**CUSTOMER INFORMATION:**

**Company Name:**

**Service Type**:

[ ]  Switch Based [ ]  LWC [ ]  Resale [ ]  ILEC

**OCN:**

 California Nevada Out of Exchange

**Type of Activity:** [ ]  New [ ]  Change

Purpose of Change:

Date Submitted:       Requested Service Date:

**In Service Date:**

 **(AT&T Use Only)**

**Customer Contact:**

Contact Name:

Telephone Number: (   )   -     Email:

**BRANDING:** **[ ]** Same Brand for OA/DA **OR** [ ]  Different Brand for OA and DA

Branding Information:

Phonetic Pronunciation:

**TOLL FREE BUSINESS OFFICE/REPAIR INFORMATION:**

Business Office: (   )   -     Days & Hours of Operation:

Repair: (   )   -     Days & Hours of Operation:

**SERVICE OPTIONS:**

Check desired service options. Please refer to instructions for eligibility requirements

for each option.

  **COMPLETE**

 [ ]  Operator Assistance (OA) **DA/OA SUPPLEMENT**

 [ ]  Directory Assistance (DA) **DA/OA SUPPLEMENT**

 [ ]  National Directory Assistance (NDA) **DA/OA SUPPLEMENT**

[ ]  Reverse Directory Assistance (RDA) **DA/OA SUPPLEMENT**

[ ]  Business Category Search (BCS) **DA/OA SUPPLEMENT**

 [ ]  Directory Assistance Call Completion (DACC) **DA/OA SUPPLEMENT**

 [ ]  Facility Based………………...........……....…**SERVING AREA SUPPLEMENT**

[ ]  Coin Service (Coin-Pre only) ..**COIN SUPPLEMENT**

**[ ]** Selective Class of Call Screening (SCOCS)………….**SCOCS SUPPLEMENT**

**To ensure end user billable records are received please contact your Account Manager to set up CMDS Hosting**

**SERVING AREA**: Branding and/or Reference Rater will be implemented in each TOPS Switch identified by the OCN or “X’s” input next to the switch location below. Load charges are based on most recent contract language / pricing.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **OCN** | **Switch** | **ATT Switch CLLI** | **LATA Number** |
| California |  |  |  |  |
|  | [ ]  |      | Bakersfield | BKFDCA1176T | 734 |
|  | [ ]  |      | Chico | CHICCA0188T | 724 |
|  | [ ]  |      | Fresno | FRSNCA0124T | 728 |
|  | [ ]  |      | Gardena | GRDNCA0250T | 730 |
|  | [ ]  |      | Anaheim | ANHMCA0152T | 730 |
|  | [ ]  |      | Sherman Oaks | SHOKCA0251T | 730 |
|  | [ ]  |      | Salinas | SLNSCA0102T | 736 |
|  | [ ]  |      | Sacramento | SCRMCA0179T | 726 |
|  | [ ]  |      | San Diego | SNDGCA0253T | 732 |
|  | [ ]  |      | San Francisco | SNFCCA2101T | 722 |
|  | [ ]  |      | Oakland | OKLDCA0301T | 722 |
|  | [ ]  |      | Santa Rosa | SNRSCA0130T | 722 |
|  | [ ]  |      | San Luis Obispo | SNLOCA0102T | 740 |
|  | [ ]  |      | Stockton | SKTNCA0127T | 738 |
| **Nevada** |  |  |  |  |
|  | [ ]  |      | Reno | RENONV1274T | 720 |
| **Out Of Region** |  |  |  |  |
|  | [ ]  |      |       |       |      |
|  | [ ]  |      |       |       |      |
|  | [ ]  |      |       |       |      |

**REFERENCE/RATER AND BRANDING**

**BILLING NOTIFICATION INFORMATION**

Wholesale customer to complete the following:

OCN:

Customer Billing Name:

Contact:

Mailing Address:

City:      State:       Zip:

Contact Telephone Number: (   )   -

Authorizing Company Representative: