**CENTRAL OFFICE CODE ASSIGNMENT REQUEST – PART 1**

Type of Application: New Change Delete

1.0 **GENERAL INFORMATION**

1.1 Contact Information:

Code Applicant:

Company/Entity Name:

Contact Name:

Address:

City, Country:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: E-Mail:

Code Commission:

Name:

Address:

City, Country:

Phone: FAX:

1.2 NPA: OCN:

Switching Identification (Switching Entity/POI)

Locality/City/Wire Centre: Rate Centre:

Homing Tandem Operating Co.: Tandem Homing CLLI:

Route same as: NPA NXX Rate Centre same as: NPA\_\_\_\_\_\_ NXX\_\_\_\_\_\_

1.3 Dates: Date of Application: Requested Effective Date:

1.4 Type of company/entity requesting the code:

a) (LEC, IC, CMRS, Other)

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

c) Is certification required? Yes No \_\_\_\_\_\_\_\_

1) If no, explain:

2) Does your company have certification? Yes No \_\_\_\_\_\_\_\_\_\_

i) If yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ii) If no, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d) Code Assignment Preference (Optional)

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

Type of change:

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

Pool Indicator \_\_\_\_\_\_\_ (YES)

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 \_\_\_\_\_\_\_\_\_\_ for TRA

(RDBS) & BRIDS

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 the current Central Office Code (NXX) Assignment Guidelines dated March 3, 2005.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Code Applicant Title

Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **CENTRAL OFFICE CODE ASSIGNMENT REQUEST – PART 2** | | |
| Following are CO Code (NXX) data requirements for the Telcordia™ BIRRDS database. Section 1.2 of the COCAG/TBPAG Forms Part 2 Job Aid may be referenced for assistance in completing this form. This form must always be completed for newly assigned CO Codes. | | |
| **New CO Code** | All items are required unless otherwise noted. | |
| **Data change** | Items 1-5 are required, as are the appropriate element(s) to be changed. | |
| **Disconnect** | Only items 1-5 should be provided. | |
| - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - | | |
| 1. NPA | **\_\_\_\_\_\_\_\_\_\_** | Numbering Plan Area Code (Area Code) in which the CO Code (NNX) has been assigned |
| 2. NXX | **\_\_\_\_\_\_\_\_\_\_** | Central Office Code (the assigned NXX) |
| 3. BLOCK ID | **\_\_\_\_\_\_\_\_\_\_** | No entry required for CO Codes. |
| 4. STATUS | **\_\_\_\_\_\_\_\_\_\_** | E = new code, M = change to supporting data, D = disconnect |
| 5. EFFECTIVE DATE | **\_\_\_\_\_\_\_\_\_\_** | Date a new CO Code can first be routed to, date supporting data change will be effective or, date of disconnect [D/M/Y] |
| 6. OCN | **\_\_\_\_\_\_\_\_\_\_** | Operating Company Number |
| 7. LOCALITY | **\_\_\_\_\_\_\_\_\_\_** | **(**Maximum 10 characters each) |
| 8. COUNTY | \_\_\_\_\_\_\_\_\_\_ | If applicable, the county in which the locality resides |
| 9. STATE | \_\_\_\_\_\_\_\_\_\_ | Two character code for the state or territory of the locality |
| 10. PLACE NAME | \_\_\_\_\_\_\_\_\_\_ | Enter up to 50 characters to identify PLACE NAME to be referenced in billing. Also enter the appropriate two character state code.\* |
| 11. COC TYPE | \_\_\_\_\_\_\_\_\_\_ | Identifies use of the CO Code (Choose one - EOC, PLN, PMC, RCC, SIC, TST, SP1, SP2, for ODDBALL codes see Job Aid) |
| 12. SSC | \_\_\_\_\_\_\_\_\_\_ | Special Service Code - (Choose one (or valid combinations up to four) - A, B, C, I, J, M, N, O, R, S, T, W, X, Z, 8) |
| 13. TR DIG EO | \_\_\_\_\_\_\_\_\_\_ | Number of digits to be out pulsed to a switching entity/POI end office by another carrier (e.g. NPA + NXX + line would be 10). |
| 14. TR DIG AT | \_\_\_\_\_\_\_\_\_\_ | Number of digits to be out pulsed to a switching entity/POI tandem office by another carrier (e.g. NPA + NXX + line would be 10). |
| 15. NXXTYPE | \_\_\_\_\_\_\_\_\_\_ | Identifies use of CO Code (NXX) (Choose one of listed values provided in the COCAG Part 2 Job Aid) |
| 16. BILL RAO | \_\_\_\_\_\_\_\_\_\_ | A valid Revenue Accounting Office code. |
| 17. BO CODE | \_\_\_\_\_\_\_\_\_\_ | An appropriate Business Office code. |
| 18. CO TYPE | **\_\_\_\_\_\_\_\_\_\_** | Company Type - (Choose appropriate value 0-9) |
| 19. TIME ZONE | **\_\_\_\_\_\_\_\_\_\_** | 0-None, 1-Guam/CNMI, 2-Hawaii, 3- Alaska/Yukon, 4-Pacific, 5-Mountain, 6-Central, 7-Eastern, 8-Atlantic, 9-Newfoundland |
| 20. IDDD | **\_\_\_\_\_\_\_\_\_\_** | International Direct Distance Dialling (Y - if the CO Code (NXX) can place IDDD calls, N - if not) |
| 21. DIND | **\_\_\_\_\_\_\_\_\_\_** | Dialable Indicator (Y - if directly dialable, N - if not) |
| 22. DAYLIGHT SAVINGS | **\_\_\_\_\_\_\_\_\_\_** | (Y - if the CO Code (NXX) serves an area that observes daylight, N - if not) |
| 23. PORTABLE | **\_\_\_\_\_\_\_\_\_\_** | (Y/N) Y if line numbers can be ported from this CO Code |
| 24. SWITCH | **\_\_\_\_\_\_\_\_\_\_** | Eleven-character CLLI[[1]](#footnote-1)™ code that identifies the Switching Entity/POI (see COCAG Part 2 Form 2 if switch has not yet been established in BIRRDS) |
| 25. SHA IND | **\_\_\_\_\_\_\_\_\_\_** | Switch Homing Arrangement (two digits) (multiple homing arrangements - see COCAG Part 2 Form 8 if SHA IND has not yet been established in BIRRDS for the given switch) (if not applicable, enter 00) |
| 26. TEST LINE | **\_\_\_\_\_\_\_\_\_\_** | Four-digit test line number |

**Request for Additional Central Office Code Assignments**

**MONTHS TO EXHAUST CERTIFICATION WORKSHEET - TN Level**

(Worksheet to be used for Requests for Additional Codes for Growth)

1. Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

D M Y

2. Company’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Switching Entity/Point of Interconnection (CLLI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Rate Center\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. NPA(s):\_\_\_\_\_\_\_\_\_\_ 6. NXXs included in growth calculation: \_\_\_\_\_\_\_\_

7. Signature of Authorized Representative of Code Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Telephone Numbers (TNs) Available for Assignment (See Glossary):

Month Month Month Month Month Month

#1 #2 #3 #4 #5 #6

Month Month Month Month Month Month

#7 #8 #9 #10 #11 #12

B. Previous 6-month growth history: \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

C. Projected growth - Months 1-12: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

D. Average Monthly Forecast (Sum of months 1- 6 Part C above divided by 6) \_\_\_\_\_\_

E. Months to Exhaust = Telephone No (TNs) Available for Assignment(A)

Average Monthly Forecast (D)

F. Utilisation Level = \_Telephone No’s (TNs) Assigned x 10 = \_\_\_\_ %

Total Numbering Resources in

Applicant’s Inventory

1. ™ CLLI is a trademark of Telcordia Technologies, Inc. [↑](#footnote-ref-1)