

Central Office Code (NXX) Assignment Request - Part 2, Form 2  
September 1996 Revision

Switching Entity/POI (Point of Interconnection) data requirements for the Routing Data Base System (RDBS).  
Section 1.3 of the COCAG Forms Part 2 Job Aid may be referenced for assistance in completing this form.

New entity/POI All items are required unless otherwise noted.

Data change Items 1-3 are required, as are the appropriate element(s) to be changed.

Disconnect Only items 1-3 should be provided.

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1. SW IDENT \_\_\_\_\_ A switch identifier code - 11 characters (e.g. CLLI<sup>\*</sup>). For Central Office Code assignments this will be the switching entity/POI which will originate and terminate calls from/to the assigned CO Code.
  2. STATUS \_\_\_\_\_ E = new entity/POI, M = change to supporting data, D = disconnect
  3. EFF DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Date a new switching entity/POI can be routed to, date supporting data change will be effective or, date of disconnect (mm/dd/yy)
  4. EQPT TYPE \_\_\_\_\_ A valid code designating the specific equipment being used.
  5. VC \_\_\_\_\_ The appropriate Vertical Coordinate for the switching entity/POI.
  6. HC \_\_\_\_\_ The appropriate Horizontal Coordinate for the switching entity/POI.
  7. IDDD \_\_\_\_\_ International Direct Distance Dialing (Y - if the switching entity/POI permits IDDD, N - if not)
  8. ----- Address Data -- (should identify the actual location of the switching entity/POI) -----  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_
  9. LATA \_\_\_\_\_ Local Access Transport Area code (3 digits, 5 may apply in Florida)
  10. OCN \_\_\_\_\_ Operating Company Number
  11. Inter LATA use (default N) (Y/N) \_\_\_\_\_  
Point Code (optional) \_\_\_\_\_  
Class 4/5 Office \_\_\_\_\_ (Switch identifier code of the "other" side of this switch if  
this is a Class 4/5 Office.)

\* COMMON LANGUAGE is a registered trademark and CLLI is a trademark of Bell Communications Research, Inc.

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SW IDENT \_\_\_\_\_ (Form 2, Page 1 - Item 1)    EFF DATE \_\_\_/\_\_\_/\_\_\_ (Form 2, Page 1 - Item 3)

12. ----- Homing Arrangements -----

As may be applicable, enter the appropriate 11 character SW IDENT (e.g. CLLI) to which the switching entity/POI may home to for various feature group capabilities, signaling, etc.

ORIG-	FG D TDM	_____	FG B TDM	_____	HOST	_____
	FG C TDM	_____	OS TDM	_____	800 SSP	_____
TERM-	FG D TDM	_____	FG B TDM	_____	HOST	_____
	FG C TDM	_____	OS TDM	_____		
STP-	STP 1	_____	STP 2	_____	PC	_____

13. ----- Switching Entity/POI Functionalities -----

Enter an "X" next to all functionalities which apply. At least one functionality must be flagged.

END OFC	___	HOST	___	REMOTE	___	FG D ADJ EO	___
FG D TDM	___	FG B TDM	___	FG C TDM	___	FG D ADJ TDM	___
DA TDM	___	OS TDM	___	STP	___	CELLULAR TDM	___
ISDN OFC	___	PPSN OFC	___	SW56 OFC	___	CCS AC OFC	___
CELLULAR OFC	___	CLASS 4/5	___	DA OFC	___	800 SSP	___
INTERM OFC	___						

14. ----- Switching Entity/POI Network Services -----

Enter an "X" next to all services which apply.

FG A	___	FG B	___	FG C	___	FG D	___
800	___	WATS	___	UWAL	___	900	___
ANI	___	PAGING	___	FANI	___	CLASS	___
INFO	___						

**Central Office Code (NXX) Assignment Request - Part 2, Form 3**  
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Following are LOCALITY data requirements for the Routing Data Base System (RDBS). Section 1.4 of the COCAG Forms Part 2 Job Aid may be referenced for assistance in completing this form.

New Locality All items are required unless otherwise noted.

Data change All items are required unless otherwise noted.

Delete Only items 1-5 should be provided (enter CNTY only if applicable)

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1. LOCALITY \_\_\_\_\_ LOCALITY is required to identify the geographical area serviced the CO Code (NXX) (Maximum of 10 characters).
  2. CNTY \_\_\_\_\_ If applicable (to clarify the LOCALITY), enter a two character code for the county in which the locality resides.
  3. ST \_\_\_\_\_ Enter a two character state code for the state of the locality.
  4. STATUS \_\_\_\_\_ E = new LOCALITY, M = change to RATE CENTER, D = delete
  5. EFF DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Date a LOCALITY should first be used, date supporting RATE CENTER change will be effective or, date of deletion (mm/dd/yy)
  6. RATE CENTER \_\_\_\_\_ Identifies the exchange rate center served by the CO Code (NXX) (Maximum of 10 characters)

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Following are RATE CENTER data requirements for the Routing Data Base System (RDBS). Section 1.5 of the COCAG Forms Part 2 Job Aid may be referenced for assistance in completing this form.

- New RATE CENTER** All items are required unless otherwise noted.
- Data change** Items 1-5 are required (TYPE only if applicable), as are the appropriate element(s) to be changed.
- Delete** Only items 1-5 should be provided (TYPE only if applicable).

1. RATE CENTER \_\_\_\_\_ Identifies the exchange rate center locality served by the CO Code (NXX) (Maximum of 10 characters)
2. STATE \_\_\_\_\_ Enter a two character code for the state or territory of the Rate Center.
3. TYPE \_\_\_\_\_ If applicable, enter an indicator for the type of rate center (Choose one - S, Z, I, +)
4. STATUS \_\_\_\_\_ E = new RATE CENTER, M = change to supporting data, D = delete
5. EFF DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Date a new code can first be routed to, date supporting data change will be effective or, date of disconnect (mm/dd/yy)
6. RC NAME \_\_\_\_\_

Enter up to 30 characters as may be needed to clarify the line 1 entry. If the line 1 entry is sufficiently clear, re-enter it here.

7. Enter Major Vertical (VC) and Horizontal (HC) coordinates of the RATE CENTER:

MAJOR VC: \_\_\_\_\_ MAJOR HC: \_\_\_\_\_

If applicable, enter Minor coordinates:

MINOR VC: \_\_\_\_\_ MINOR HC: \_\_\_\_\_

8. LATA \_\_\_\_\_ Local Access Transport Area code (3 digits, 5 may apply in Florida)
9. NPA \_\_\_\_\_ NPA-2 \_\_\_\_\_ NPA-3 \_\_\_\_\_

Enter the Numbering Plan Area code (Area Code) associated with the RATE CENTER as NPA. If the RATE CENTER supports CO Codes (NXXs) in more than one NPA, enter the others as NPA-2 and NPA-3, as applicable.

10. BASE STATION \_\_\_\_\_ STATE \_\_\_\_\_ TYPE \_\_\_\_\_

If applicable, an established rate center name, STATE, and TYPE (if applicable) which is to be used as a base station for operator assisted mobile service.

11. OPER RC \_\_\_\_\_ STATE \_\_\_\_\_ TYPE \_\_\_\_\_

If applicable, an established rate center name, STATE, and TYPE (if applicable) which is to be used as a base station for operator assisted Public Land Mobile Service.

Central Office Code (NXX) Assignment Request - Part 2, Form 5  
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Following are CO Code (NXX) data requirements for the Bellcore Rating Input Data System (BRIDS). Section 2.1 of the COCAG Forms Part 2 Job Aid may be referenced for assistance in completing this form.

New code      All items are required unless otherwise noted.  
 Data change    Items 1-4 are required, as are the appropriate element(s) to be changed.  
 Disconnect     Only items 1-4 should be provided.

- |                      |             |   |
|----------------------|-------------|---|
| 1. NPA               | _____       | Numbering Plan Area code (Area Code) in which the CO Code (NXX) has been assigned                                       |
| 2. NXX               | _____       | The assigned CO Code (NXX)  |
| 3. STATUS            | _____       | E = new code, M = change to supporting data, D = disconnect   |
| 4. EFF DATE          | ___/___/___ | Date a new code can first be routed to, date supporting data change will be effective or, date of disconnect (mm/dd/yy) |
| 5. OCN               | _____       | Operating Company Number  |
| 6. NXXTYPE           | _____       | Identifies use of CO Code (NXX) (Choose one of listed values in Job Aid)  |
| 7. LATA              | _____       | Local Access Transport Area code (3 digits, 5 may apply in Florida)   |
| 8. CO TYPE           | _____       | Company Type - (Choose appropriate value 0-9)   |
| 9. BILL RAO          | _____       | A valid Revenue Accounting Office code.   |
| 10. BO CODE          | _____       | Enter the appropriate Business Office code.   |
| 11. TIME ZONE        | _____       | 0-None, 1-Samoa, 2-Hawaii, 3- Alaska/Yukon, 4-Pacific, 5-Mountain, 6-Central, 7-Eastern, 8-Atlantic, 9-Newfoundland     |
| 12. IDDD             | _____       | International Direct Distance Dialing (Y - if the CO Code (NXX) can place IDDD calls, N - if not)                       |
| 13. DIND             | _____       | Dialable Indicator (Y - if directly dialable, N - if not)   |
| 14. DAYLIGHT SAVINGS | _____       | (Y - if the CO code (NXX) serves an area that observes daylight savings, N -if not)                                     |

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NPA \_\_\_\_\_ NXX \_\_\_\_\_ (Form 5-Page 1-Items 1, 2) EFF DATE \_\_\_/\_\_\_/\_\_\_ (Form 5-Page 1-Item 4)

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15. Enter Major Vertical (VC) and Horizontal (HC) coordinates of the RATE CENTER:

MAJOR VC: \_\_\_\_\_ MAJOR HC: \_\_\_\_\_

If applicable, enter Minor coordinates:

MINOR VC: \_\_\_\_\_ MINOR HC: \_\_\_\_\_

16. PLACE NAME: Enter up to 50 characters to identify PLACE NAME to be referenced in billing. Also enter the appropriate two character state code.

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ST: \_\_\_\_\_

18. Enter up to 50 characters for the RATE CENTER name and the appropriate two character state code.

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ST: \_\_\_\_\_

19. Enter up to 50 characters for the LOCALITY name and the appropriate two character state code.

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ST: \_\_\_\_\_

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If greater than 10 characters PLACE NAME will be output and reported as 10 characters to meet some billing system requirements. This is performed via a mechanically processed algorithm.

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Following are Business Office data requirements for the Bellcore Rating Input Data System (BRIDS). Section 2.1 of the COCAG Forms Part 2 Job Aid may be referenced for assistance in completing this form.

- New office All items are required unless otherwise noted.
- Data change Items 1-4 are required, as are the appropriate element(s) to be changed.
- Delete Only items 1-4 should be provided.

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1. NPA \_\_\_\_\_ Numbering Plan Area code (Area Code) in which the CO Code (NXX) has been assigned
  2. BO \_\_\_\_\_ A numeric code (max 3 digits) used to tie this data to NXX data (Form 5)
  3. STATE \_\_\_\_\_ Two character state code for the state of the NPA
  4. STATUS \_\_\_\_\_ E = new office, M = change to supporting data, D = delete
  5. EFF DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Date data for a new office can be used, date supporting data change will be effective or, date of deletion (mm/dd/yy)
  6. OCN \_\_\_\_\_ Operating Company Number
  7. Indicate address and telephone information for a Business Office. Also, indicate the particular type of business office(s) to which the address data applies.

Business: Billing \_\_\_ Orders \_\_\_ Residence: Billing \_\_\_ Orders \_\_\_ Other: Title \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
CITY \_\_\_\_\_ PHONE \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Business: Billing \_\_\_ Orders \_\_\_ Residence: Billing \_\_\_ Orders \_\_\_ Other: Billing \_\_\_ Orders \_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
CITY \_\_\_\_\_ PHONE \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Business: Billing \_\_\_ Orders \_\_\_ Residence: Billing \_\_\_ Orders \_\_\_ Other: Billing \_\_\_ Orders \_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
CITY \_\_\_\_\_ PHONE \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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Administrator's Response/Confirmation

Date of Application: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_  
Date of Response: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Code Administrator Contact Information:

\_\_\_\_\_  
Signature of Code Administrator Phone: \_\_\_\_\_  
\_\_\_\_\_  
Name (print) Fax: \_\_\_\_\_

\_\_\_\_ NPA: \_\_\_\_\_ Code Assigned: \_\_\_\_\_ Date of NXX Code Assignment: \_\_\_\_\_

- a. Switch Identification (Switching Entity / POI)<sup>15</sup>: \_\_\_\_\_ Rate Center: \_\_\_\_\_  
b. Routing and Rating information complete: Yes \_\_\_\_\_ No \_\_\_\_\_ Additional  
RDBS and BRIDS information necessary as follows:  
\_\_\_\_\_

- c. The Code Administrator is \_\_\_\_\_, is not \_\_\_\_\_<sup>16</sup> responsible for inputting Part 2 information into  
RDBS and BRIDS.  
d. To be published in the LERG and TPM by \_\_\_\_\_ additional RDBS and BRIDS information  
needs to be received by the code administrator no later than \_\_\_\_\_.

\_\_\_\_ Code Reserved: \_\_\_\_\_ Date of Reservation: \_\_\_\_\_

Your code reservation will be honored until \_\_\_\_\_

Switch Identification (Switching Entity / POI)<sup>1</sup>: \_\_\_\_\_

\_\_\_\_ **Form incomplete**

Additional information required in the following section(s):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ **Form complete, code request denied.**

Explanation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ **Assignment activity suspended by the administrator.**

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Further Action: \_\_\_\_\_

\_\_\_\_ **NPA in jeopardy: Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, refer to Section 7 of the assignment guidelines.

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_

<sup>15</sup> This is an eleven-character descriptor of the switch provided by the owning entity for the purpose of routing calls. This is the 11 character COMMON LANGUAGE Location Identification<sup>®</sup> (CLLI) of the switch or POI shown on Part 1 of this form.

<sup>16</sup> WARNING! It is the code applicant's responsibility to arrange input of Part 2 information into RDBS and BRIDS. The 45 calendar day nation-wide minimum interval cut-over for RDBS and BRIDS will not begin until input into RDBS and BRIDS has been completed.

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**Confirmation of Code Activation (Required)**

By signing below, I certify that the CO code (NXX) specified in Section 1 below is in service and that the CO code (NXX) is being used for the purpose specified in the original application (See Section 6.3.3).

\_\_\_\_\_  
Authorized Representative of Code Applicant (Print)      Signature

\_\_\_\_\_  
Title      Date

1.    **NPA-NXX code:**            \_\_\_\_\_ - \_\_\_\_\_
  
2.    **Switch Identification (Switching Entity / POI)<sup>17</sup>:** \_\_\_\_\_
  
3.    **Dates:**  
  
      Date of Application:        \_\_\_\_\_  
  
      In-Service Date:         \_\_\_\_\_

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<sup>17</sup> This is an eleven-character descriptor of the switch provided by the owning entity for the purpose of routing calls. This is the 11 character COMMON LANGUAGE Location Identification<sup>®</sup> (CLLI) of the switch or POI.

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1.4 Type of Entity Requesting the Code:

a) Local Exchange Carrier    \_\_\_            CMRS            \_\_\_  
Interexchange Carrier        \_\_\_            Other (specify) \_\_\_\_\_

b) Type of service for which code is being requested:

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

c) Is certification or authorization required to provide this type of service in the relevant geographic area? Yes \_\_\_\_\_ No \_\_\_\_\_

(1) If no, explain:

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

(2) If yes, does your company have such certification or authorization?

Yes \_\_\_\_\_ No \_\_\_\_\_

(i) If yes, indicate type and date of certification or authorization (e.g. letter of authorization, license, CPCN, tariff, etc.):

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

(ii) If no, explain:

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

d) CO Code (NXX) Assignment Preference \_\_\_\_\_ (optional)

e) CO Code(s) (NXX) that are undesirable for this assignment, if any \_\_\_\_\_

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1.5 Type of Request (Select One):

- Initial code for new switching entity or new point of interconnection (Complete Part 2)
- Code request for New Application for existing switching entity or point of interconnection (Applicant must complete Section 1.7)
- Additional code for growth (Applicant must complete Section 1.6)
- Update information (Complete Section 2) (CO Code NXX) requiring update
- Code Reservation only:<sup>13</sup>
  - Initial Code
  - New Application (Complete Section 1.7)
  - Growth (Complete Section 1.6)

1.6 Additional Code Request for Growth (See Section 4.2.1 of the Guidelines)

Basis of eligibility for an additional code for growth assigned to the switching entity/POI assumes the following: the initial code or the code previously assigned to a new application meets the exhaust criteria, as specified in the Central Office Code (NXX) Assignment Guidelines, depending on whether the NPA is in a non-jeopardy situation or a jeopardy situation as described in Section 8.3 of the guidelines. The appropriate situation shall be indicated below (select one).

Non-Jeopardy NPA Situation

I hereby certify that the existing CO code(s) (NXX) at this switching entity/POI is/(are) projected to exhaust within 12 months of the date of this application. This fact is documented on Appendix B and will be supplied to an auditor when requested to do so per Appendix A of the guidelines.

Jeopardy NPA Situation (see Section 8.4 (c) of the Guidelines)

I hereby certify that the existing CO code(s) (NXX) at this switching entity/POI is/(are) projected to exhaust within 6 months of the date of this application. This fact is documented on Appendix B and will be supplied to an auditor when requested to do so per Appendix A of the guidelines.

<sup>13</sup> When the entity is ready to place the code in service, the entity should complete a new request form.

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1.7 Code Request for New Application (See Section 4.2 of the Guidelines)

Basis of eligibility for an additional code means that there has not been a code assigned to this switching entity/point of interconnection for this purpose. (Check the applicable space and, if applicable, provide the requested information).<sup>14</sup>

\_\_\_\_\_ Code is necessary for distinct routing, rating or billing purposes<sup>15</sup>

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\_\_\_\_\_ Other (Explanation required) The applicant must provide an explanation of why existing resources assigned to that entity cannot satisfy this requirement.

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1.8 Authorization for entry of RDBS and BRIDS information (Check applicable space).

\_\_\_\_\_ I have attached a completed Part 2 of this form. This is the Code Administrator's authorization to input/revise the indicated RDBS and/or BRIDS data. Further, I understand that the Code Administrator may not be the authorized party to input the data. The authorization and/or data input responsibilities are determined on an Operating Company Number level. If the Code Administrator advises me that said Code Administrator does not have Administrative Operating Company Number (AOCN) responsibility for my data inputs, I will contact Bellcore-TRA to determine the correct AOCN company. Upon that determination, I will submit Part 2 directly to the AOCN company for input to RDBS and BRIDS.

\_\_\_\_\_ Part 2 of this form is not attached. RDBS and BRIDS input will be the responsibility of the applicant. The 66 calendar day nation-wide minimum interval cut-over for RDBS and BRIDS will not begin until input into RDBS and BRIDS has been completed.

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<sup>14</sup> If eligibility is based on a category that requires additional explanation or documentation and the code administrator denies a request, the applicant has the option to pursue an appeals process.

<sup>15</sup> Any additional information that can be provided by the code applicant may facilitate the processing of that application.