



**CLEC INFORMATION**

Date			
CLEC Name			
Address			
Contact Name		Telephone	
Email Address		Fax Number	
Mis-Route		Mis Route Contact	
Email Address		Toll Free 24 Hour/7 Day "Live Answer" Number	
CPUC Certify RCD No.		NENA Company ID	

**TRUNK PLAN**

NEW <input type="checkbox"/>	CHANGE TO EXISTING (EXPLAIN BELOW) <input checked="" type="checkbox"/>	DISCONNECT <input type="checkbox"/> (EXPLAIN BELOW)	
Explain			
"Active" Customer Date		CLEC Log # (Optional)	
LEC/ILEC		No of Voice Paths	

**CLEC TRUNK IDENTIFICATION**

County			
AB # or Two-Six		AB # or Two-Six	
A CLLI Code	Address/Cit		
Z CLLI Code	Address/Cit		
Facility ACTL (POI)	Address/Cit		
Direct Final	<input type="checkbox"/>	Alternate Final	<input type="checkbox"/>
Signaling Type	<input type="checkbox"/> SS7	<input type="checkbox"/> MF	Signaling Type <input type="checkbox"/> SS7 <input type="checkbox"/> MF

**NXX'S**

NPA													

RATE CENTER(S)

Additional NPA/NXX's Continued on Page 2

**COUNTY COORDINATOR SECTION**

DESN		County No	
Law		Emergency	
Fire		Emergency	
EMS		Emergency	



Approver		Phone	
Email Address		Date	

**9-1-1 EMERGENCY COMMUNICATIONS – APPROVAL SECTION**

<b>Approval Date</b>		<b>Reimbursement</b>	
<b>Approved</b>		<b>Approved</b>	
<b>Approved Monthly: ILEC Monthly and Mileage (Maximum of 25) Charges. Approved</b>			
<b>9-1-1 Service ID</b>		<b>9-1-1 Tracking Number</b>	
<b>Notes</b>			
<b>Approved By</b>		<b>Email</b>	
<b>Approved By Signature</b>			
<b>Telephone</b>		<b>Fax</b>	

CLEC			
County			
A CLLI	Address/City		
Z CLLI	Address/City		
AB Number/		AB Number/ Two Six Code	

**NXX'S**

<b>NPA</b>											
<b>NPA</b>											

<b>RATE CENTER</b>											
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**NXX'S**

<b>NPA</b>											
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<b>NPA</b>											
<b>RATE CENTER</b>											

**NXX'S**

<b>NPA</b>											
<b>NPA</b>											
<b>RATE CENTER</b>											

**NXX'S**

<b>NPA</b>											
<b>NPA</b>											
<b>RATE CENTER</b>											