

**Other NANP Resources
User Guide**

4.0v

December 19, 2022

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1.0 Introduction

1.1 Purpose

This document provides instruction for making requests for the assignment of the following North American Numbering Plan (NANP) resources via the NANP Administration System (NAS): NPAs (area codes), Carrier Identification Codes (CICs), 900 NXX codes, and 800-855 line numbers. It also provides information regarding NAS reporting capabilities pertaining to these resources which are commonly referred to as Other NANP Resources or Other Resources. For information on making requests for the assignment of 5XX-NXX codes, please refer to the 5XX-NXX User Guide located on the NANPA website (https://nationalnanpa.com/tools/nasUser_guide.html).

1.2 NAS Overview as it Relates to Other NANP Resource Processing

The following list includes some of the request processing and reporting capabilities available in NAS for these resources:

- Entering and submitting requests for new resource assignments
- Entering and submitting requests for changes to existing resource assignments
- Searching for forms tied to resource requests (Part 1s, Part As, Confirmations of In-Service)
- Report capabilities
 - Submitted applications
 - Submitted in-service confirmations
 - Assignments needing in-service confirmations

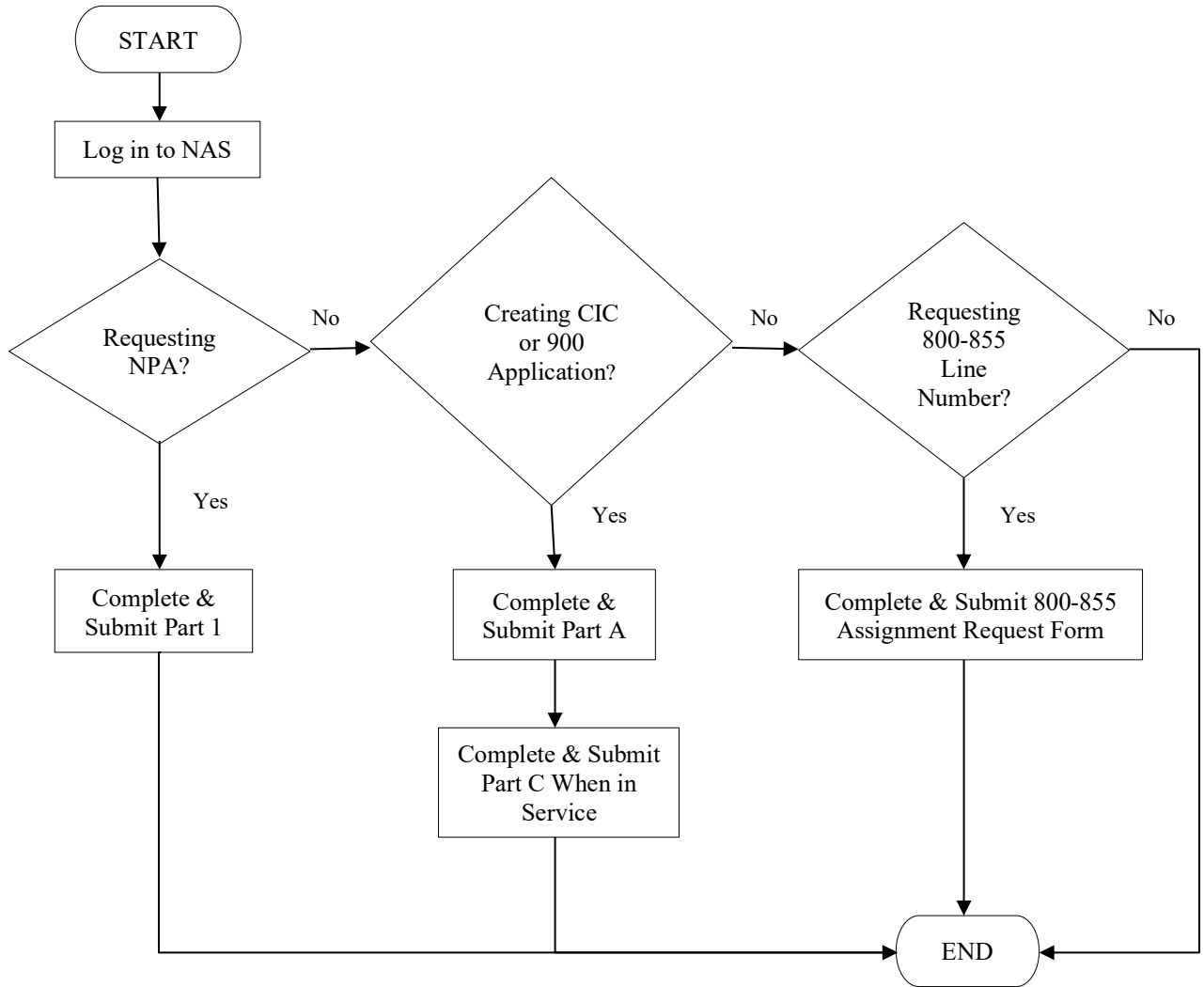
1.3 Content Summary

This document guides NAS users through the application process for Other Resources, excluding central office codes. The following resources are addressed:

- NPAs
- CICs
- 900 NXX Codes
- 800-855 Line Numbers

1.4 Flowchart

The flowchart below describes Other Resources request processing in NAS.



1.5 Getting Started

To have access to Other Resources forms in NAS, the user must have selected the “**Other Resources**” subscription when registering in NAS. For questions on registration, please contact the NAS Customer Support Desk at (866) 623-2282 or via email at support@nanpa.com.

After logging into NAS, the user should click on **Request for Resources** to begin the application process for any of the Other Resources. This will bring down a list of application forms (Figure 1.1). Click on the particular form to proceed.

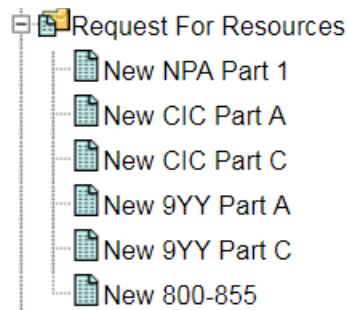


Figure 1.1

2.0 NPAs

This section discusses the steps for an applicant to create and submit a request in NAS for a Specific Geographic NPA Relief Code, Unique Country NPA Code, Easily Recognizable NPA Code, and General Purpose NPA Code.

The criteria for assignment of an NPA are discussed in the NPA Allocation Plan and Assignment Guidelines (https://www.atis.org/01_committ_forums/inc/documents/).

From the “**Request for Resources**” main menu, select “**New NPA Part 1**” to begin each of these submissions.

The complete NPA Code Assignment Form (Part 1) is shown in Figures 2.1-2.2. Requesting each type of NPA is accomplished by completing the applicable section(s) of the Part 1.

NPA Code Assignment Form Part 1 - Assignment Request

Please complete and submit the following form.

1. Contact Information:

Entity Name:	<input type="text" value="Made-Up SP II"/>		
Contact Name:	<input type="text" value="Login Sandy"/>		
Address:	<input type="text" value="2411 Dulles Corner Park"/>		
City:	State	Zip:	
<input type="text" value="Herndon"/>	<input type="text" value="VA"/>	<input type="text" value="20171"/>	
Telephone:	Fax	Email:	
<input type="text" value="571-363-3822"/>	<input type="text" value="571-363-3838"/>	<input type="text" value="login.sandy@nanpa.com"/>	

2. NPA Code Request: ¹

- Specific Geographic NPA Relief Code (See Section 9.3, Item 5 below)
- Unique Country NPA Code (See Section 10.3)
- Easily Recognizable NPA Code (See Section 12.3)
- General Purpose NPA Code (See Section 13.3)

3. Planned/Proposed Activation Date:

 (mm/dd/yyyy)

4. NPA being requested (Optional):

Figure 2.1

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5. If the assignment request is for a Specific Geographic NPA Relief Code please complete the following:

a. Specific details about the NPA for which relief is being sought:

NPA:

Location (state, province or country):

Projected exhaust date before relief (e.g., 2Q99):

b. A brief description of the NPA relief plan, e.g., split, overlay, etc.:

c. Has the NPA relief plan received regulatory and/or industry approval?

Yes No Not Applicable

If no, explain:

d. Please provide the projected exhaust of all NPAs involved in the relief plan after the plan has been implemented:

NPA	Exhaust after Relief
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I hereby certify that the following information requesting an NPA Code is true and accurate to the best of my knowledge, that any required regulatory authorization has been obtained, and that this application has been prepared in accordance with the NPA Allocation Plan and Assignment Guidelines in effect on this day.

Authorized Representative of Code Applicant:

Title:

Date:

¹ Code Applicants are responsible for attaching detailed information for each of the respective NPA partitions as described in Section 9.3, 10.3, 12.3, or 13.3.

Figure 2.2

Step 1: Complete fields on the NPA Code Assignment Form Part 1 form

Section 1 – Contact Information

The Entity Name, Contact Name, Address and Contact information (telephone number, fax number and email address) are pre-populated from the user profile information (Figure 2.3). Each field is editable.

1. Contact Information:

Entity Name:		
<input type="text" value="Made-Up SP II"/>		
Contact Name:		
<input type="text" value="Login Sandy"/>		
Address:		
<input type="text" value="2411 Dulles Corner Park"/>		
City:	State	Zip:
<input type="text" value="Herndon"/>	<input type="text" value="VA"/>	<input type="text" value="20171"/>
Telephone:	Fax	Email:
<input type="text" value="571-363-3822"/>	<input type="text" value="571-363-3838"/>	<input type="text" value="login.sandy@nanpa.com"/>

2. NPA Code Request: ¹

- Specific Geographic NPA Relief Code (See Section 9.3, Item 5 below)
- Unique Country NPA Code (See Section 10.3)
- Easily Recognizable NPA Code (See Section 12.3)
- General Purpose NPA Code (See Section 13.3)

3. Planned/Proposed Activation Date:

(mm/dd/yyyy)

Figure 2.3

Section 2 – NPA Code Request

The applicant selects the type of NPA being requested (i.e., Specific Geographic NPA Relief Code, Unique Country NPA Code, Easily Recognizable NPA Code or General Purpose NPA Code).

Section 3 – Planned/Proposed Activation Date

The applicant enters the planned or proposed activation date for the NPA code request. The date is entered in the format of mm/dd/yyyy.

Section 4 – NPA being requested

The applicant may specifically request a particular NPA by entering that NPA in this optional field (Figure 2.4).

4. NPA being requested (Optional):

5. If the assignment request is for a Specific Geographic NPA Relief Code please complete the following:

a. Specific details about the NPA for which relief is being sought:

NPA:

Location (state, province or country):

Projected exhaust date before relief (e.g., 2Q99):

b. A brief description of the NPA relief plan, e.g., split, overlay, etc.:

c. Has the NPA relief plan received regulatory and/or industry approval?

Yes No Not Applicable

If no, explain:

d. Please provide the projected exhaust of all NPAs involved in the relief plan after the plan has been implemented:

NPA	Exhaust after Relief
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Figure 2.4

Section 5 – If the assignment request is for a Specific Geographic NPA Relief Code:

- a. Enter the NPA being relieved, the state, province or country of this NPA and the projected exhaust date before relief.
- b. Provide a brief description of the NPA relief plan.
- c. Indicate if the relief plan has been approved by the appropriate state commission (Yes/No). If the response is no, an explanation is required. If a relief plan does not require regulatory and/or industry approval, then select “Not Applicable.”
- d. Enter the projected exhaust dates of all the NPAs involved in the relief plan.

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After completing the application, enter the Authorized Representative of the Code Applicant and Title (Figure 2.5). The date is pre-populated with the current date.

I hereby certify that the following information requesting an NPA Code is true and accurate to the best of my knowledge, that any required regulatory authorization has been obtained, and that this application has been prepared in accordance with the NPA Allocation Plan and Assignment Guidelines in effect on this day.

Authorized Representative of Code Applicant:
Title:
Date:

Code Applicants are responsible for attaching detailed information for each of the respective NPA partitions as described in Section 9.3, 10.3, 12.3, or 13.3.

Figure 2.5

Step 2: Submit the Application

To submit the application, click the “**Submit**” button. The “**Reset**” button will allow the user to blank out all fields in which the user has entered information and re-enter the data. The “**Cancel**” button will allow the user to completely cancel the Part 1 request and return to the NAS home page.

The NPA Part 1 has been saved. Please note the Tracking Number: **NPA-PART1-25303**

Figure 2.6

Upon successful submission, a tracking number will be displayed (Figure 2.6). Be sure to record the tracking number reflected on the confirmation; the tracking number is for use to monitor the status of the application form in NAS. If the submission is unsuccessful, NAS will return the user to the Part 1 with an error message at the top of the screen specifically indicating the fields that must be corrected or completed in order to successfully submit the application.

3.0 Carrier Identification Codes (CICs)

This section discusses the submission of a first CIC application, a request for an additional CIC, changes to an assigned CIC, return of a CIC, and applying to NANPA for the transfer of a CIC assignment due to merger/acquisition.

The criteria for assignment of CICs are discussed in the CIC Assignment Guidelines (https://www.atis.org/01_committ_forums/inc/documents/).

From the “**Request for Resources**” main menu, select “**New CIC Part A**” to begin each of these submissions.

The complete CIC Application Form (Part A) is shown in Figures 3.1-3.4. Applying for a first CIC, requesting an additional CIC, etc., is accomplished by completing the applicable section(s) of the Part A.

CIC APPLICATION FORM

Last Edited: January 4, 2016

Entities requesting a CIC shall complete the following steps. If the entity requesting a CIC is a switchless reseller, please refer to Section 2.2.1 for special application procedures. If the entity requesting a CIC is an interconnected VoIP service provider, please refer to Section 2.2.3. Please note that all CIC applicants must provide a valid Access Customer Name Abbreviation (ACNA) as part of the application process:

(a) The entity shall place a valid order for FG B or FG D trunk access service, or FG B translations access service, where available, with an access provider³.

(b) If a CIC assignment is being requested, the entity shall complete this form and attach to the request for access service. Use one form per CIC request.

(c) The access service provider shall submit the CIC Application Form to the administrator, currently North American Numbering Plan Administrator (NANPA).

(d) The CIC administrator shall complete the CIC Assignment Form, within 10 working days from receipt of assignment request from the access service provider. The CIC Assignment Form shall be sent to the entity requesting a CIC and the access service provider.

A CIC assigned to an entity shall be placed in service within 6 months after the assignment date as reported on the CIC Assignment Form. The entity assigned the CIC shall submit the CIC Activation Form to the CIC administrator indicating the date the CIC was activated. If a CIC is not activated within the 6-month period, the assigned CIC may be reclaimed using procedures described in Section 6 of these guidelines. It is understood that the entity will return the CIC to the administrator for reassignment if the resource is no longer used by the entity, has not been activated within the timeframe specified in these guidelines, or is not being used in conformance with these guidelines.

The entity, access service provider and the CIC administrator acknowledge that the information contained in this application form is sensitive, proprietary and will only be shared with the appropriate administrator and/or regulators.

1. Date of request for access service:

2. Contact Information

Access Customer Name*:
Street*:
City*: State/Prov*: Zip*:
Telephone*: Fax:
Email*:
Contact Name*:
Title:

3. Access Customer Name Abbreviation (ACNA)*:

Figure 3.1

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4. Type of Request (select one)*:

- First CIC
- Additional CIC
- Information change CIC (go to Section 12)
- Return CIC (go to Section 11)
- Merger/Acquisition (go to Section 12)

5. Type of service (select one)*:

- FG B
- FG B Translations Access
- FG D

6. Does the entity requesting this assignment have any CICs currently assigned?

- Yes
- No
- Not Applicable

If yes, please list the CICs currently assigned, specifying whether they are FGB or FGD assignments

7. Does the requesting entity share common ownership or control with other companies (see Section 1.3 for the guidelines)?

- Yes
- No
- Not Applicable

If yes, please list the name(s) of all other companies under common ownership or control with the requesting entity

8. If yes to 7, do any of these entities under common ownership or control have CICs?

- Yes
- No
- Not Applicable

Figure 3.2

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9. Please provide three code selections in order of preference:

1.

2.

3.

10. If the above codes are not available, may any available code be assigned?

- Yes
- No
- Not Applicable

11. Code Return Notification:

The following CIC(s) is being returned to the list of available codes

Effective Date(mm/dd/yyyy):

12. CIC Information Change:

CIC affected:

Old Information

New Information

Explanation

Effective Date(mm/dd/yyyy):

Figure 3.3

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I hereby certify that the above information is true and accurate to the best of my knowledge, that the assigned CIC will be used in accordance with the *CIC Assignment Guidelines* (INC 95-0127-006) and that this application has been prepared in accordance with the guidelines.

Authorized Representative of the CIC Entity*:

Title*:

Date*:

³ Although LECs are not formal "purchasers" of FG B or FG D access, the CIC Assignment Guidelines do not preclude LECs from being assigned CICs.

Figure 3.4

3.1 CIC Application Form – First CIC

This section discusses the creation and submission of a CIC Application Form (Part A) for a “First CIC” assignment via NAS.

Please note that any field marked with a red asterisk (*) is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the CIC Application Form

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1. **Date of request for access service:**

2. **Contact Information**

Access Customer Name*:

Street*:

City*: State/Prov*: Zip*:

Telephone*: Fax:

Email*:

Contact Name*:

Title:

3. **Access Customer Name Abbreviation (ACNA)*:**

4. **Type of Request (select one)*:**

First CIC

Additional CIC

Information change CIC (go to Section 12)

Return CIC (go to Section 11)

Merger/Acquisition (go to Section 12)

Figure 3.5

Section 1 – Date of Request for Access Service

The date of request for access service represents the date that a valid order for trunk access was placed with the applicant's service provider (Figure 3.5). The applicant enters this date. A switchless reseller that is applying to NANPA for a CIC would not enter information in this field, leaving it blank.

If a date is supplied in Section 1 and if the applicant is a long distance carrier, the applicant's service provider must supply NANPA (separate from Part A) with a copy of the Access Service Request (ASR) as confirmation that an order for trunk access was placed.

Section 2 – Contact Information - The access customer name, street, city, state/province, zip code, telephone, fax, e-mail address, contact name and title are pre-populated from the NAS user profile. Each of these fields is editable.

Section 3 – Access Customer Name Abbreviation (ACNA)

Any US applicant must supply a valid ACNA assignment in this field, as required by the CIC assignment guidelines. ACNAs are 3-character alphabetical assignments. All ACNAs are validated by NANPA. Canadian applicants are not required to supply an ACNA.

Section 4 – Type of Request (select one); Select "First CIC".

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5. Type of service (select one)*:

- FG B
- FG B Translations Access
- FG D

6. Does the entity requesting this assignment have any CICs currently assigned?

- Yes
- No
- Not Applicable

If yes, please list the CICs currently assigned, specifying whether they are FGB or FGD assignments

7. Does the requesting entity share common ownership or control with other companies (see Section 1.3 for the guidelines)?

- Yes
- No
- Not Applicable

If yes, please list the name(s) of all other companies under common ownership or control with the requesting entity

Figure 3.6

Section 5 – Type of Service (select one)

Identify the type of request (Feature Group B (FGB), FGB Translations Access, or Feature Group D (FGD)). Only one of these types of request can be identified (Figure 3.6).

Section 6 – Does the entity requesting this assignment have any CICs currently assigned -

Since this CIC application form is being submitted for a “First CIC”, Section 6 must be answered with a “No”.

Section 7 – Does the requesting entity share common ownership or control with other companies?

A “Yes” or “No” response is required.

If Section 7 is answered “Yes”, the names of any and all other companies under common ownership and/or control with the applicant must be provided in the space below the “Yes” response (required field if Section 7 is “Yes”).

If Section 7 is answered “No”, the space below the “No” response is left blank.

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8. If yes to 7, do any of these entities under common ownership or control have CICs?

- Yes
- No
- Not Applicable

9. Please provide three code selections in order of preference:

1.

2.

3.

10. If the above codes are not available, may any available code be assigned?

- Yes
- No
- Not Applicable

Figure 3.7

Section 8 – If yes to #7, do any of these entities under common ownership or control have CICs - If Section 7 was answered “No”, “Not Applicable” should be marked in Section 8 (Figure 3.7).

If Section 7 was answered “Yes”, then the appropriate response of “Yes” or “No” should be marked in Section 8.

Section 9 – Please provide three code selections in order of preference.

If the applicant wishes to apply for a specific code, these fields are provided for the applicant to identify the specific code they are requesting. The applicant is not required to complete this section. If this section is not completed, and if the applicant meets all other qualifications to obtain an assignment, a random assignment will be made.

Section 10 – If the above codes are not available, may any available code be assigned - If the applicant provides specific codes in response to Section 9 that are not available for assignment, by answering “Yes” to this question, the applicant indicates that they will accept a random assignment. By responding “No” to this section, the applicant indicates that no assignments other than the specific codes they provided in response to Section 9 will be accepted. Responding “No” to this section may result in denial of the CIC Application Form.

11. Code Return Notification:

The following CIC(s) is being returned to the list of available codes

Effective Date(mm/dd/yyyy):

12. CIC Information Change:

CIC affected:

Old Information

New Information

Explanation

Effective Date(mm/dd/yyyy):

Figure 3.8

Section 11 – Code Return Notification - This section (Figure 3.8) is not applicable to the request for a “First CIC”.

Section 12 - CIC Information Change - This section is not applicable to the request for a “First CIC”.

Certification Section

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I hereby certify that the above information is true and accurate to the best of my knowledge, that the assigned CIC will be used in accordance with the *CIC Assignment Guidelines* (INC 95-0127-006) and that this application has been prepared in accordance with the guidelines.

Authorized Representative of the CIC Entity*: Login Sandy
Title*: Other Resources User
Date*: 04/30/2019

³ Although LECs are not formal "purchasers" of FG B or FG D access, the CIC Assignment Guidelines do not preclude LECs from being assigned CICs.

Figure 3.9

The authorized representative of the CIC entity, title, and date are pre-populated from the user profile (Figure 3.9).

Step 2 – Submit the CIC Application Form

To submit the CIC Application Form for a “First CIC”, click the “**Submit**” button. If you have a successful submission, you will receive a confirmation form with a specific tracking number (Figure 3.10).

The CIC Application Form Part A has been saved. Please note the Tracking Number: **CIC-PARTA-25311**

Figure 3.10

Be sure to record the tracking number reflected on the confirmation; the tracking number is for your use to monitor the status of your application form in NAS. If your submission is unsuccessful, NAS will return you to the CIC application form with any error message(s) listed at the top of the screen specifically indicating the fields that must be corrected or completed in order to successfully submit the application.

If you click on the “**Reset**” button, NAS will blank-out all fields in which you provided information and allow you to re-enter information.

If you click on the “**Cancel**” button, NAS will cancel the CIC Application Form and return you to the NAS home page.

Step 3 – Submit the CIC Activation Form

The CIC Activation Form appears when “**New CIC Part C**” is selected from the “**Request for Resources**” main menu.

CIC Activation Form

By signing below, I certify that the CIC(s) specified below are in service, i.e. the appropriate Feature Group B and/or Feature Group D access trunks are in place, or FG B translations access has been obtained, and that the CIC(s) are being used for the purpose specified in the original application.

Authorized Representative of the CIC Applicant*: Login Sandy
Access Customer Name Abbreviation (ACNA)*:
Title*: Other Resources User
Date*: 04/30/2019

	CIC	CIC Type	Date of Assignment	In-Service Date
1	<input type="text"/>	FGB ▾	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	FGB ▾	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	FGB ▾	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	FGB ▾	<input type="text"/>	<input type="text"/>

Figure 3.11

For an applicant to create and submit a confirmation of CIC activation for a “First CIC”, complete the fields on the CIC Activation Form (Figure 3.11).

The “Authorized Representative of the CIC Applicant”, “Title”, and “Date” fields will be pre-populated from the user profile information.

ACNA – Enter the ACNA [required field].

CIC – Enter your assigned CIC.

CIC Type – Click on the drop down arrow to select the appropriate CIC Type (FGB or FGD).

Date of Assignment – Enter the date the CIC was assigned using the mm/dd/yyyy format.

In-Service Date – Enter the date service (FGB or FGD) was activated for the CIC using the mm/dd/yyyy format.

Select **Continue** to submit the Part C. After submission, a tracking number (Figure 3.12) is displayed.

The CIC Application Form Part C has been saved. Please note the Tracking Number: **CIC-PARTC-25313**

Figure 3.12

3.2 CIC Application Form – Additional CIC

This section discusses the creation and submission of a CIC Application Form (Part A) for an “Additional CIC” assignment via NAS.

Please note that any field marked with a red asterisk (*) is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the CIC Application Form

1. **Date of request for access service:**

2. **Contact Information**

Access Customer Name*:

Street*:

City*: State/Prov*: Zip*:

Telephone*: Fax:

Email*:

Contact Name*:

Title:

3. **Access Customer Name Abbreviation (ACNA)*:**

4. **Type of Request (select one)*:**

- First CIC
- Additional CIC
- Information change CIC (go to Section 12)
- Return CIC (go to Section 11)
- Merger/Acquisition (go to Section 12)

Figure 3.13

Section 1 – Date of Request for Access Service - The date of request for access service represents the date that a valid order for trunk access was placed with the applicant’s service provider (Figure 3.13). The applicant enters this date. A LEC, CLEC, or switchless reseller that is applying directly to NANPA for a CIC without ordering trunk access from a service provider would not enter information in this field, leaving it blank.

If a date is supplied in Section 1, the applicant’s service provider must supply NANPA (separate from Part A) with a copy of the Access Service Request (ASR) as confirmation that an order for trunk access was placed.

Section 2 – Contact Information - The access customer name, street, city, state/province, zip code, telephone, fax, e-mail address, contact name and title are pre-populated from the user profile information. Each of these fields is editable.

Section 3 – Access Customer Name Abbreviation (ACNA) - Any US applicant must supply a valid ACNA assignment in this field, as required by the CIC assignment guidelines. ACNAs are 3-character alphabetical assignments. All ACNAs are validated by NANPA. Canadian applicants are not required to supply an ACNA.

Section 4 – Type of Request (select one) - Select “Additional CIC”.

5. **Type of service (select one)*:**

- FG B
- FG B Translations Access
- FG D

6. **Does the entity requesting this assignment have any CICs currently assigned?**

- Yes
- No
- Not Applicable

If yes, please list the CICs currently assigned, specifying whether they are FGB or FGD assignments

7. **Does the requesting entity share common ownership or control with other companies (see Section 1.3 for the guidelines)?**

- Yes
- No
- Not Applicable

If yes, please list the name(s) of all other companies under common ownership or control with the requesting entity

8. **If yes to 7, do any of these entities under common ownership or control have CICs?**

- Yes
- No
- Not Applicable

Figure 3.14

Section 5 – Type of Service (select one) - Identify the type of request (FGB, FGB Translations Access, or FGD; Figure 3.14). Only one of these types of request can be identified.

Section 6 – Does the entity requesting this assignment have any CICs currently assigned - Since this CIC application form is being submitted for a “Additional CIC”, Section 6 must be answered with “Yes”. List the CICs currently assigned, specifying whether they are FGB or FGD assignments.

Section 7 – Does the requesting entity share common ownership or control with other companies - A “Yes” or “No” response is required.

If Section 7 is answered “Yes”, the names of any and all other companies under common ownership and/or control with the applicant must be provided in the space below the “Yes” response (required field if Section 7 is “Yes”).

If Section 7 is answered “No”, the space below the “No” response is left blank.

Section 8 – If yes to #7, do any of these entities under common ownership or control have CICs?

Answer “Yes” or “No”.

9. **Please provide three code selections in order of preference:**

1.

2.

3.

10. **If the above codes are not available, may any available code be assigned?**

Yes
 No
 Not Applicable

11. **Code Return Notification:**
The following CIC(s) is being returned to the list of available codes

Effective Date(mm/dd/yyyy):

12. **CIC Information Change:**
CIC affected:

Old Information

New Information

Explanation

Effective Date(mm/dd/yyyy):

I hereby certify that the above information is true and accurate to the best of my knowledge, that the assigned CIC will be used in accordance with the *CIC Assignment Guidelines* (INC 95-0127-006) and that this application has been prepared in accordance with the guidelines.

Authorized Representative of the CIC Entity*:

Title*:

Date*:

⁹ Although LECs are not formal "purchasers" of FG B or FG D access, the CIC Assignment Guidelines do not preclude LECs from being assigned CICs.

Figure 3.15

Section 9 – Please provide three code selections in order of preference.

If the applicant wishes to apply for a specific code, these fields are provided for the applicant to identify the specific code they are requesting (Figure 3.15). The applicant is not required to complete this section. If this section is not completed, and if the applicant meets all other qualifications to obtain an assignment, a random assignment will be made.

Section 10 – If the above codes are not available, may any available code be assigned? - If the applicant provides specific codes in response to Section 9 that are not available for assignment, by answering “Yes” to this question, the applicant indicates that they will accept a random assignment. By responding “No” to this section, the applicant indicates that no assignments other than the specific codes they provided in response to Section 9 will be accepted. Responding “No” to this section may result in denial of the CIC application form.

Section 11 – Code Return Notification - This section is not applicable to the request for an “Additional CIC”.

Section 12 - CIC Information Change - This section is not applicable to the request for an “Additional CIC”.

Certification Section

I hereby certify that the above information is true and accurate to the best of my knowledge, that the assigned CIC will be used in accordance with the *CIC Assignment Guidelines* (INC 95-0127-006) and that this application has been prepared in accordance with the guidelines.

Authorized Representative of the CIC Entity*: Login Sandy

Title*: Other Resources User

Date*: 04/30/2019

Submit Reset Cancel

³ Although LECs are not formal "purchasers" of FG B or FG D access, the CIC Assignment Guidelines do not preclude LECs from being assigned CICs.

Figure 3.16

The authorized representative of the CIC entity, title, and date are pre-populated from the user profile (Figure 3.16).

Step 2 – Submit the CIC Application Form

To submit the CIC application form for an “Additional CIC”, click the “**Submit**” button.

Step 3 – Submit the CIC Activation Form

For an applicant to create and submit a confirmation of CIC activation for an “Additional CIC”, select “**New CIC Part C**” and complete the fields on the CIC Activation Form (Figure 3.17).

CIC Activation Form

By signing below, I certify that the CIC(s) specified below are in service, i.e. the appropriate Feature Group B and/or Feature Group D access trunks are in place, or FG B translations access has been obtained, and that the CIC(s) are being used for the purpose specified in the original application.

Authorized Representative of the CIC Applicant*: Login Sandy

Access Customer Name Abbreviation (ACNA)*:

Title*: Other Resources User

Date*: 04/30/2019

	CIC	CIC Type	Date of Assignment	In-Service Date
1	<input type="text"/>	FGB ▾	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	FGB ▾	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	FGB ▾	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	FGB ▾	<input type="text"/>	<input type="text"/>

Figure 3.17

The “Authorized Representative of the CIC Applicant”, “Title”, and “Date” fields will be pre-populated from the user profile information.

ACNA – Enter the ACNA that is affiliated with the CIC that has been activated [required field].

CIC – Enter your assigned CIC.

CIC Type – Click on the drop down arrow to select the appropriate CIC Type (FGB or FGD).

Date of Assignment – Enter the date the CIC was assigned using the mm/dd/yyyy format.

In-Service Date – Enter the date that service (FGB or FGD) was activated for the CIC using the mm/dd/yyyy format.

Select **Continue** to submit the Part C.

3.3 CIC Application Form – Information change CIC

This section discusses the creation and submission of a CIC Application Form for an “Information change CIC” in NAS.

Please note that any field marked with a red asterisk (*) is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the CIC Application Form

1. **Date of request for access service:**

2. **Contact Information**

Access Customer Name*:

Street*:

City*: State/Prov*: Zip*:

Telephone*: Fax:

Email*:

Contact Name*:

Title:

3. **Access Customer Name Abbreviation (ACNA)*:**

4. **Type of Request (select one)*:**

First CIC

Additional CIC

Information change CIC (go to Section 12)

Return CIC (go to Section 11)

Merger/Acquisition (go to Section 12)

Figure 3.18

Section 1 – Date of Request for Access Service - This section is not applicable to notification of an information change relating to an existing CIC assignment (Figure 3.18).

Section 2 – Contact Information - The access customer name, street, city, state/province, zip code, telephone, fax, e-mail address, contact name and title are pre-populated from the user profile information. Each of these fields is editable.

Section 3 – Access Customer Name Abbreviation (ACNA) - Any US applicant must supply a valid ACNA assignment in this field, as required by the CIC assignment guidelines. ACNAs are 3-character alphabetical assignments. All ACNAs are validated by NANPA. Canadian applicants are not required to supply an ACNA.

Section 4 – Type of Request (select one) - Select “**Information change CIC**”.

Other NANP Resources User Guide 4.0v

5. **Type of service (select one)*:**

- FG B
- FG B Translations Access
- FG D

6. **Does the entity requesting this assignment have any CICs currently assigned?**

- Yes
- No
- Not Applicable

If yes, please list the CICs currently assigned, specifying whether they are FGB or FGD assignments

7. **Does the requesting entity share common ownership or control with other companies (see Section 1.3 for the guidelines)?**

- Yes
- No
- Not Applicable

If yes, please list the name(s) of all other companies under common ownership or control with the requesting entity

8. **If yes to 7, do any of these entities under common ownership or control have CICs?**

- Yes
- No
- Not Applicable

Figure 3.19

Section 5 – Type of Service (select one) - Identify the type of request (FGB, FGB Translations Access, or FGD). Only one of these types of request can be identified (Figure 3.19).

Section 6 – Does the entity requesting this assignment have any CICs currently assigned - This section is not applicable to Information Change on a CIC assignment.

Section 7 – Does the requesting entity share common ownership or control with other companies - This section is not applicable to Information Change on a CIC assignment.

Section 8 – If yes to #7, do any of these entities under common ownership or control have CICs? - This section is not applicable to Information Change on a CIC assignment.

9. Please provide three code selections in order of preference:

1.

2.

3.

10. If the above codes are not available, may any available code be assigned?

Yes

No

Not Applicable

11. Code Return Notification:

The following CIC(s) is being returned to the list of available codes

Effective Date(mm/dd/yyyy):

Figure 3.20

Section 9 – Please provide three code selections in order of preference - This section is not applicable to Information Change on a CIC assignment (Figure 3.20).

Section 10 – If the above codes are not available, may any available code be assigned? - This section is not applicable to Information Change on a CIC assignment.

Section 11 – Code Return Notification - This section is not applicable to Information Change on a CIC assignment.

12. CIC Information Change:

CIC affected:

Old Information

New Information

Explanation

Effective Date(mm/dd/yyyy):

Figure 3.21

Section 12 - CIC Information Change

CIC affected - Enter the CIC affected by the information change (Figure 3.21).

Old Information - Supply the old information relating to the CIC(s) as it exists before the change is requested.

New Information - Supply the new information that you are requesting the change be made to relating to the CIC(s) assigned.

Explanation - Supply a brief, but comprehensive explanation of the reason you are requesting a change (i.e., entity name change, reason for the entity name change [legal entity name change, etc.], address change, contact information change, change of address, ACNA change, etc.). NOTE: Confirming legal documentation must be supplied separately to NANPA to support the request for an entity name change or assignee name change due to a merger/acquisition.

Effective Date – Supply the date that the information change is effective. Use the format, mm/dd/yyyy.

Certification Section

I hereby certify that the above information is true and accurate to the best of my knowledge, that the assigned CIC will be used in accordance with the *CIC Assignment Guidelines* (INC 95-0127-006) and that this application has been prepared in accordance with the guidelines.

Authorized Representative of the CIC Entity*:
Title*:
Date*:

Figure 3.22

The authorized representative of the CIC entity, title, and date are pre-populated from the user profile (Figure 3.22).

Step 2 – Submit the CIC Application Form

The CIC Application Form Part A has been saved. Please note the Tracking Number: **CIC-PARTA-25319**

Figure 3.23

To submit the CIC application form for an “Information change CIC”, click the “**Submit**” button and note the tracking number (Figure 3.23).

3.4 CIC Application Form – Return CIC

This section discusses the creation and submission of a CIC Application Form to return a CIC assignment via NAS.

Please note that any field marked with a red asterisk (*) is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the CIC Application Form

Other NANP Resources User Guide 4.0v

1. **Date of request for access service:**
2. **Contact Information**
Access Customer Name*:
Street*:
City*: State/Prov*: Zip*:
Telephone*: Fax:
Email*:
Contact Name*:
Title:
3. **Access Customer Name Abbreviation (ACNA)*:**
4. **Type of Request (select one)*:**
 - First CIC
 - Additional CIC
 - Information change CIC (go to Section 12)
 - Return CIC (go to Section 11)
 - Merger/Acquisition (go to Section 12)

Figure 3.24

Section 1 – Date of Request for Access Service - This section is not applicable to returning a CIC assignment (Figure 3.24).

Section 2 – Contact Information - The access customer name, street, city, state/province, zip code, telephone, fax, e-mail address, contact name and title are pre-populated from the user profile information. Each of these fields is editable.

Section 3 – Access Customer Name Abbreviation (ACNA) – Enter the ACNA that is affiliated with the CIC being returned.

Section 4 – Type of Request (select one) - Select “Return CIC”.

Other NANP Resources User Guide 4.0v

5. Type of service (select one)*:

- FG B
- FG B Translations Access
- FG D

6. Does the entity requesting this assignment have any CICs currently assigned?

- Yes
- No
- Not Applicable

If yes, please list the CICs currently assigned, specifying whether they are FGB or FGD assignments

7. Does the requesting entity share common ownership or control with other companies (see Section 1.3 for the guidelines)?

- Yes
- No
- Not Applicable

If yes, please list the name(s) of all other companies under common ownership or control with the requesting entity

8. If yes to 7, do any of these entities under common ownership or control have CICs?

- Yes
- No
- Not Applicable

Figure 3.25

Section 5 – Type of Service (select one) – One type of service must be identified (Figure 3.25).

Section 6 – Does the entity requesting this assignment have any CICs currently assigned -
This section is not applicable to returning a CIC.

Section 7 – Does the requesting entity share common ownership or control with other companies - This section is not applicable to returning a CIC.

Section 8 – If yes to #7, do any of these entities under common ownership or control have CICs?” - This section is not applicable to returning a CIC.

9. **Please provide three code selections in order of preference:**

1.

2.

3.

10. **If the above codes are not available, may any available code be assigned?**

Yes

No

Not Applicable

11. **Code Return Notification:**
The following CIC(s) is being returned to the list of available codes

Effective Date(mm/dd/yyyy):

Figure 3.26

Section 9 – Please provide three code selections in order of preference - This section is not applicable to returning a CIC (Figure 3.26).

Section 10 – If the above codes are not available, may any available code be assigned? - This section is not applicable to returning a CIC.

Section 11 – Code Return Notification

The following CIC(s) is being returned to the list of available codes - Supply the CIC(s) to be returned, specifically identifying if it is a FGB or FGD CIC(s) being returned to NANPA.

Effective Date - Supply the date that the return of the CIC(s) is effective. Use the format, mm/dd/yyyy.

Section 12 - CIC Information Change - This section is not applicable to a Return CIC.

Certification Section

The authorized representative of the CIC entity, title, and date are pre-populated from the user profile.

Step 2 – Submit the CIC application form

To submit the CIC application form for a “Return CIC”, click the “**Submit**” button and note the tracking number.

3.5 CIC Application Form – Merger/Acquisition

This section discusses the creation and submission of a CIC Application Form requesting the transfer of a CIC assignment due to merger/acquisition.

Please note that any field marked with a red asterisk (*) is a required field and must be populated based on the requirements listed below.

Step 1: Complete fields on the CIC Application Form

1. **Date of request for access service:**

2. **Contact Information**

Access Customer Name*:

Street*:

City*: State/Prov*: Zip*:

Telephone*: Fax:

Email*:

Contact Name*:

Title:

3. **Access Customer Name Abbreviation (ACNA)*:**

4. **Type of Request (select one)*:**

- First CIC
- Additional CIC
- Information change CIC (go to Section 12)
- Return CIC (go to Section 11)
- Merger/Acquisition (go to Section 12)

5. **Type of service (select one)*:**

- FG B
- FG B Translations Access
- FG D

Figure 3.27

Section 1 – Date of Request for Access Service - This section is not applicable to notification of a merger/acquisition relating to an existing CIC assignment (Figure 3.27).

Other NANP Resources User Guide 4.0v

Section 2 – Contact Information - The access customer name, street, city, state/province, zip, telephone, fax, e-mail address, contact name and title are pre-populated from the user profile information. Each of these fields is editable.

Section 3 – Access Customer Name Abbreviation (ACNA) - Any US applicant must supply a valid ACNA assignment in this field, as required by the CIC assignment guidelines.

Section 4 – Type of Request (select one) - Select “**Merger/Acquisition**”.

Section 5 – Type of Service (select one) - Identify the type of request (FGB, FGB Translations Access, or FGD).

Section 6 – Does the entity requesting this assignment have any CICs currently assigned? - This section is not applicable to notice of a merger/acquisition.

Section 7 – Does the requesting entity share common ownership or control with other companies - This section is not applicable to notice of a merger/acquisition.

Section 8 – If yes to #7, do any of these entities under common ownership or control have CICs? - This section is not applicable to notice of a merger/acquisition.

Section 9 – Please provide three code selections in order of preference - This section is not applicable to notice of a merger/acquisition.

Section 10 – If the above codes are not available, may any available code be assigned? - This section is not applicable to notice of a merger/acquisition.

Section 11 – Code Return Notification - This section is not applicable to notice of a merger/acquisition.

12. CIC Information Change:

CIC affected:

Old Information

New Information

Explanation

Effective Date(mm/dd/yyyy):

Figure 3.28

Section 12 - CIC Information Change

CIC affected - Enter the CIC(s) affected by the information change, specifically identifying if the CIC(s) is a FGB or a FGD CIC(s) (Figure 3.28).

Old Information - Supply the old information relating to the CIC(s) as it exists before the change is requested.

New Information - Supply the new information that you are requesting the change be made to relating to the CIC(s) assigned.

Explanation - Supply a brief, but comprehensive explanation of the reason you are requesting a change (i.e., entity name change, reason for the entity name change [legal entity name change, etc.], address change, contact information change, change of address, ACNA change, etc.). NOTE: Confirming legal documentation must be supplied separately to NANPA to support the request for an entity name change or assignee name change due to a merger/acquisition.

Effective Date – Supply the date that the information change is effective. Use the format, mm/dd/yyyy.

Certification Section

The authorized representative of the CIC entity, title, and date are pre-populated from the user profile.

Step 2 – Submit the CIC application form

To submit the CIC application form for “Merger/Acquisition”, click the “**Submit**” button.

4.0 900 NXX Codes

This section discusses the submission of an initial 900 NXX code request, a growth 900 NXX code request, return of 900 NXX code(s), and changes to 900 NXX code information.

The criteria for assignment of 900 NXX codes are discussed in the 9YY NXX Code Assignment Guidelines (https://www.atis.org/01_committ_forums/inc/documents/).

From the “**Request for Resources**” main menu, select “**New 9YY Part A**” to begin each of these submissions.

The complete 9YY NXX Part A is shown in Figures 4.1-4.4. Applying for a 900 NXX code, requesting an additional 900 NXX code, etc., is accomplished by completing the applicable section(s) of the Part A.

Other NANP Resources User Guide 4.0v

January 4, 2016

9YY NXX CODE FORMS PART A ASSIGNMENT REQUEST/RETURN NOTIFICATION/INFORMATION CHANGE

The applicant and code administrator acknowledge that information other than identifying the applicant and any code assigned to that applicant, contained on this request form is sensitive and will be treated as confidential. The information in this form shall be treated as proprietary and will only be shared with 9YY NXX code administrator personnel and/or regulators.

1. Name of entity requesting code assignment/return notification/information change:

2. Applicant Contact Information :

Name*:

Address*:

City*:

State/Province*:

Country*:

Zip*:

Telephone*:

Fax*:

Email*:

Company Name*:

Operating Company Number (OCN)*:¹

3. 9YY NXX Code Request*:

3a. Request Type:

- Initial 9YY NXX Code request (also complete Section 3b)
- Growth 9YY NXX Code request (also complete Sections 3c)
- 9YY NXX Code return (also completed Section 3d)
- 9YY NXX Code information change (also complete Section 3e)

Figure 4.1

Other NANP Resources User Guide 4.0v

3b. Initial 9YY NXX Code(s) Request

No more than five NXX codes shall be requested per application form or at any one time.

Quantity of initial 9YY-NXX(s) being requested²:

Initial 9YY-NXX(s) Assignment Preference in order of priority³:

Projected monthly forecast for new TNs in next 12 months:

	Month #1	Month #2	Month #3	Month #4	Month #5	Month #6	Month #7	Month #8	Month #9	Month #10	Month #11	Month #12
Forecast Next 12 Months ⁴	0	0	0	0	0	0	0	0	0	0	0	0

Sum of months 1-6 above:

3c. Growth 9YY-NXX Code Request

Quantity of growth 9YY-NXX(s) being requested:

Growth 9YY-NXX(s) Assignment Preference in order of priority⁵:

A. Telephone Numbers (TNs) Available for Assignment:

B. Monthly growth history for last 6 months:

	Month #1	Month #2	Month #3	Month #4	Month #5	Month #6
Growth History Previous 6 Months ⁶	0	0	0	0	0	0

C. Projected monthly forecast for new TNs in the next 12 months:

	Month #1	Month #2	Month #3	Month #4	Month #5	Month #6	Month #7	Month #8	Month #9	Month #10	Month #11	Month #12
Forecast Next 12 Months ⁷	0	0	0	0	0	0	0	0	0	0	0	0

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

E. Months to Exhaust⁸ = Telephone Numbers (TNs) Available for Assignment (A) / Average Monthly Forecast (D)

F. Utilization Level⁹ = Telephone Numbers (TNs) Assigned / Total Numbering Resources in Applicant's Inventory X 100 %

NOTE: The user must select the "Show Calculation" button prior to submitting the application.

Figure 4.2

Other NANP Resources User Guide 4.0v

3d. Code Return Notification

The following 9YY NXX code(s) are being returned to the list of available NXX codes:

Effective date: (mm/dd/yyyy)

3e. Code Information Change

9YY NXX Codes affected:

Reasons for change:

- Merger/Acquisition
- Company Name Change
- Contact Information Change
- Other

Explanation:

Effective date:

These NXX code(s) were formerly administered by:

Company Name:

Contact Name:

Street:

Room:

City, State/Province:

Country:

Zip/Postal Code:

Telephone:

Fax:

Operating Company Number (OCN):

Figure 4.3

Other NANP Resources User Guide 4.0v

I hereby certify that the above information is true and accurate to the best of my knowledge, that the assigned 9YY NXX code(s) will be used in the provisioning of 9YY service as a public telecommunications service, and that this application has been prepared in accordance with the "9YY NXX Code Assignment Guidelines."

Authorized Representative of Code Applicant/Holder*:

Title*:

Date*:

- ¹ Required per 47 CFR § 52.15 (g) (4) (iv).
- ² See Section 5.
- ³ Please indicate the full six digits (e.g. 900-234) in order of preference.
- ⁴ Forecast of TNs needed in each following month, starting with the most recent month as Month #1.
- ⁵ Please indicate the full six digits (e.g. 900-234) in order of preference.
- ⁶ Net change in TNs no longer available for assignment in each previous month, starting with the most distant month as Month #1, and Month #6 as the current month.
- ⁷ Forecast of TNs needed in each following month, starting with the most recent month as Month #1.
- ⁸ To be assigned an additional 9YY-NXX for growth, "Months to Exhaust" must be less than or equal to 6 months.
- ⁹ Assigned numbers divided by the total numbering resources, multiplied by 100.

Figure 4.4

4.1 900 NXX Part A - Initial Request

The following section describes the steps for an applicant to create and submit an Initial 900 NXX Code request in NAS.

Step 1: Complete fields on the Part A form

1. Name of entity requesting code assignment/return notification/information change:

2. Applicant Contact Information :

Name*: <input type="text" value="Login Sandy"/>	
Address*: <input type="text" value="2411 Dulles Corner Park"/>	
City*: <input type="text" value="Herndon"/>	State/Province*: <input type="text" value="VA"/>
Country*: <input type="text" value="USA"/>	Zip*: <input type="text" value="20171"/>
Telephone*: <input type="text" value="571-363-3822"/>	Fax*: <input type="text" value="571-363-3838"/>
Company Name*: <input type="text" value="Made-Up SP II"/>	Email*: <input type="text" value="login.sandy@nanpa.com"/>

Operating Company Number (OCN)*:¹

Figure 4.5

Please note that any field marked with a red asterisk (*) is a required field and must be populated based on the requirements listed below (Figure 4.5).

Section 1 – Name of entity requesting code assignment/return notification/information change - This field will be pre-populated from the user profile information and it is editable.

Section 2 – Applicant Contact Information - All fields containing contact information will be pre-populated from the user profile information. All fields are editable.

Note: “Name of entity” (section 1) and “Company Name” (section 2) should match.

Operating Company Number (OCN) - Enter the OCN for the request. This is a required field.

Section 3 – 9YY NXX Code Request:

3. 9YY NXX Code Request*

3a. Request Type:

- Initial 9YY NXX Code request (also complete Section 3b)
- Growth 9YY NXX Code request (also complete Sections 3c)
- 9YY NXX Code return (also completed Section 3d)
- 9YY NXX Code information change (also complete Section 3e)

3b. Initial 9YY NXX Code(s) Request
 No more than five NXX codes shall be requested per application form or at any one time.
 Quantity of initial 9YY-NXX(s) being requested²:

Initial 9YY-NXX(s) Assignment Preference in order of priority³:

Projected monthly forecast for new TNs in next 12 months:

	Month #1	Month #2	Month #3	Month #4	Month #5	Month #6	Month #7	Month #8	Month #9	Month #10	Month #11	Month #12
Forecast												
Next 12	0	0	0	0	0	0	0	0	0	0	0	0
Months ⁴												

Sum of months 1-6 above:

Figure 4.6

3a. Request Type – Select Initial 9YY NXX Code request (Figure 4.6).

3b. Initial 9YY NXX Code(s) Request:

Quantity of initial 9YY NXX(s) being requested - Enter the number of initial codes being requested. No more than five NXX codes shall be requested per application form or at any one time. This is a required field.

Initial 9YY NXX(s) Assignment Preference in order of priority – The applicant may specifically request at least one particular code by entering that code in this field (in the format of 900-XXX, always 6 digits in length). If more than one assignment preference is listed, each code should be separated by a comma (,).

Projected monthly forecast for new TNs in the next 12 months – Enter the quantity of new 900-NXX telephone numbers (TNs) for each month in the next 12 months based on projected monthly demand. NAS will automatically calculate the sum of months 1-6.

3c. Growth 9YY-NXX Code Request – This section is not applicable to an Initial 9YY NXX Code request.

3d. Code Return Notification – This section is not applicable to an Initial 9YY NXX Code request.

3e. Code Information Change - This section is not applicable to an Initial 9YY Code request.

Certification Section

The Authorized Representative, Title and Date are pre-populated from information in the user profile (Figure 4.7). These fields may be edited.

I hereby certify that the above information is true and accurate to the best of my knowledge, that the assigned 9YY NXX code(s) will be used in the provisioning of 9YY service as a public telecommunications service, this application has been prepared in accordance with the "9YY NXX Code Assignment Guidelines."

Authorized Representative of Code Applicant/Holder*:

Title*:

Date*:

¹ Required per 47 CFR § 52.15 (g) (4) (iv).
² See Section 5.
³ Please indicate the full six digits (e.g. 900-234) in order of preference.
⁴ Forecast of TNs needed in each following month, starting with the most recent month as Month #1.
⁵ Please indicate the full six digits (e.g. 900-234) in order of preference.
⁶ Net change in TNs no longer available for assignment in each previous month, starting with the most distant month as Month #1, and Month #6 as the current month.
⁷ Forecast of TNs needed in each following month, starting with the most recent month as Month #1.
⁸ To be assigned an additional 9YY-NXX for growth, "Months to Exhaust" must be less than or equal to 6 months.
⁹ Assigned numbers divided by the total numbering resources, multiplied by 100.

Figure 4.7

Step 2: Submit the Part A

To submit the Part A Request form for an initial 900 code assignment, click the “**Submit**” button. If you click on the “**Reset**” button, NAS will blank out all fields in which you provided information and allow you to re-enter the information. If you click on the “**Cancel**” button, NAS will cancel the Part A form and return you to the NAS home page.

The Form 900 Part A has been saved. Please note the Tracking Number: **9YY-PARTA-25327**

Figure 4.8

After submission, a tracking number (Figure 4.8) will be displayed for future reference. The tracking number can be used to review the Part A as mentioned in section 8.1, View Other Resources Forms.

Part C – Confirmation of 900 NXX Code in Service Form

The Part C Confirmation of 9YY NXX Code in Service Form appears when “New 9YY Part C” is selected from the “Request for Resources” main menu.

**9YY NXX Forms
Part C
CONFIRMATION OF 9YY NXX CODE IN SERVICE**

By signing below, I certify that the 9YY NXX code(s) specified below are in service (the code holder has actual assigned end users [customers] or services being used), and that the NXX code(s) are being used for the purpose specified in the original application (See Section 6, "Responsibilities of Code Applicants and Holders" in the 9YY NXX Code Assignment Guidelines").

Authorized Representative of Code Holder*:

Operating Company Number(OCN):

Title*:

Date*:

9YY NXX Code	Date of Assignment (mm/dd/yyyy)	In-Service Date (mm/dd/yyyy)
<input type="text"/>	<input type="text" value="I"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 4.9

Authorized Representative of Code Holder, Title and Date – These fields (Figure 4.9) will be pre-populated from information in the user profile. They are editable.

Operating Company Number (OCN) – Enter the OCN for the Part C.

9YY NXX Code, Date of Assignment, In-Service Date - List each 900 NXX code on a separate row, its date of assignment, and its in-service date. These are required fields.

To submit the Part C, click the “**Continue**” button. The “**Reset**” button will blank out all fields in which information was provided.

The Form 900 Part C has been saved. Please note the Tracking Number: **900-PARTC-25329**

Figure 4.10

After submission, a tracking number (Figure 4.10) will be displayed for future reference.

4.2 900 NXX Part A - Growth Request

The following section describes the steps for an applicant to create and submit a Growth 900 NXX Code request in NAS.

Step 1: Complete fields on the Part A form

Please note that any field marked with a red asterisk is a required field and must be populated based on the requirements listed below (Figure 4.11).

1. Name of entity requesting code assignment/return notification/information change:
Made-Up SP II

2. Applicant Contact Information :

Name*:
Login Sandy

Address*:
2411 Dulles Corner Park

City*:
Herndon

State/Province*:
VA

Country*:
USA

Zip*:
20171

Telephone*:
571-363-3822

Fax*:
571-363-3838

Email*:
login.sandy@nanpa.com

Company Name*:
Made-Up SP II

Operating Company Number (OCN)*:1

3. 9YY NXX Code Request*:

3a. Request Type:

- Initial 9YY NXX Code request (also complete Section 3b)
- Growth 9YY NXX Code request (also complete Sections 3c)
- 9YY NXX Code return (also completed Section 3d)
- 9YY NXX Code information change (also complete Section 3e)

Figure 4.11

Section 1 – Name of entity requesting code assignment/return notification/information change - This field will be pre-populated from the user profile information and it is editable.

Section 2 – Applicant Contact Information - All fields containing contact information will be pre-populated from the user profile information. All fields are editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

Operating Company Number (OCN) - Enter the OCN for the request. This is a required field.

Section 3 – 9YY NXX Code Request:

3a. Request Type – Select Growth 9YY NXX Code request.

3b. Initial 9YY NXX Code(s) Request
 No more than five NXX codes shall be requested per application form or at any one time.
 Quantity of initial 9YY-NXX(s) being requested²:

Initial 9YY-NXX(s) Assignment Preference in order of priority³:

Projected monthly forecast for new TNs in next 12 months:

	Month #1	Month #2	Month #3	Month #4	Month #5	Month #6	Month #7	Month #8	Month #9	Month #10	Month #11	Month #12
Forecast Next 12 Months ⁴	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sum of months 1-6 above:	<input type="text"/>											

3c. Growth 9YY-NXX Code Request
 Quantity of growth 9YY-NXX(s) being requested:

Growth 9YY-NXX(s) Assignment Preference in order of priority⁵:

A. Telephone Numbers (TNs) Available for Assignment:

B. Monthly growth history for last 6 months:

	Month #1	Month #2	Month #3	Month #4	Month #5	Month #6
Growth History Previous 6 Months ⁶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Projected monthly forecast for new TNs in the next 12 months:

	Month #1	Month #2	Month #3	Month #4	Month #5	Month #6	Month #7	Month #8	Month #9	Month #10	Month #11	Month #12
Forecast Next 12 Months ⁷	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

E. Months to Exhaust⁸ = Telephone Numbers (TNs) Available for Assignment (A) / Average Monthly Forecast (D)

F. Utilization Level^{9*} = Telephone Numbers (TNs) Assigned / Total Numbering Resources in Applicant's Inventory X 100 %

NOTE: The user must select the "Show Calculation" button prior to submitting the application.

Figure 4.12

3b. Initial 9YY-NXX Code(s) Request – This section is not applicable to a Growth 9YY NXX Code request.

3c. Growth 9YY-NXX Code Request:

Quantity of growth 9YY-NXX(s) being requested - Enter the number of codes being requested (Figure 4.12). No more than five NXX codes shall be requested per application form or at any one time.

Growth 9YY-NXX(s) Assignment Preference in order of priority – The applicant may specifically request at least one particular code by entering that code in this field (in

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the format of 900-XXX, always 6 digits in length). If more than one assignment preference is listed, each code should be separated by a comma (,).

- A. Telephone Numbers (TNs) Available for Assignment** – Enter the quantity of 900-NXX TNs available for assignment; a value of 0 or greater. This is a required field.
- B. Monthly growth history for last 6 months** – Populate the quantity of 900-NXX TNs assigned over the past 6 months. Negative numbers are permitted.
- C. Projected monthly forecast for new TNs in next 12 months** – Enter the quantity of new 900-NXX TNs forecasted over the next 12 months based on projected monthly demand. Negative numbers are permitted.
- D. Average Monthly Forecast (Sum of months 1-6 Part C divided by 6)** - This field is automatically calculated when the “Show Calculations” button is selected.
- E. Months to Exhaust (TNs Available for Assignment (A)/Average Monthly Forecast (D))** - This field is automatically calculated when the “Show Calculations” button is selected.
- F. Utilization Level** – Enter the quantity of 900-NXX TNs assigned in the numerator and the total 900-NXX numbering resources in the applicant’s inventory in the denominator. The Utilization Level is automatically calculated when the “Show Calculations” button is selected. This is a required field.

Show Calculations – The user must select the “Show Calculations” button prior to submitting the application. Further, if the user makes any changes to the data on this page after selecting “Show Calculations,” the user should select the “Show Calculations” button again prior to submitting the application.

3d. Code Return Notification - This section is not applicable to a Growth 9YY NXX code request.

3e. Code Information Change - This section is not applicable to a Growth 9YY NXX code request.

Certification Section

The Authorized Representative, Title and Date are pre-populated from information in the user profile (Figure 4.13). These fields may be edited.

I hereby certify that the above information is true and accurate to the best of my knowledge, that the assigned 9YY NXX code(s) will be used in the provisioning of 9YY service as a public telecommunications service, this application has been prepared in accordance with the "9YY NXX Code Assignment Guidelines."

Authorized Representative of Code Applicant/Holder*:

Title*:

Date*:

¹ Required per 47 CFR § 52.15 (g) (4) (iv).
² See Section 5.
³ Please indicate the full six digits (e.g. 900-234) in order of preference.
⁴ Forecast of TNs needed in each following month, starting with the most recent month as Month #1.
⁵ Please indicate the full six digits (e.g. 900-234) in order of preference.
⁶ Net change in TNs no longer available for assignment in each previous month, starting with the most distant month as Month #1, and Month #6 as the current month.
⁷ Forecast of TNs needed in each following month, starting with the most recent month as Month #1.
⁸ To be assigned an additional 9YY-NXX for growth, "Months to Exhaust" must be less than or equal to 6 months.
⁹ Assigned numbers divided by the total numbering resources, multiplied by 100.

Figure 4.13

Step 2: Submit the Part A

To submit the Part A Request form for growth 900-NXX code(s), click the “**Submit**” button. If the user clicks on the “**Reset**” button, NAS will blank out all fields and allow the user to re-enter the information. If the user clicks on the “**Cancel**” button, NAS will cancel the Part A form and return the user to the NAS home page.

The Form 900 Part A has been saved. Please note the Tracking Number: **9YY-PARTA-25333**

Figure 4.14

A tracking number (Figure 4.14) will be displayed which should be noted for future reference.

4.3 900 NXX Part A – Code Return Request

The following section describes the steps for an applicant to create and submit a 900 NXX Code return in NAS.

Please note that any field marked with a red asterisk (*) is a required field and must be populated based on the requirements listed below (Figure 4.15).

1. Name of entity requesting code assignment/return notification/information change:
 Made-Up SP II

2. Applicant Contact Information :

Name*: Login Sandy

Address*: 2411 Dulles Corner Park

City*: Herndon State/Province*: VA

Country*: USA Zip*: 20171

Telephone*: 571-363-3822 Fax*: 571-363-3838

Company Name*: Made-Up SP II

Operating Company Number (OCN)*:1

3. 9YY NXX Code Request*:

3a. Request Type:

- Initial 9YY NXX Code request (also complete Section 3b)
- Growth 9YY NXX Code request (also complete Sections 3c)
- 9YY NXX Code return (also completed Section 3d)
- 9YY NXX Code information change (also complete Section 3e)

Email*: login.sandy@nanpa.com

Figure 4.15

Step 1: Complete fields on the Part A form

Section 1 – Name of entity requesting code assignment/return notification/information change: - This field will be pre-populated from the user profile information and it is editable.

Section 2 – Applicant Contact Information - All fields will be pre-populated from the user profile information. All fields are editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

Operating Company Number (OCN) - Enter the OCN for the request. This is a required field.

Section 3 - 9YY NXX Code Request:

3a. Request Type – Select 9YY NXX Code return.

3b. Initial 9YY-NXX Code Request – This section is not applicable to a 9YY NXX Code return.

3c. Growth 9YY-NXX Code Request – This section is not applicable to a 9YY NXX Code return.

3d. Code Return Notification:

3d. Code Return Notification
The following 9YY NXX code(s) are being returned to the list of available NXX codes:

Effective date: (mm/dd/yyyy)

Figure 4.16

The following 9YY NXX code(s) are being returned to the list of available NXX codes. - Supply the 900 NXX code(s) to be returned in the format of 900-XXX (Figure 4.16). If more than one code is to be returned, each code should be separated by a comma (,).

Effective date - Supply the date that the return of the 9YY-NXX code(s) is effective in the format of mm/dd/yyyy.

3e. Code Information Change - This section is not applicable to a 9YY NXX Code return.

Certification Section

To submit the Part A to return 9YY-NXX code(s), click the “**Submit**” button. If you click on the “**Reset**” button, NAS will blank out all fields in which you provided information and allow you to re-enter the information. If you click on the “**Cancel**” button, NAS will cancel the Part A form and return you to the NAS home page.

The Form 900 Part A has been saved. Please note the Tracking Number: **9YY-PARTA-25335**

Figure 4.17

A tracking number (Figure 4.17) will be displayed which should be noted for future reference.

4.4 900 NXX Part A - Change Request

The following section describes the steps for an applicant to create and submit a 900 NXX Code information change in NAS.

Please note that any field marked with a red asterisk (*) is a required field and must be populated based on the requirements listed below (Figure 4.18).

1. Name of entity requesting code assignment/return notification/information change:
Made-Up SP II

2. Applicant Contact Information :

Name*: Login Sandy	State/Province*: VA
Address*: 2411 Dulles Corner Park	Zip*: 20171
City*: Herndon	Fax*: 571-363-3838
Country*: USA	Email*: login.sandy@nanpa.com
Telephone*: 571-363-3822	
Company Name*: Made-Up SP II	

Operating Company Number (OCN)*:1 007X

3. 9YY NXX Code Request*:

3a. Request Type:

- Initial 9YY NXX Code request (also complete Section 3b)
- Growth 9YY NXX Code request (also complete Sections 3c)
- 9YY NXX Code return (also completed Section 3d)
- 9YY NXX Code information change (also complete Section 3e)

Figure 4.18

Step 1: Complete fields on the Part A form

Section 1 – Name of entity requesting code assignment/return notification/information change - This field will be pre-populated from the user profile information and it is editable.

Section 2 – Applicant Contact Information - All fields containing contact information will be pre-populated from the user profile information. All fields are editable.

Note: Name of entity (section 1) and Company Name (section 2) should match.

Operating Company Number (OCN) – Enter the OCN for the request. This is a required field.

Section 3 - 9YY NXX Code Request:

3a. Type of Request – Select 9YY NXX Code information change.

3b. Initial 9YY-NXX Code(s) Request – This section is not applicable to a 9YY NXX Code information change.

3c. Growth 9YY-NXX Code Request – This section is not applicable to a 9YY NXX Code information change.

3d. Code Return Notification – This section is not applicable to a 9YY NXX Code information change.

3e. Code Information Change:

9YY NXX Codes affected - Enter a listing of the 9YY NXX code(s) that are affected by the Code Information Change (in the format of 9YY-NXX, always 6 digits; Figure 4.19). This is a required field.

3e. Code Information Change

9YY NXX Codes affected:

Reasons for change:

- Merger/Acquisition
- Company Name Change
- Contact Information Change
- Other

Explanation:

Effective date:

These NXX code(s) were formerly administered by:

Company Name:

Contact Name:

Street:

Room:

City, State/Province:

Country:

Zip/Postal Code:

Telephone:

Fax:

Operating Company Number (OCN):

Figure 4.19

Reasons for change – Select one of the following reasons for the code change (Merger/Acquisition, Company Name Change, Contact Information Change or Other). This is a required field.

Explanation: Supply a brief but comprehensive explanation of the reason for the code information change. NOTE: Confirming legal documentation must be supplied separately from this form to NANPA to support the request for a company name change or assignee name change as the result of a merger/acquisition.

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Effective Date: Enter the effective date of the change to the code(s) in the format of mm/dd/yyyy.

These NXX code(s) were formerly administered by – Enter the Company Name, Contact Name, Street, Room, City, State/Province, Country, Zip Code/Postal Code, Telephone number and Fax number of the previous assignee.

Operating Company Number (OCN) – Enter the OCN previously associated with the 9YY NXX code(s), if this information is available to you. This field is not marked as a required field, however, the OCN previously associated with this 9YY-NXX(s) is helpful in processing the 9YY NXX information change.

Certification Section

The Authorized Representative, Title and Date are pre-populated from information in the user profile. These fields may be edited.

Step 2: Submit the Part A Request Form

To submit the Part A 900 NXX Code information change, click the “**Submit**” button. Clicking the “**Reset**” button will blank out all fields and allow the user to re-enter the information. “**Cancel**” will cancel the Part A and return the user to the NAS home page.

The Form 900 Part A has been saved. Please note the Tracking Number: **9YY-PARTA-25337**

Figure 4.20

A tracking number (Figure 4.20) will be displayed which should be noted for future reference.

5.0 800-855 Line Numbers

This section discusses the submission of an initial 800-855 line number application, a request for an additional 800-855 line number assignment and changes to an assigned 800-855 line number.

From the “**Request for Resources**” main menu, select “**New 800-855**” to begin each of these submissions.

The complete 800-855 Assignment Request Form is shown in Figure 5.1.

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800-855 Assignment Request Form

Please complete the following form. Use one form per 800-855 number request. Mail, email, or fax the completed form to North American Numbering Plan administration (NANPA), see section 5.3.2 of the guidelines.

The applicant and the number administrator acknowledge that the information contained on this request form is sensitive and will be treated as confidential. Prior to confirmation the information in this form will only be shared with the appropriate administrator and/or regulators.

Company Name:

Contact Name:

Address:

City, State, ZIP:

Phone:

Fax:

Email:

Request Type (Check One): New Number Additional Number¹⁴ Change

If the request is for an additional number, are all current numbers in service? Yes No Not Applicable

If no, please explain why an existing, inactive number cannot satisfy this need.

Will the 800-855 number being requested be used for services intended for the deaf, hard of hearing or speech impaired?

Yes No Not Applicable

Please briefly describe the type of service for which an 800-855 number is being requested:

Is certification or authorization required to provide this type of service?: Yes No Not Applicable

If yes, does your company have such certification or authorization? Yes No Not Applicable

(a) If yes, indicated type and date of certification or authorization (e.g., letter of authorization, license, Certification of Public Convenience and Necessity, tariff, etc.):

(b) If no, explain:

Please indicate the date when the assigned 800-855 number will be activated.¹⁵

List three 800-855 numbers in order of preference (Optional)

If the preferred number(s) is not available, may any available number be assigned? Yes No Not Applicable

Remarks:

It is understood that the applicant* will return the assigned 800 855 number(s) to the administrator for reassignment if the 800 855 number(s) is no longer in use by hte applicant, no longer required for the service for which it was intended, not activated by the INC-established activation date (an extension can be applied for), or not used in conformance with these assignment guidelines for the specific resource.

I hereby certify that the information provided above is true and accurate to the best of my knowledge and that this application has been prepared in accordance with the 800-855 Assignment Guidelines in effect in April 1995.

Authorized Representative of Applicant:

Title:

Date of Application:

¹⁴ If requesting an additional 800-855 number, the applicant must list all currently assigned numbers, including those obtained by merger or acquisition, in the Remarks section of this form.

¹⁵ 800-855 numbers must be activated within 12 months from the date of assignment.

* either an individual applicant or several users of a shared use resource

Figure 5.1

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Step 1: Complete fields on the 800-855 Assignment Request Form (Figure 5.1)

Contact Information – Contact information is pre-populated from the user profile. Each field is editable.

Request Type (Check One) – Select the request type (i.e., New Number, Additional Number or Change). Only one request type can be entered.

If request is for an additional number, are all current numbers in service? – Select the appropriate response (Yes/No/Not Applicable).

If no, please explain why an existing, inactive number cannot satisfy this need. - Enter an explanation why an existing, inactive number cannot satisfy this need.

Will the 800-855 number be used for services intended for the deaf, hard of hearing or speech impaired? – Select the appropriate response (Yes/No/Not Applicable).

Briefly describe the type of service to which an 800-855 number is being requested - Enter a description of the service to be offered using the 800-855 number.

Is certification of authorization required to provide this type of service? - Select the appropriate response (Yes/No/Not Applicable).

If yes, does your company have such certification or authorization? - Select the appropriate response (Yes/No/Not Applicable).

(a) If yes, please indicate type and date of certification or authorization? - Enter a description of the type and date of certification or authorization. Required field if the response to the question “If yes, does your company have such certification or authorization?” is ‘yes.’

(b) If no, explain – Enter an explanation as to why certification or authorization has not been obtained. Required field if the response to the question “If yes, does your company have such certification or authorization?” is ‘no.’

Please indicate the date when the assigned 800-855 number will be activated – Enter the date the assigned 800-855 number will be activated in the format of mm/dd/yyyy.

List the three 800-855 numbers in order of preference (Optional) – List the last four (4) digits of the 800-855 line number preferred in order of preference.

If preferred number(s) are not available, may any available number be assigned? - Select the appropriate response (Yes/No/Not Applicable).

Remarks – Provide any remarks pertaining to your application for an 800-855 line number.

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After completing the application, enter the Authorized Representative of the Code Applicant and their Title. The date is pre-populated with the current date.

Step 2 – Submit the Application

To submit the application, click the “**Submit**” button.

The Form 855 Part A has been saved. Please note the Tracking Number: [855-PART1-25341](#)

Figure 5.4

A tracking number will be displayed upon successful submission (Figure 5.4).

6.0 Search and View Forms

This section outlines the search capabilities of NAS as they relate to CICs and 900 NXX codes. NAS allows a user to search for and view the forms related to a request including the Part As (applications), Part Bs (responses to applications) and Part Cs (in-service confirmation forms). In addition, this section describes how to view various Other Resource forms via a tracking number.

After logging into NAS, select “**Search Forms**” to display the toolbar for viewing forms associated with Other Resources (Figure 6.1).

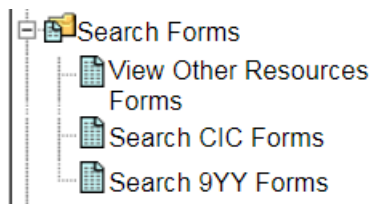


Figure 6.1

6.1 View Other Resources Forms

To search for forms tied to a specific tracking number, click on “**View Other Resources Forms**” under “**Search Forms**” on the toolbar (Figure 6.2). This will bring up the *Search for Other Resources Form* window.

Search for Other Resources Form

Enter Tracking Number:

Form Type:

Figure 6.2

Step 1 - Enter the tracking number in the “**Enter Tracking Number**” field.

Step 2 – Select “**Form Type**” from the drop-down menu (Figure 6.3).

Search for Other Resources Form

Enter Tracking Number:

Form Type:

Figure 6.3

Step 3 – Click on “**Continue**” and the forms associated with the tracking number will appear (Figure 6.4).

Query Results are :

Tracking Number		Form Type	Submit or Response Date
CIC-PARTA-	4463	Form CIC Part A	07/14/2014
CIC-PARTA-	4463	Form CIC Part B	07/16/2014

Figure 6.4

6.2 Search CIC Forms

This section discusses the NAS capability to search for CIC forms by date range and form type.

Step 1 - To begin the search for CIC forms, click on the + sign next to “**Search Forms**” on the toolbar to the left of the screen.

Step 2 - Click on “**Search CIC Forms**”. The *Search for CIC Forms* screen is displayed (Figure 6.5).

Search for CIC Forms

Start Date: mm/dd/yyyy

End Date: mm/dd/yyyy

ACNA: ALL ▾

CIC Part A

CIC Part B

CIC Part C

Continue
Reset

Figure 6.5

Step 3 – Select the date range for the search to confine the results to a specific timeframe.

Step 4 – Select an ACNA or all ACNAs from the drop-down menu. Note that ACNA selections will only be available if they have been added to your NAS user profile.

Step 5 – Select the particular forms you want to be listed in the search by clicking on the checkbox to the left of the form type. One, two or all three selections can be made.

Step 6 – Click on “**Continue**” and a list of appropriate CIC forms will appear corresponding with the information provided in Steps 3, 4 and 5 (Figure 6.6). Click on “**Reset**” to start your search over again with new information.

Query Results are :

Tracking Number	Form Type	Submit or Response Date
CIC-PARTA-25311	Form CIC Part A	04/30/2019
CIC-PARTA-25339	Form CIC Part A	05/02/2019
CIC-PARTA-25311	Form CIC Part B	04/30/2019
CIC-PARTA-25339	Form CIC Part B	05/02/2019
CIC-PARTC-25313	Form CIC Part C	04/30/2019

Figure 6.6

Note that search results based on ACNA will only be displayed if the ACNA on the CIC form (i.e., Part A, etc.) is listed in the user’s NAS profile.

6.3 Search 900 NXX Code Forms

This section discusses the NAS capability to search for 900 NXX forms by date range and form type.

Step 1 - To begin the search for 900 NXX forms, click on the + sign next to “**Search Forms**” on the toolbar to the left of the screen.

Step 2 - Click on “**Search 9YY Forms**”. The *Search for 9YY NXX Code Forms* screen is displayed (Figure 6.7).

Search for 9YY NXX Code Forms

Start Date: mm/dd/yyyy

End Date: mm/dd/yyyy

OCN: ▼

Form 9YY Part A

Form 9YY Part B

Form 9YY Part C

Figure 6.7

Step 3 – Select the date range for the search to confine the results to a specific timeframe.

Step 4 – Select “**OCN**” from the drop-down menu. Note that OCN selections will only be available if they have been added to the user’s NAS profile.

Step 5 – Select the particular forms to be listed in the search by clicking on the checkbox to the left of the form type. One, two or all three selections can be made.

Step 6 – Click on “**Continue**” and a list of appropriate 9YY forms will appear corresponding with the information provided in Steps 3, 4 and 5 (Figure 6.8). Click on “**Reset**” to start the search over again with new information.

Query Results are :

Tracking Number	Form Type	Submit or Response Date
9YY-PARTA-25331	Form 9YY Part A	05/01/2019
9YY-PARTA-25337	Form 9YY Part A	05/02/2019
9YY-PARTA-25337	Form 9YY Part B	05/02/2019
9YY-PARTA-25331	Form 9YY Part B	05/02/2019

Figure 6.8

7.0 Error Messages & Fixes

The following section describes various error messages the user may encounter when completing the forms associated with Other NANP Resources.

In the process of completing an application, validation error(s) will be displayed on the top of each page if information is missing or must be corrected.

Below are some common validation errors along with their associated fixes that may occur with some of the Other Resource forms.

Carrier Identification Code (CIC) - CIC sample validation error messages:

Error Message: **Section 4, Type of Request is required**

Fix: Identify the applicable type of CIC request (First CIC, Additional CIC, etc.)

Error Message: **Section 5, Type of Service is required**

Fix: Identify the type of service (FG B, FG B Translations Access, FG D, etc.)

900 Codes - 900-NXX sample validation error messages:

Error Message: **OCN is required.**

Fix: Identify the OCN associated with the request.

Error Message: **Please provide the list of codes being returned.**

Fix: List 900-NXX codes being returned.

8.0 Glossary

Access Customer Name Abbreviation (ACNA; also known as IAC (Interexchange Access Customer)) – This three-character alphabetical identifier is assigned by the iconectiv Common Language® Group to purchasers of Feature Group B and/or Feature Group D services and/or to Switchless Resellers and/or to Billing and Collection Clearinghouse providers and/or interconnected VoIP service providers. The ACNA may be used for billing identification purposes between access providers and the access purchaser.

Carrier Identification Code (CIC) – A numeric code that uniquely identifies each carrier. These codes are primarily used for routing from the local exchange network to the access purchaser and for billing between the LEC and the access purchaser.

800-855 Line Numbers - Used to access Public Switched Telephone Network services for the deaf, hard of hearing, or speech impaired. Such services include Telecommunications Relay Service and Message Relay Service.

Feature Group B (FGB) - Type of access arrangement that provides line-side access to the interexchange carrier. FGB callers reach an interexchange carrier's facility for transport of their inter-LATA call by dialing the carrier access code 950-XXXX.

Feature Group D (FGD) - Type of trunk-side access arrangement that permits subscribers to presubscribe to or select, on a per-call basis, a specific interexchange carrier for transport of their inter-LATA calls. To use the presubscribed carrier for a call, the subscriber need only dial the destination directory number. To override the terminal's presubscription on a per-call basis and choose an alternative interexchange carrier, 101XXXX + 0 or 1 +10 digits must be dialed.

5XX-NXX Codes - 5XX-NXX codes are to be used for applications which are non-geographic in nature, are not assigned to rate centers and may or may not traverse the Public Switched Telephone Network, but do require an E.164 international numbering plan addressing scheme.

5XX NPAs – NPAs 500, 533, 544, 566, 577, 588, 522, 521, and 523. The following NPAs have been set aside for 5XX-NXX codes (524, 525, 526, 527, 528, 529, 532, 538, 542, 543, 545, 547, 549, 552, 553, 554, 556, 569, 578, 589, 550, 535, 546, and 558).

5YY – NPAs previously associated with personal communication services. The service definition for 5YY was revised and 5YY-NXX codes are now referred to as 5XX-NXX codes.

NANP Administration System (NAS) – System that supports a variety of number administration functions including capabilities referred to as Other NANP Resources.

900 NXX Codes - Used for premium services with the cost of each call being billed to the calling party. Also referred to as 9YY NXX Codes.

North American Numbering Plan (NANP) - A numbering architecture in which every station in the NANP area is identified by a unique ten-digit address consisting of a three-digit NPA code, a three digit central office code of the form NNX/NXX, and a four-digit line number of the form XXXX, where N represents the digits 2-9 and X represents the digits 0-9. It is the basic numbering scheme for the telecommunications networks located in Anguilla, Antigua, Bahamas, Barbados, Bermuda, British Virgin Islands, Canada, Cayman Islands, Dominica, Dominican Republic, Grenada, Jamaica, Montserrat, Sint Maarten, St. Kitts & Nevis, St. Lucia, St. Vincent, Turks & Caicos Islands, Trinidad & Tobago, and the United States (including American Samoa, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of the Northern Mariana Islands) [See also 47 CFR § 52.5 (d)].

North American Numbering Plan Administrator (NANPA) – The NANPA is responsible for the neutral administration of NANP numbering resources, subject to directives from regulatory authorities in the NANP member countries. (See also 47 CFR § 52.7 (e).) The NANPA is an impartial non-governmental entity that is not aligned with any particular telecommunications industry segment.^[1] Under contract to the FCC, NANPA's responsibilities include assignment of NANP resources, and, in the U.S. and its territories, coordination of area code relief planning and collection of utilization and forecast data. See also 47 CFR § 52.13.

Numbering Plan Area (NPA) – A Numbering Plan Area (NPA) is also called an area code. An NPA is the 3-digit code that occupies the A, B, and C positions in the 10-digit North American Numbering Plan (NANP) format that applies throughout the NANP area. NPAs are of the form NXX, where N represents the digits 2-9 and X represents any digit 0-9. In the NANP, NPAs are classified as either geographic or non-geographic.

- A) Geographic NPAs are NPAs which correspond to discrete geographic areas within the NANP area.
- B) Non-geographic NPAs are NPAs that do not correspond to discrete geographic areas, but which are instead assigned for services with attributes, functionalities, or requirements that transcend specific geographic boundaries. The common examples are NPAs in the NYY format, e.g., 800.

NXX – Central office code.

^[1]Administration of the North American Numbering Plan, Report and Order, CC Docket No. 92-237, 11 FCC Rcd 2588, 2608 (1995) (NANP Order).

Operating Company Number (OCN) – An Operating Company Number (OCN) is a four place alphanumeric code that uniquely identifies providers of local telecommunications service. OCN assignments are required of all SPs in their submission of utilization and forecast data (FCC 00-104, ¶ 41 and Public Notice DA 00-1549). Relative to CO Code assignments, NECA assigned Company Codes may be used as OCNs. Companies with no prior CO Code or Company Code assignments contact NECA (www.neca.org ; 800-228-8597) to be assigned a Company Code(s). Since multiple OCNs and/or Company Codes may be associated with a given company, companies with prior assignments should direct questions regarding appropriate OCN usage to the iconectiv Telecom Routing Administration (TRA) (www.trainfo.com ; 866-672-6997).

Personal Communications Service (PCS) - Set of capabilities that allows some combination of personal mobility, terminal mobility, and service profile management.

9.0 Change History

Version	Effective Date	Author	Description of Change
1.1	2/6/04	NANPA	Initial version.
1.2	6/15/05	NANPA	Added change history, concept of workflow, glossary, index, and updated selected text.
1.3	6/15/07	NANPA	Consolidated request types in the NPA and 456-NXX sections and added navigation steps from the main menu.
1.4	9/24/08	NANPA	Updated PCS text to 5YY where applicable.
1.5	11/4/09	NANPA	Updated ACNA required field references and various screenshots.
1.6	9/24/10	NANPA	Added text on Name of Entity and Company Name fields.
1.7	4/20/11	NANPA	Specified that Growth History for additional 5YY and 456 requests must be expressed in whole numbers.
1.8	5/1/12	NANPA	Added reference to NPA 566 and updated various 9YY and 555 screenshots.
2.0	10/31/13	NANPA	Removed the sections on applying for 5YY resources.
2.1	10/16/14	NANPA	Added screenshots to Search and View Forms.

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2.2	12/1/14	NANPA	Removed the sections on submission of PCS 5YY Part C.
2.3	10/9/15	NANPA	Updated the 5XX NPAs glossary definition.
2.4	4/20/16	NANPA	Replaced 9YY screenshots due to updated 9YY forms.
2.5	10/27/16	NANPA	Removed all references to 555 NXX line numbers.
2.6	11/21/17	NANPA	Removed all references to International Inbound NPA (456) Codes.
3.0	5/3/19	NANPA	Updated the web address for getting Other Resources guidelines.
4.0	12/19/2022	NANPA	Updated support email to support@nanpa.com

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