary Type of Service Blocks to be used for: DID

K-Blocks Assignment Preference: 000-000-0

K-Blocks Undesirable for Assignment: 000-000-0

1.5 Type of Request

Type of Request: GROWTH

Remarks:

Central Office Code (NXX) Assignment Request
Part 1 December 9, 2005

Tracking
Number: **385-OGDEN-UT-666719**

Full NXX: Pool
Replenishment

Type of
Application: New Change Delete

1.0 GENERAL INFORMATION

1.1 Contact Information:

Code Applicant:

Company/Entry
Name: **TELEPORT COMMUNICATIONS AMERICA, LLC - UT**

Headquarters
Address: **One AT&T Way**

City, State, Zip: **Bedminster, NJ, 07921**

Contact Name: **Lisa Loper**

Contact
Address: **One AT&T Way**

City, State, Zip: **Bedminster, NJ, 07921**

Phone: **908-234-7622** FAX: **908-234-8044**
mail: **lloper@att.com**

E-

Code Administrator:²

Name: **David Morgan**

Address: **46000 Center Oak Plaza**

City, State, Zip: **Sterling, VA, 20166**

Phone: **571-434-5381** FAX: **571-434-5502**

1.2 NPA: **385 7530** NXX:³ **7125** LATA: **660** OCN:⁴
Parent Company's OCN(s)

Switching Identification(Switch Entity/POT)⁵

WVCYUTBXDS0

Locality/City/Wire Center:

Rate Center:⁶ **OGDEN**

Homing Tandem Operating Co:⁷ **QWEST** Tandem Homing
CLLI

⁸: **SLKCUTMA03T**

1.3 Dates: Date of
Application: **08/14/2013**

Request Effective Date:^{9 10}
10/19/2013

By selecting this checkbox, I acknowledge that I am requesting the earliest possible effective date the Administrator can grant. Please note that this only applies to a reduction in the Administrator's processing time, however the request will still be processed in the order received.

Request Expedited Treatment? Yes _____ No X

1.4 a) Type of company/entity requesting the code: CAP OR CLEC
(LEC, IC, CMRS, Other)

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

c) Code Assignment Preference (Optional) 385-xxx-4, 385-xxx-5, 385-xxx-6

d) Codes that are undesirable, if any _____

e) Type of change (Mark **all** that apply)

OCN-Intra-company ¹¹ Switching Id Rate Center Tandem Homing CLLI

OCN-Inter-company ¹² Effective Date LATA Extend Reservation

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

If an initial code, attach (1) evidence of certification and (2) proof of ability to place code in service within 60 days. If a growth code, attach months to exhaust worksheet.

Pooling Indicator: ¹³ Yes No

1.6 NPA Jeopardy Criteria Apply: Yes No

1.7 Code request for new service (Explain): _____

1.8 It is the code applicant's responsibility to arrange input of Part 2 information into BIRRDs. The 45-calendar day nationwide minimum interval cut-over for BIRRDs will not begin until input into BIRRDs has been completed.

Comments:

TBPAG Attachment 1 - March 19, 2007

Thousands-Block Application Form - Part 1A

Tracking Number: 385-OGDEN-UT-666719
Full NXX: Pool Replenishment

Type of Application: New Change Disconnect
 i

GENERAL APPLICATION INFORMATION**1.1 Contact Information:****Block Applicant:**

Company Name: TELEPORT COMMUNICATIONS AMERICA, LLC - UT

Headquarters Address: One AT&T Way

City, State, Zip: Bedminster, NJ, 07921

Contact Name: Lisa Loper

Contact Address: One AT&T Way

City, State, Zip: Bedminster, NJ, 07921

Phone: 908-234-7622 **FAX:** 908-234-8044 **E-mail:** lloper@att.com

Pooling Administrator: ⁱⁱ

Contact Name: Dora Wirth

Contact Address: 1800 Sutter St.

City, State, Zip: Concord, CA, 94520

Phone: 925-363-7653 **FAX:** 925-363-7686

E-mail: dora.wirth@neustar.biz

1.2 General Information:

Check one : No LRN needed LRN needed ⁱⁱⁱ

Part1A

Page 2 of 4

NPA: 385 LATA: 660 OCN:^{iv} 7530 Parent Company's OCN 7125

Number of Thousands-Blocks Requested : 3

Switching Identification(Switch Entity/POI) : ^v
WVCYUTBXDS0

City or Wire Center Name : _____ Rate Center: ^{vi} OGDEN
Rate Center Sub Zone: _____

1.3 Dates:

Date of Application: ^{vii} 08/14/2013 Requested Block Effective Date: ^{viii} 10/19/2013

By selecting this checkbox, I acknowledge that I am requesting the earliest possible effective date the Administrator can grant. Please note that this only applies to a reduction in the Administrator's processing time, however the request will still be processed in the order received.

Request Expedited Treatment? (See Section 8.6) Yes _____ No X

1.4 Type of Service Provider Requesting the Thousands-Block :

- a) Type of Service Provider : CAP OR CLEC (LEC, IXC, CMRS, Other)
 b) Primary type of service Blocks to be used for : Wireline
 c) Thousands-Block(s) (NXX-X) assignment Preference (Optional) 385-xxx-4, 385-xxx-5, 385-xxx-6
 d) Thousands-Block(s) (NXX-X) that are undesirable for this assignment , if any _____
 e) If requesting a code for LRN purposes, indicate which block(s) you will be keeping(the remainder of the blocks will be given to the pool) N/A

1.5 Type of Request:

Initial block for rate center : Yes _____ If Yes , attach evidence of authorization and proof of capability to provide service within 60 days.

Growth block for rate center : Yes X If Yes , attach months to exhaust worksheet

By selecting this checkbox, I acknowledge that I am willing to accept a block in red and explicitly understand that the underlying CO code may not yet be activated in the PSTN and loaded in the NPAC on the block effective date.

Type of change(Mark all that apply)

- OCN:Intra-company ^{ix} Switching Id Part 1B
 OCN:Inter-company ^x Effective Date

Change block : Yes _____ If Yes , list NPA-NXX-X _____

1.6 Block Return :

- a) Is this block Contaminated Yes _____ No _____
- b) If Yes how many TNs are NOT available for assignment : _____
- c) Have all new Intra SP ports been completed in the NPAC Yes _____ No _____
- d) Has this block been protected from further assignment Yes _____ No _____

Disconnect block : Yes _____ If Yes , list NPA-NXX-X _____

Remarks:

I hereby certify that the above information requesting an NXX-X block is true and accurate to the best of my knowledge and that this application has been prepared in accordance with the Thousands-Block (NXX-X) Pooling Administration Guidelines (ATIS-0300066) available on the ATIS web site (<http://www.atis.org/inc>) or by contacting inc@atis.org as of the date of this application.

Lisa Loper

Signature of Block Applicant

Manager-Code 08/14/2013
Administration

Title Date

Instructions for filling out each Section of the Part 1A form:

Section 1.1 Contact information requires that Service Providers supply under "Block Applicant" the company name, company headquarters address, a contact within the company, an address where the contact person may be reached, in addition to the correct phone, fax, and e-mail address. The Pooling Administrator section also requires the Service Provider to fill in the Pooling Administrator's name, address, phone, fax and e-mail.

Section 1.2 Service Providers who need a thousands-block assignment or for an Location Routing Number (LRN) are required to fill in this section. If needed for an LRN, a CO Code Application needs to also be submitted to the PA. The Service Provider should supply the Numbering Plan Area (NPA); the Local Access Transport Area (LATA), which is a three-digit number that can be found in the Telcordia™ LERG™ Routing Guide. The Operating Company Number (OCN) assigned to the service provider and the OCN its parent company. An OCN is a four-character alphanumeric assigned by Telcordia™ Routing Administration (TRA). In addition, the number of thousands-blocks requested should be supplied. The Switch Identification as well as the city or wire center name, rate center, rate center sub zone, homing tandem and CLI™ tandem of the facilities based provider^{xi}. Explanations of these terms may be found in the footnotes.

Section 1.3 The date the Service Provider completes the application should be

Appendix 3

May 16, 2008

MONTHS TO EXHAUST and UTILIZATION CERTIFICATION WORK SHEET - TN Level¹
(Thousands-Block Number Pooling Growth Block Request)

Tracking Number: 385-OGDEN-UT-666719

Date: 08/14/2013

OCN: 7530

Company Name: TELEPORT COMMUNICATIONS AMERICA, LLC - UT

Rate Center: OGDEN

List all Codes NPA(s)-NXX(s) and Blocks NPA(s)-NXX-X(s): 801-605-0,1,2,4,5,6,7,9

Name of Block Applicant: Lisa Loper

Signature: Lisa Loper

Title: Manager-Code Administration

Telephone No.: 908-234-7622

FAX No.: 908-234-8044

E-mail: lloper@att.com

A. Available Numbers: 3259

B. Assigned Numbers: 4666

C. Total Numbering Resources: 8000

D. Quantity of numbers activated in the past 90 days (increments of 1,000 or 10,000) and excluded from the Utilization calculation ²: 0

List
Excluded
Code(s) or
Block(s):

| Month #1 | Month #2 | Month #3 | Month #4 | Month #5 | Month #6 | Month #7 | Month #8 | Month #9 | Month #10 | Month #11 | Month #12 |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|
|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|

| | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|----------|
| E. Growth History - Previous 6 months ³ | <u>47</u> | <u>-1</u> | <u>23</u> | <u>-5</u> | <u>90</u> | <u>6</u> |
|--|-----------|-----------|-----------|-----------|-----------|----------|

F. Forecast
 - Next 12 months⁴ **3000** **13** **13** **14** **15** **16** **16** **14** **15** **15** **15** **10**

G. Average Monthly Forecast (Sum of months 1-6 (Part F above) divided by 6): **511.833**

H. Months to Exhaust⁵ =
$$\frac{\text{Numbers Available for Assignment to Customers(A)}}{\text{Average Monthly Forecast(G)}}$$

| <u>Block Requested</u> | <u>Available Numbers</u> | <u>Months To Exhaust</u> |
|------------------------|--------------------------|--------------------------|
| 1 | 3259 | 6.367 |
| 2 | 4259 | 8.321 |
| 3 | 5259 | 10.275 |

I. Utilization⁶ =
$$\frac{\text{Assigned Numbers(B)} - \text{Excluded Numbers(D)}}{\text{Total Numbering Resources(C)} - \text{Excluded Numbers(D)}} \times 100 =$$
 58.325

Explanation: _____

¹A copy of this worksheet is required to be submitted to the Pooling Administrator when requesting additional numbering resources in a rate center. For auditing purposes, the applicant must retain a copy of this document.

²Quantity of numbers activated in the past 90 days is based on blocks and/or codes received from the administrator and shall be reported in increments of 1,000 or 10,000 TNs (e. g.: 2 blocks received=2,000 and 1 code received =10,000).

³Net change in TNs no longer available for assignment in each previous month, starting with the most distant month as Month #1, and Month #6 as the current month.

⁴Forecast of TNs needed in each following month, starting with the most recent month as Month #1.

⁵To be assigned an additional thousands-block (NXX-X) for growth, "Months to Exhaust" must be less than or equal to 6 months. (FCC 00-104, section 52.15 (g) (3) (iii)).

⁶Newly acquired numbers may be excluded from the Utilization calculation (FCC 00104, section 52.15 (g)(3)(ii))

November 21, 2003
ATIS-0300066.at3

Attachment 3

Pooling Administrator's Response/Confirmation
TBPA Part 3

Tracking Number : 385-OGDEN-UT-666719

Date of Application: 08/14/2013 **Effective Date:** _____
Date of Receipt: 08/14/2013 **Date of Response:** 08/14/2013

Service Provider Name: TELEPORT COMMUNICATIONS AMERICA, LLC - UT
 (Telcordia™ LERG™ Routing Guide) **OCN:** 7530
Parent Company OCN: 7125

NPAC SOA SPID : _____

Pooling Administrator Contact Information:

Dora Wirth Phone: 925-363-7653
 Signature of Pooling Administrator
Dora Wirth Fax: 925-363-7686
 Name (print)
 Email: dora.wirth@neustar.biz

NPA-NXX or NPA-NXX-X : _____ **Block Assigned:** _____
Block Reserved : _____
Block Reservation Expiration Date : _____
Block/Code Modified : _____
Block/Code Disconnected : _____

Block Contaminated(Yes or No) : _____
If Yes,enter the number of TNs contaminated : _____

Switch Identification(Switch Entity/POI): 1 WVCYUTBXDS0
Rate Center: OGDEN
Rate Center Sub Zone: _____

Form Complete, request denied.

Explanation:

DR-57: You do not meet the MTE and/or Utilization requirements, therefore this request for a new code is denied. You may proceed with requesting a State Waiver from the appropriate state commission using this Part 3 denial. If you are in disagreement with the disposition of this request, please refer to the Thousands'Block Number (NXX-X) Pooling Administration Guidelines for the appeals process.

Request withdrawn.