Verizon Access Customer CARE Form

Purpose

The Verizon Access Customer CARE Form (ACCF) is the Access Customer's (AC) tool for communicating pertinent PIC processing and CARE related information to Verizon.

ACCF Use

The ACCF form should be used to initially establish the AC's presence at Verizon LEC facilities or when any of the information on the initially completed form requires changes.

Completed or Updated ACCF Documents should be E-Mailed to:

Ronda Walsh   Ronda.Walsh@verizon.com

Martha Suarez-Gomez   Martha.Suarez.Gomez@Verizon.com

Matthew Bouffard   Matthew.Bouffard@Verizon.com

Questions related to the ACCF form and contents should be directed to Ronda Walsh, at 617-743-4035.

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Verizon Subscription Services Department requires Access Customers to complete one Access Customer CARE Form (ACCF) per ACNA. Please note that if any service decisions change after the original submission of this ACCF to Verizon, a revised ACCF form(s) will need to be submitted to Verizon to implement the change(s).

* required information.

1. Prerequisites

Are you certified to offer Equal Access capabilities? *****   NO___   YES___
If not, we cannot process your request using this form. Please contact your Verizon Account Manager for certification requirements.

Are you a 1010XXXX Access Carrier? *****   NO___   YES___
If you are, we cannot process your request using this form. Please contact your Verizon Account Manager for certification requirements.

2. Verizon Account Manager

Account Manager Name: _____

Telephone Number: _____

3. Access Customer Requestor

First Name: ***** _____
Middle Initial: ___
Last Name: ***** _____

Telephone Number: ***** _____

Fax Number: *****   _____

E-Mail Address: ***** _____

4. Company Information
This information will appear on the bill. Please do not enter a P.O. Box.

Carrier Name: * _____

Address: * _____

City: * _____

State: * _____

Postal Code: * _____

E-Mail Address: * _____
ACNA: * _____
(Access Customer Name Abbreviation)

CIC(s): * _____
(Carrier Identification Code)

Primary ACNA: _____
(Primary Access Customer Name Abbreviation, if one exists)

Are you a BNA Access Carrier only?   NO _____   YES _____
If Yes, you do not need to complete the remainder of this form.

5. CARE Media
What media should Verizon use to send CARE information back to the AC?

CARE Media: * ___ Connect Direct Dedicated
               ___ Connect Direct Dialup (East)
               ___ Connect Enterprise (West)
               ___ Paper/Web

6. Contact for CARE Documents
Required only if paper or cartridge requested above

Contact Name: _____

Title: _____

Address: _____

City: _____

State: _____

Postal Code: _____

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7. Regions of Participation (Indicate with a "Y" to signify participation)*

EAST

State	State Level OCNs/Entities	Indicate Participation
ALL	ALL	
Connecticut	5131	
DC	5020	
Delaware	5010	
Maryland	5030	
Massachusetts	5112	
New Jersey	5120	
New York	5130	
Pennsylvania	5000, 0169, 0170, 0201	
Rhode Island	5114	
Virginia	5040, 0233, 4337	
West Virginia	5050	

WEST

State	State Level OCNs/Entities	Indicate Participation
ALL	ALL	
Arizona	4419	
California	2319, 4420, 2344	
Florida	0328	
Idaho	4321	
Illinois	1015, 1000, 1036	
Indiana	0772, 0831, 0779	
Michigan	0695, 0681	
Nevada	4421	
North Carolina	4334, 0509	
Ohio	0615	
Oregon	4323	
South Carolina	4335, 0526	
Texas	4344, 2154	
Washington	4324, 4423	
Wisconsin	0886	

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Tandem or CLLI Regions:_____
_____
_____
_____

(If only participating at Tandem/CLLI level)
Please use the following format:
99999999999 99999999999 99999999999 99999999999
99999999999 99999999999 99999999999 99999999999 etc.

PON or ASR for Feature Group De Trunks: * _____
_____
_____
_____

Please use the following format:
99999999999 99999999999 99999999999 99999999999
99999999999 99999999999 99999999999 99999999999 etc.

8. Switchless Reseller Information (California Only)

Contact Number: _____

Verification web site: http://telweb1.cpuc.ca.gov/carriers/

Switchless Reseller Information: Name: _____

RRN (U-Number) _____

9. Customer Type

Please select at least one of the following with a "Y" and provide the listed number

Jurisdiction	Customer Segment	Selection (Y)	Listed Number
InterLATA	Business		
	Residence		
	Coin		
	TDD/TTY		
IntraLATA	Business		
	Residence		
	Coin		
	TDD/TTY		
International	Business		
	Residence		
	Coin		
	TDD/TTY		

10. Dial Instruction Card Information

Required only if Coin specified as Customer Type Above.

Dial Instruction Card Toll Free: _____

The toll free number must allow customers to reach your company to obtain rate quotes and customer service for inquiries and complaints.

Free Number – Coin: _____

The toll free number must not exceed 14 characters and must allow the customer to reach your company to obtain rate quotes and customer service for inquiries and complaints. Also, if the specific states in which you provide service from payphones require any additional information to be posted, please provide that information below. Any changes must be reported immediately to Verizon.

Mailing Address: _____

City: _____

State: _____

Postal Code: _____

11. Verizon Enterprise Office PIC Orders

Do you wish to authorize Verizon Enterprise Office associates to accept PIC orders from customers on your behalf ? Note: If your company decides not to authorize Verizon to accept PIC orders from end user customers, then Verizon enterprise offices will refer end user customers to your company's customer contact number.

Verizon East: ___ NO   ___ YES

Verizon West: InterLata   ___ NO   ___ YES

                     IntraLata   ___ NO   ___ YES

Date: _____