## Where to Email Project ID Requests

Email completed AT&T 21-State Project ID Request Form to the appropriate LSC for the region and specific product.

**Important Note for REQTYP C Only**

Project requests for REQTYP C, LNP are requested via the 21-state REQTYP C Project ID Request Form.

|  |  |  |
| --- | --- | --- |
| **Region** | **Products** | **E-mail Address** |
| Midwest | Resale | [REPROJEC@att.com](mailto:REPROJEC@att.com) |
| UNE Loops, xDSL/PSD Loops, LSNP | [UNEGRP@att.com](mailto:UNEGRP@att.com) |
| Southeast | Resale | [LSCProjectRequests@BELLSOUTH.com](mailto:LSCProjectRequests@BELLSOUTH.com) |
| UNE | [UNESEPRJ@att.com](mailto:UNESEPRJ@att.com) |
| Southwest | DSL Loops | [DSLCCARE@att.com](mailto:DSLCCARE@att.com) |
| Resale | [RSLSW@att.com](mailto:RSLPROSW@txmail.sbc.com) |
| UNE Loops | [UNESW@att.com](mailto:UNESW@att.com) |
| West | UNE-Loop, Loop with NP | [SBCSFPRJ@att.com](mailto:westloopproject@att.com) |
| Resale | [SBCWSTRE@att.com](mailto:SBCWSTRE@att.com) |
| xDSL and PSD Loop | [ATTWSTDG@att.com](mailto:SBCWSTUN@camail.sbc.com) |

##### AT&T 21-State Project ID Request Form for CLEC

CLEC fills out the form below to request a Project ID from AT&T**. All fields are required** except those marked optional/conditional in the shaded rows. If the required fields are not populated, the form will be returned to the CLEC.

|  |  |
| --- | --- |
| **Field** | **Content** |
| 1. Date Request Submitted: |  |
| 1. Requested By (CLEC contact name): |  |
| 1. Phone (CLEC contact telephone number): |  |
| 1. Email Address: |  |
| 1. Account Manager and Contact Number: |  |
| 1. Account Team Service Manager and Contact Number: (*Optional*) |  |
| 1. CLEC Requested AT&T Project ID: *(Optional - 12 state only)* |  |
| 1. CLEC ACNA: |  |
| 1. CLEC AECN/OCN: |  |
| 1. Region/State: |  |
| 1. CLEC End User Name(s): |  |
| 1. Product/Request Type: (REQTYP C excluded) |  |
| 1. Number of Lines/Loops: |  |
| 1. Desired Due Date(s) and Frame Due Time (FDT): Indicate time zone of end user: |  |
| 1. PON# *(Southeast only)* |  |
| 1. Main Billing Telephone Number(s): *(Optional)* |  |
| 1. Number Range(s): If applicable, depending on Product being ordered. *(Conditional)* |  |
| 1. Additional Remarks or Special Instructions: |  |

##### LSC Response to AT&T 21-State Project ID Request Form

The fields below are filled out by the LSC and returned to the CLEC.

| **Field** | **Content** |
| --- | --- |
| 1. Assigned AT&T Project ID: |  |
| 1. Proposed Start Date: |  |
| 1. Proposed End Date: |  |
| 1. FOC Interval: |  |
| 1. Proposed Due Date(s)and Frame Due Time (FDT): |  |
| 1. Reject Reason(s): |  |
| 1. LSC still negotiating FOC and/or DD intervals. Information will be provided within two (2) business days. This will be marked with an X if applicable. |  |
| 1. LSC requires a conference call between the CLEC, LSC and the Account Team Service Manager or Account Manager. This will be marked with an X if applicable. The Account Team will facilitate the conference call. |  |
| 1. *Midwest and Southwest only*. CLEC must contact the LOC on Due Date (DD) when ready to begin the cut. This will be marked with an X if applicable. LOC TN will be provided. |  |

##### Directions for 21-State Project ID Request Form

The following fields are to be completed by the CLEC and then emailed to the appropriate LSC contact for the region and specific product. Refer to [email addresses](#_Email_Addresses:) on the first page.

| **Field** | **Content** |
| --- | --- |
| 1. Date Request Submitted: | Date the Project ID Request Form is submitted by the CLEC to the LSC. |
| 1. Requested By: (CLEC contact name) | Name of the CLEC contact submitting the Project ID Request Form, not the name of the CLEC. |
| 1. Phone: | A telephone number of the person in the “Requested By” field can be contacted. |
| 1. E-mail Address: | The email address of the person in the “Requested By” field can be contacted. |
| 1. Account Manager and Contact Number | The CLEC’s Account Manager and the contact telephone number. |
| 1. Account Team Service Manager and Contact Number (*Optional*) | *Optional.* The CLEC’s account team Service Manager and the contact telephone number if one has been assigned. |
| 1. CLEC Requested AT&T Project ID: *(Optional - 12 state only)* | *Optional - 12 state only. Does not apply to the Southeast at this time.* The CLEC may request a specific AT&T Project ID. The first three characters of the Project ID must be SBC. The entire Project ID cannot be more than 16 alpha/numeric characters. |
| 1. CLEC Name/ACNA: | CLEC’s name and ACNA. |
| 1. CLEC AECN/OCN: | CLEC’s AECN/OCN company code for the states where the Project is requested. UNE CLECs are assigned one AECN/OCN per state. Resale CLECs are assigned one AECN/OCN for all states. |
| 1. Region/State | The region and state(s) where the project is requested. List all states in multiple states are involved. |
| 1. CLEC End User Name: | Business end user’s name included in the Project. If multiple Business end users are included, list all of the Business end user’s names. List Residence end user’s names included in the Project if less than 5 residential end users. Otherwise just input “X amount of residential end user’s included”. “X” should denote the number of residential end user’s included in the Project. |
| 1. Product/Request Type (REQTYP C excluded) | List both the Request Type and a short description of the product involved in the Project. For example, REQTYP A – xDSL Loop. If multiple products involved list all the products.  **Important Note:**  Project requests for **REQTYP C, LNP** are requested via the 21-state **REQTYP C Project ID** Request Form (10/1/15) available in the CLEC Online Handbook. |
| 1. Number of Lines/Loops | The number of lines/loops to be included in the project. |
| 1. Desired Due Date(s) and Frame Due Time (FDT): Indicate time zone of end user: | Desired due date(s) for the Project. This could include multiple due dates depending on how many lines/loops are involved in the Project. Also provide the desired FDT for the cut. Include the appropriate time zone for the end user. |
| 1. PON# ***(Southeast only)*** | ***Southeast only***– Provide the PON# in the ***Southeast only****.* |
| 1. Main Billing Telephone Number: *(Optional)* | Provide when CLEC is converting/porting an account with multiple lines all billed under one TN. For example, an existing Retail or Resale account. |
| 1. Number Range(s): *(Conditional)* | *Conditional:* If applicable, depending on Product being ordered. For example, DID TNs. |
| 1. Additional Remarks or Special Instructions: | Any additional information that may be beneficial.  Provide the additional PON numbers and main telephone number when multiple PONs are RPON’d. |

##### Directions for LSC Response to 21-State Project ID Request Form

The following details the information provided to the CLEC by the LSC.

| **Field** | **Content** |
| --- | --- |
| 1. Assigned AT&T Project ID: | Project ID assigned to the project by the LSC. |
| 1. Proposed Start Date: | AT&T proposed start date for CLECs to begin submitting LSRs for this project. |
| 1. Proposed End Date: | AT&T proposed end date for CLECs to have completed sending all LSRs for this project. Recommended 3 business days. |
| 1. FOC Interval: | FOC (Firm Order Confirmation) interval in which LSRs included in this project will be FOC’d to the CLEC after receipt of the LSR in the LSC. |
| 1. Proposed Due Date(s)and Frame Due Time (FDT): | This is the proposed AT&T Due Date and Frame Due Time (FDT) to be applied to the service order(s) included in this project. This assumes the CLEC **submits all required, accurate LSRs** within the specified timeframe. This may be a due date interval that will be applied to each LSR and related service orders. This could be a single day depending on the number of lines/loops involved in the Project or several single days. |
| 1. Reject Reason(s) | If all required fields are not populated, the request is incomplete. Include the reason(s) for rejecting the request to the CLEC. |
| 1. LSC still negotiating FOC and/or DD intervals. | Information will be provided within two (2) business days. This will be marked with an X if applicable. |
| 1. LSC requires a conference call between the CLEC, LSC and the Account Team Service Manager or Account Manager. | This will be marked with an X if applicable. The Account Team will facilitate the conference call. |
| 1. *Midwest and Southwest only.* CLEC must contact the LOC on Due Date (DD) when ready to begin the cut. | *Midwest and Southwest only.*  This will be marked with an X if applicable. LOC TN will be provided. |