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May 13, 2008

RECEIVED

MAY 13 2008

PUBLIC SERVICE  
COMMISSION

**Via Hand-Delivery**

Ms. Stephanie Stumbo  
Executive Director  
Public Service Commission  
211 Sower Boulevard  
P. O. Box 615  
Frankfort, Kentucky 40602-0615

2008-172

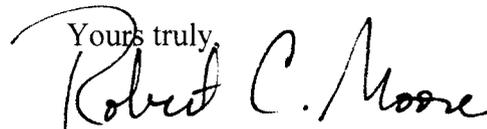
Re: Windstream Kentucky West, LLC, Petition for Review of North American  
Number Pooling Administration for Numbering Resources in the 502 Area Code.

Dear Ms. Stumbo:

Enclosed are an original and 10 copies of a Petition by Windstream Kentucky West, LLC, ("Windstream") for review of a decision of the North American Number Pooling Administration for numbering resources requested by Windstream customer North Bullitt High School.

Please contact me should you have any questions regarding this matter. My contact information appears at the top of this page. Thank you for your attention to this matter.

Yours truly,



Robert C. Moore

nb

RCM/neb

cc: Daniel Logsdon  
Kimberly K. Bennett

# Pooling Administration System

elaine.deese@windstream.com (SP)

• Sign Out

Time : 05/02/2008 09:01:12 AM EDT

Printable Version

- [-] Individual Block Requests
- [-] CO/NXX Code Requests
  - [+] New Code Request
  - [+] Code Modification
  - [+] Code Disconnect
- [-] Confirm Resources In Service
- [-] Donate Blocks
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- [-] Search Forms
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## Central Office Code (NXX) Assignment Request Part 1 December 9, 2005

Tracking Number: **502-ZONETON-KY-209290**

**Full NXX:  
Dedicated  
Customer**

Type of Application:  New  Change  Delete

### 1.0 GENERAL INFORMATION

#### 1.1 Contact Information:

##### Code Applicant:

Company/Entity Name: **WINDSTREAM KY WEST**

Headquarters Address: **4001 Rodney Parham Road**

City, State, Zip: **Little Rock ,AR ,72212**

Contact Name: **Phyllis Deese**

Contact Address: **10005**

City, State, Zip: **Matthews, NC, 28105**

Phone: **704-845-7290** FAX: E-  
mail: **elaine.deese@windstream.com**

##### Code Administrator: <sup>2</sup>

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: **502** NXX: <sup>3</sup> LATA: **462** OCN: <sup>4</sup> **0402**  
Parent Company's OCN(s) **g118**

Switching Identification(Switch Entity/POI) <sup>5</sup> **zntnkyxads1**

Locality/City/Wire Center: Rate Center: <sup>6</sup>  
**ZONETON**

Homing Tandem Operating Co: <sup>7</sup> Tandem Homing CLLI  
**AT&T** <sup>8</sup> **:lsylkyap2gt**

1.3 Dates: Date of Application: **05/02/2008** Request Effective Date: <sup>9 10</sup>  
**07/14/2008**

Request Expedited Treatment? Yes \_\_\_ No **X**

1.4 a) Type of company/entity requesting the code: \_\_\_ **Incumbent Local Exchange Carrier (ILEC)** \_\_\_ (LEC, IC, CMRS, Other)

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

c)

Code Assignment Preference (Optional) \_\_\_\_\_

d) Codes that are undesirable, if any \_\_\_\_\_

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

OCN-Intra-company <sup>11</sup>  Switching Id  Rate Center   
Tandem Homing CLLI

OCN-Inter-company <sup>12</sup>  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: <sup>13</sup>  Yes  No

1.6 NPA Jeopardy Criteria Apply:  Yes  No

1.7 Code request for new service (Explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.8 Part 2 is attached \_\_\_\_\_ Part 2 is not attached X for BIRRDs <sup>14 15</sup>

Additional Documentation is attached \_\_\_\_\_ Additional Documentation is not  
attached X

Comments:  
\_\_\_\_\_

I hereby certify that the above information requesting an NXX code is true and accurate to the best of my knowledge and that this application has been prepared in accordance with Central Office Code (NXX) Assignment Guidelines posted to the ATIS Web Site (<http://www.atis.org/atis/clc/inc/incdocs.htm>) as of the date of this application: <sup>16</sup>

**Phyllis Deese**  
Signature of Code Applicant

**Analyst 2** **05/02/2008**  
Title Date

<sup>1</sup> Identify type and reason for change(s) in Section 1.4(e).

<sup>2</sup> A list of the current Code Administrator(s) who can provide assistance in completing this form is available upon request from NANPA.

<sup>3</sup> The NXX field is required for any code request in which there is a change or the NXX is being returned.

<sup>4</sup> Operating Company Number (OCN) assignments must uniquely identify the applicant. Relative to CO Code assignments, NECA-assigned Company Codes may be used as OCNs. Companies with no prior CO Code or Company Code assignments may contact NECA (973-884-8355) to be assigned a Company Code (s). Since multiple OCNs and/or Company Codes may be associated with a given company, companies with prior assignment should direct questions regarding

appropriate OCN usage to the Telcordia™ Routing Administration (TRA) on 732-699-6700.

<sup>5</sup> This is an eleven-character descriptor of the switch provided by the owning entity for the purpose of routing calls. This is the eleven-character Telcordia™ COMMON LANGUAGE CLLI™ Location Identification of the applicant's switch or POI. (Telcordia and CLLI are trademarks and COMMON LANGUAGE is a registered trademarks of Telcordia Technologies, Inc.)

<sup>6</sup> Rate Center name must be a tariffed Rate Center associated with toll billing.

<sup>7</sup> Applies to any code applicant connecting to the Public Switched Telephone Network via a tandem owned by a different carrier.

<sup>8</sup> This is an eleven-character descriptor provided by the owning entity for the purpose of routing calls. This must be the CLLI™ Location Identification Code of the switching entity/POI, and is the same on Part 2, Form 1, Page 2 of 2.

<sup>9</sup> Code applicants should request an effective date that is at least 66 calendar days from the submission of this form. It should be noted that interconnection arrangements and facilities need to be in place prior to activation of a code. Such arrangements are outside the scope of these guidelines.

<sup>10</sup> Requests for code assignment should not be made more than six months prior to the requested effective date.

<sup>11</sup> Select if you are the current Code Holder

<sup>12</sup> Select if you are not the current Code Holder

<sup>13</sup> The Applicant will indicate "YES" if the NXX being requested will be used for thousands-block number pooling and will leave this field blank if it is not.

<sup>14</sup> Applicant is not required to submit Part 2 of the code request form if it is doing its own Telcordia™ Business Integrate Routing and Rating Database System (BIRRDs) entries, or if the applicant has arranged for a third party to input the Part 2 forms data on its behalf.

<sup>15</sup> WARNING! 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.

<sup>16</sup> An incomplete form may result in delays in processing this request.

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# Pooling Administration System

elaine.deese@windstream.com (SP)

• Sign Out

Time : 05/02/2008 09:01:26 AM EDT

Printable Version

TBPAG Attachment 1 - March 19, 2007

- [-] [-] Individual Block Requests
- [-] [-] CO/NXX Code Requests
  - [-] New Code Request
  - [-] Code Modification
  - [-] Code Disconnect
- [-] [-] Confirm Resources In Service
- [-] [-] Donate Blocks
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## Thousands-Block Application Form - Part 1A

Tracking Number: **502-ZONETON-KY-209290**  
Full NXX: **Dedicated Customer**

Type of Application:  New  Change  Disconnect

### GENERAL APPLICATION INFORMATION

#### 1.1 Contact Information:

Block Applicant:  
Company Name: **WINDSTREAM KY WEST**  
Headquarters Address: **4001 Rodney Parham Road**  
City, State, Zip: **Little Rock, AR, 72212**  
Contact Name: **Phyllis Deese**  
Contact Address: **10005**  
City, State, Zip: **Matthews, NC, 28105**  
Phone: **704-845-7290** FAX: \_\_\_\_\_ E-mail: **elaine.deese@windstream.com**  
Pooling Administrator: <sup>ii</sup>  
Contact Name: **Genevieve Bettiga**  
Contact Address: **1800 Sutter St**  
City, State, Zip: **Concord, CA, 94520**  
Phone: **925-363-7652** FAX: **925-363-7683**  
E-mail: **genevieve.bettiga@neustar.biz**

#### 1.2 General Information:

Check one : No LRN needed  LRN needed <sup>iii</sup>

NPA: **502** LATA: **462** OCN: <sup>iv</sup> **0402** Parent Company's OCN **g118**

Number of Thousands-Blocks Requested : **10**

Switching Identification(Switch Entity/POI) : <sup>v</sup>  
**zntnkyxads1**

City or Wire Center Name : \_\_\_\_\_ Rate Center: <sup>vi</sup> ZONETON  
Rate Center Sub Zone: \_\_\_\_\_

**1.3 Dates:**

Date of Application: <sup>vii</sup> 05/02/2008 Requested Block Effective Date: <sup>viii</sup> 07/14/2008  
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 : Incumbent Local Exchange Carrier (ILEC)  
(LEC, IXC, CMRS, Other)
- b) Primary type of service Blocks to be used for : Wireline
- c) Thousands-Block(s) (NXX-X) assignment Preference (Optional) \_\_\_\_\_
- 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

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

OCN:Intra-company <sup>ix</sup>  Switching Id  Part 1B

OCN:Inter-company <sup>x</sup>  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](mailto:inc@atis.org) as of the date of this application.

**Phyllis Deese**  
Signature of Block Applicant

**Analyst 2**      **05/02/2008**  
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 CLLI™ tandem of the facilities based provider<sup>x</sup>. Explanations of these terms may be found in the footnotes.

Section 1.3 The date the Service Provider completes the application should be entered in this section, as well as the Effective Date of the requested thousands-block.

Section 1.4 Service Providers should indicate their type, e.g., local exchange carrier, competitive local exchange carrier, interexchange carrier, CMRS. They also indicate the primary type of business in which the numbering resource is to be used. Service Providers also may indicate their preference for a particular thousands-block, e.g., 321-9XXX, or indicate any thousands-blocks that may be undesirable, e.g., 321-6XXX.

Section 1.5 Service Providers indicate the type of request. Initial requests are for first applications for thousands-blocks in a rate center, growth for additional thousands-blocks in a rate center in which the applicant already has numbering resources, and provide the required evidence as ordered by the FCC.

Section 1.6 Service Providers must indicate the updated/current information in regards to contaminated TNs on the block they are returning to the pool. Blocks with over 10% contamination (101 TNs or more) shall not be returned to the pool unless they meet criteria outlined in section 9.1.2 of these Guidelines. If the block being returned is over 10% contaminated the PA shall seek a new block holder. If question c and/or d have a response of No, the request for return shall be denied. The thousands-block applicant certifies veracity of this form by signing their name, and providing their title and date.

**Foot Notes :**

<sup>i</sup> Identify the type of change(s) in Section 1.5.

<sup>ii</sup> The Pool Administrator is available to assist in completing these forms.

<sup>iii</sup> A CO Code application will also need to be submitted to the PA.

<sup>iv</sup> Operating Company Number (OCN) assignments must uniquely identify the applicant. Relative to CO Code assignments, NECA-assigned Company Codes may be used as OCNs. Companies with no prior CO Code or Company Code assignments should contact NECA (800 524-1020) to be assigned a Company Code(s). Since multiple OCNs and/or Company Codes may be associated with a given company, companies with prior assignments should direct questions regarding appropriate OCN usage to (TRA) (732-699-6700).

<sup>v</sup> This is an eleven-character descriptor of the switch provided by the owning entity for the purpose of routing calls. This is the 11 character CLLI™ code of the switch /POI.

<sup>vi</sup> Rate Center name must be a tariffed Rate Center.

<sup>vii</sup> Acknowledgment and indication of disposition of this application will be provided to applicant within seven calendar days from the date of receipt of this application. An incomplete form may result in delays in processing this request.

<sup>viii</sup> Please ensure that the NPA-NXX of the LRN to be associated with this block(s) is/will be active in the network prior to the effective date of the block(s).

<sup>ix</sup> Select if you are the current Block Holder.

<sup>x</sup> Select if you are not the current Block Holder

<sup>xi</sup> Telcordia, LERG Routing Guide, and CLLI are trademarks of Telcordia Technologies, Inc.

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# Pooling Administration System

elaine.deese@windstream.com (SP)

• Sign Out

Time : 05/02/2008 09:01:40 AM EDT

Printable Version

August 6, 2001

- [-] [-] Individual Block Requests
- [-] [-] CO/NXX Code Requests
  - [-] New Code Request
  - [-] Code Modification
  - [-] Code Disconnect
- [-] [-] Confirm Resources In Service
- [-] [-] Donate Blocks
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Appendix 3

## MONTHS TO EXHAUST and UTILIZATION CERTIFICATION WORK SHEET - TN Level<sup>1</sup>

(Thousands-Block Number Pooling Growth Block Request)

Tracking Number: **502-ZONETON-KY-209290**

Date: **05/02/2008**

OCN: **0402**

Company Name: **WINDSTREAM KY WEST**

Rate Center: **ZONETON**

List all Codes NPA(s)-NXX(s) and Blocks NPA(s)-NXX-X(s): **502-955,957**

Name of Block Applicant: **Phyllis Deese**

Signature: **Phyllis Deese**

Title: **Analyst 2**

Telephone No.: **704-845-7290**

FAX No.:

E-mail: **elaine.deese@windstream.com**

A. Available Numbers: **7607**

B. Assigned Numbers: **11393**

C. Total Numbering Resources: **19000**

D. Quantity of numbers activated in the past 90 days and excluded from the Utilization calculation: **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<sup>2</sup>

	12	41	61	9	87	36
--	----	----	----	---	----	----

F. Forecast - Next 12 months<sup>3</sup>

	10000	41	43	45	47	50	52	55	58	60	64	67
--	-------	----	----	----	----	----	----	----	----	----	----	----

G. Average Monthly Forecast (Sum of months 1-6 (Part F above) divided by 6): **1704.333**

H. Months to Exhaust<sup>4</sup>

Numbers Available for Assignment to Customers(A)

=

Average Monthly Forecast(G)

Block Requested

1

Available Numbers

7607

Months To Exhaust

4.463

I.  
Utilization<sup>5</sup>  $\frac{\text{Assigned Numbers(B)} - \text{Excluded Numbers(D)}}{\text{Total Numbering Resources(C)-Excluded Numbers(D)}} \times 100 =$   
= **59.963**

Total Numbering Resources(C)-Excluded  
Numbers(D)

Explanation: NXX IS FOR DEDICATED CUSTOMER.

<sup>1</sup>A 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.

<sup>2</sup>Net 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.

<sup>3</sup>Forecast of TNs needed in each following month, starting with the most recent month as Month #1.

<sup>4</sup>To 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)).

<sup>5</sup>Newly acquired numbers may be excluded from the Utilization calculation (FCC 00104, section 52.15 (g) (3)(ii))

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# Pooling Administration System

elaine.deese@windstream.com (SP)

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Time : 05/02/2008 09:01:50 AM EDT

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Attachment 3

- [-] Individual Block Requests
- [-] CO/NXX Code Requests
  - [+] New Code Request
  - [+] Code Modification
  - [+] Code Disconnect
- [-] Confirm Resources In Service
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- [-] Submit Forecast
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November 21, 2003  
ATIS-0300066.at3

## Pooling Administrator's Response/Confirmation TBPAG Part 3

Tracking Number : 502-ZONETON-KY-209290

Date of Application: 05/02/2008 Effective Date: \_\_\_\_\_  
Date of Receipt: 05/02/2008 Date of Response: 05/02/2008

Service Provider Name: WINDSTREAM KY WEST  
(Telcordia™ LERG™ Routing Guide ) OCN: 0402

NPAC SOA SPID : \_\_\_\_\_

### Pooling Administrator Contact Information:

Genevieve Bettiga Phone: 925-363-7652

Signature of Pooling Administrator

Genevieve Bettiga Fax: 925-363-7683

Name (print)

Email: genevieve.bettiga@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): <sup>1</sup> zntnkyxads1

Rate Center:

ZONETON

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.

Explanation:

---

Assignment activity suspended by the administrator.

Explanation:

---

Remarks:

---

<sup>1</sup> This is an eleven-character descriptor provided by the owning entity for the purpose of routing calls. This must be the CLLI<sup>TM</sup> Location Identification code of the switching entity/POI shown on the Part 1A form (Telcordia, LERG ROUTING Guide and CLLI are trademarks of Telcordia Technologies, Inc.)

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**DID NUMBER REQUEST**

Date 4/30/2008

Requestor: Brandy Caudle

Phone # : 704-841-3322

CSS:

Phone # :

<b>DID Number REQUEST for:</b>		BASIC DID ▼
<b>THIS REQUEST IS FOR: (CHECK ONE)</b>		
<input type="checkbox"/>	New DID Group	
<input type="checkbox"/>	Add to Existing Group	
<input checked="" type="checkbox"/>	Reserving a Block of Numbers Only	

1. Customer Name: KIH NORTH BULLITT HIGH SCHOOL

2. Customer Address: 3200 EAST HEBRON LANE SHPVKY

3. Customer Contact: JIM JACKSON 0

4. Number of Trunks Required: \_\_\_\_\_

5. Number of Hundreds Groups: \_\_\_\_\_

Number of Ten Groups: \_\_\_\_\_

Have These Been Pre-Assigned Confirmed?  Yes  No

If Yes, With Who? \_\_\_\_\_

6. Central Office (NXX): 2  
506-955

7. Preassigned Numbers: \_\_\_\_\_

8. Number of Digits Outputed: \_\_\_\_\_

TYPE (check one):  DTMF  MF

9.  Wink Start  Immediate Start

Loop Start  Ground Start

10. Requested Due Dates: ASAP

Are Any Other DID Orders Pending for this Subscriber? \_\_\_\_\_

What is the Ultimate size? \_\_\_\_\_

Trunks

Tens Groups

Hundreds Group

**Remarks:**

I NEED 10,000 #'S FOR THIS CUSTOMER

Upon receipt of this REQUEST FOR SERVICE form, please complete the appropriate portion and forward to the next department on the routing sequence. The completely routed REQUEST FOR SERVICE form is to be returned to PERSON PREPARED BY.

**DIAL OFFICE ADMINISTRATION:**

Initials: \_\_\_\_\_

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

Numbers Available: Yes  No

Reserved: Yes  No

Grade of service to be used for service order: \_\_\_\_\_

**TRAFFIC ENGINEERING:**

Supervisor/Engineer Initials: \_\_\_\_\_

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

Traffic order required: Yes  No

Due Date: \_\_\_\_\_

DIU Required: Yes  No

Analog Trunk Required: Yes  No

T.O.#: \_\_\_\_\_

T.T.O # for non digital: \_\_\_\_\_

Traffic Assignment: \_\_\_\_\_

Traffic Matrix: \_\_\_\_\_

**SPECIAL SERVICES PROVISIONING ENGINEERING**

Supervisor/Engineer Initials: \_\_\_\_\_

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

DID carrier assignment required: Yes  No

DID Carrier Assignment: System: \_\_\_\_\_

Channels: \_\_\_\_\_

Special Service carrier assignment required: Yes  No

Special Service carrier assignment: System: \_\_\_\_\_

Channels: \_\_\_\_\_

**TRANSLATION ENGINEERING**

Supervisor/Engineer Initials: \_\_\_\_\_

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

Translations Required: Yes  No

Estimated Completion: \_\_\_\_\_

RETURN COMPLETED FORM TO PERSON PREPARED BY

FORM LAST MODIFIED 05/13/04