



# CHANGE MANAGEMENT

## CCP CHANGE REQUEST FORM (RF-1870)

DATE SENT: 08/01/05

CHANGE REQUEST #: CR2264

STATUS: S

REQUEST TYPE									
Check appropriate field:									
TYPE 2 (REGULATORY)	X	TYPE 3 (INDUSTRY)		TYPE 4 (BST)		TYPE 5 (CLEC)		TYPE 6 (DEFECT)	

PRIMARY CLEC CHANGE MANAGEMENT POINT OF CONTACT INFORMATION  
(Originator of Request and contact for additional details/questions or to whom response will be made)

NAME:	Steve Hancock	TEL NO:	205-714-0727
EMAIL:		FAX #:	
COMPANY NAME:	BellSouth	OCN:	

### SECTION TO BE COMPLETED BY INITIATOR OF REQUEST:

TITLE OF REQUEST:	Perform Facility Check in GA & KY
-------------------	-----------------------------------

Check appropriate field:

ASSESSMENT OF IMPACT:	HIGH		MEDIUM	X	LOW	
-----------------------	------	--	--------	---	-----	--

PRE-ORDERING		ORDERING	X	MAINTENANCE		MANUAL	
--------------	--	----------	---	-------------	--	--------	--

INTERFACES IMPACTED:	LENS	X	TAG / XML	X	CSOTS		EDI	X	EC-TA		TAFI		LNP	X
----------------------	------	---	-----------	---	-------	--	-----	---	-------	--	------	--	-----	---

TYPE OF CHANGE:

Check appropriate field(s):

SOFTWARE	X	PRODUCT & SERVICES		DOCUMENTATION		HARDWARE	
----------	---	--------------------	--	---------------	--	----------	--

REGULATORY	X	INDUSTRY STANDARDS		PROCESS		NEW OR REVISED EDITS	
------------	---	--------------------	--	---------	--	----------------------	--

DEFECT		EXCEPTION FEATURE		OTHER	
--------	--	-------------------	--	-------	--

Attachment A-1  
BellSouth Change Management

Rev: 01/26/04  
Ver 4.0

(Jointly Developed by the Change Control Sub-team comprised of BellSouth and CLEC Representatives)

Submit completed form to the BST CCP email box at: [change.control@bellsouth.com](mailto:change.control@bellsouth.com)



## CHANGE MANAGEMENT

### CCP CHANGE REQUEST FORM (RF-1870)

DETAILED DESCRIPTION OF REQUESTED CHANGE OR DEFECT DESCRIPTION		
Perform a facility check on LSRs before returning the FOC in Georgia and Kentucky in accordance with GA PSC Docket #7892-U, dated 07/18/05 and Kentucky PSC Docket # 2004-00391 dated 06/20/05.		
REQTYP(s) IMPACTED:	A (excluding Line Share and Line Splitting), B, E, M, N	
ACT TYP(s) IMPACTED:	N, C, T, P, Q, V, W and at least one LNA = N, V, G, X, P, W	
PON EXAMPLES:	N/A	
ERROR MESSAGE:	N/A	
ELECTRONIC MAP VERSION AFFECTED BY CHANGE OR DEFECT:	ELMS6 TCIF9	

---

**BELLSOUTH USE ONLY:**

BELLSOUTH CHANGE REVIEW MEETING RESULTS (Types 2-5 Only):	<b>08/01/05 – Scheduled for implementation in R19.0.2a on 08/07/05.</b>
---	---

DEFECT VALIDATION RESULTS (Type 6 Only):	
---	--

DEFECT WORKAROUND (Type 6 Only):	
-------------------------------------	--

VALIDATED DEFECT SEVERITY LEVEL:	2		3		4	
----------------------------------	---	--	---	--	---	--

CLARIFICATION SENT:	
---------------------	--

---

TARGET IMPLEMENTATION DATE:	<b>08/07/05</b>
ACTUAL IMPLEMENTATION DATE:	