

Attachment 32C

UNE-P

Local Service Request forms
(including Data Gathering Forms
for applicable services)



Local Service Request

LSOG 4

Administrative Section		CCNA(1)	PON(2)	VER(3)	LSR NO(4)	LOCQTY (5)	HTQTY (6)
AN (7)	ATN (8)	SC(9)	PG	OF(10)	D/TSENT(11)	DSPTCH (12)	
DDD(13)	APPTIME(14)	DDDO(15)	APPTIME(16)	DFDT(17)	PROJECT(18)		
CHC(19)	REQTYP(20)	ACT(21)	SUP(22)	EXP(23)	AFO(24)	RTR(25)	CC(26)
			NNSP(27)	ONSP(28)	AENG(29)	ALBR(30)	SCA(31)
DATED(33)	AUTHNM(34)	PORTTYP(35)	ACTL(36)	A(37)	APOT(38)	LST(39)	
LSO(40)	TOS(41)	SPEC(42)	NC(43)	PBT(44)	NCI(45)	CHANNEL(46)	SECNCI(47)
RPON(48)	RORD(49)	LSP AUTH(50)	LSP AUTH DATE(51)				
LSP AUTH NAME(52)	LSPAN(53)	CIC(54)	CUST(55)				
Bill Section		B11 (56)	BAN1 (57)	B12 (58)	BAN2 (59)	ACNA (60)	EBD (61)
NRI (63)	BILLNM (64)	SBILLNM (65)	ROOM (70)	CITY (71)	TE (66)	EBP (67)	
STREET (68)	FLOOR (69)	BILLCON(74)	TEL NO(75)	VTA(76)			
STATE (72)	ZIP CODE (73)	INIT(77)	TEL NO(78)	E-MAIL(79)			
Contact Section		EMAIL (Continued)	FLOOR (83)	ROOM/MAIL STOP (83)	CITY (84)	STATE (85)	ZIP CODE (86)
FLOOR (82)	ROOM/MAIL STOP (83)	CITY (84)	STATE (85)	ZIP CODE (86)			
IMPCON (87)	TEL NO (88)	PAGER (89)					
ALT IMPCON (90)	TEL NO (91)	PAGER (92)					
DSGCON (93)	DRC (94)	TEL NO (95)	FAX NO (96)	EMAIL (97)			
EMAIL (Continued)	STREET (98)						
FLOOR (99)	ROOM/MAIL STOP (100)	CITY (101)	STATE (102)	ZIP CODE (103)			
REMARKS (104)							



End User Information

LSOG 4

Administrative Section

PON(1) _____ VER(2) _____ AN (3) _____ ATN(4) _____ DQTY(5) _____ PG _____ OF(6) _____

Location and Access

LOCNUM (7) NAME (8) _____ SANO (10) _____ SASF (11) _____ SASD (12) _____
 SASN (13) _____ SATH (14) _____ SASS (15) _____

SADLO (16)

FLOOR (17) _____ ROOM (18) _____ BLDG (19) _____

CITY (20) _____ STATE (21) _____ ZIP CODE (22) _____ LCON (23) _____

TEL NO (24) _____ EUMI (25) _____ ACC (26) _____

ACC (Continued)

WSOP (27) CPE MFR (28) _____ CPE MOD (29) _____ ERL (30) _____ IBT (31) _____

Inside Wire

IWO (32) _____ IWBAN (33) _____ IWCON (34) _____ TEL NO (35) _____

Bill Section

EAN (36) _____ EATN (37) _____ FBI (38) _____ BILLNM (39) _____

SBILLNM (40) _____ STREET (41) _____ FLOOR (42) _____ ROOM (43) _____

CITY (44) _____ STATE (45) _____ ZIP CODE (46) _____

BILLCON (47) _____ TEL NO (48) _____ SSN (49) _____



End User Information (Continued) LSOG 4

Administrative	Section					
PON(1)	VER(2)	AN (3)	ATN(4)	DOTY(5)	PG	OF(6)

Disconnect Information

LOCNUM (49a)	DNUM (50)	DISC ECCKT (50a)		DISC NBR (51)
TER (52)	TC OPT (53)	TC TO PRI (54)	TC NAME (54a)	
TCID (56)	TC TO SEC (55)	TC NAME (57)		
TCID (56)	TC TO SEC (55)	TC NAME (57)		TC PER (58)

Remarks (55)



Port Service

LSOG 4

Administrative Section PON(1) VER(2) AN (3) ATN(4)

PQTY(5) ORD (6) PG OF (7)

Service Details

LOCNUM (8) LNUM (9) LNEX (10) NPI (11) LNA (12) LTOS (13) NOTYP (14) TNS (15)
TERS (16) OTN (17) FPI (18) PIC (19) LPIC (20) SDI (21) MATN (22) TSP (23)
SAN (24)

CKR (25) LEAN (26)
LEATN (27)

ECCKT (28) TC OPT (29) TC TO PRI (30)

TC NAME (30a) TC TO SEC (31) TC NAME (33)
TC TO SEC (31) TC NAME (33)

SYSTEM ID (35) CABLE ID (36) SHELF (37) SLOT (38) RELAY RACK (39) CHAN/PAIR (40)
CFA (41) SGNL (42) SSIG (43) PULSE (44)

BA (45) BLOCK (46) BA (45) BLOCK (46)

FA (47) FEATURE (48) FEATURE DETAIL (49) FA (47) FEATURE (48) FEATURE DETAIL (49)
FA (47) FEATURE (48) FEATURE DETAIL (49) FA (47) FEATURE (48) FEATURE DETAIL (49)
FA (47) FEATURE (48) FEATURE DETAIL (49) FA (47) FEATURE (48) FEATURE DETAIL (49)
FA (47) FEATURE (48) FEATURE DETAIL (49) FA (47) FEATURE (48) FEATURE DETAIL (49)

Remarks (50)

Order Action

<input type="checkbox"/> New	Change:	Disconnect:	Other:
<input type="checkbox"/> Cancel	<input type="checkbox"/> Addition	<input type="checkbox"/> Out	<input type="checkbox"/> Records
	<input type="checkbox"/> Deletion	<input type="checkbox"/> From	<input type="checkbox"/> Supplement
	<input type="checkbox"/> Revision		

Main Bill TN: _____ Circuit No: _____

PON: _____ SON: _____

App. Date: _____ Eff. Date: _____ Due Date: _____

Work With: _____

Customer Detail

Local Service Provider: _____

SVC Name: _____ SVC Address: _____

BLDG: _____ Room/Suite: _____ Floor: _____

City: _____ State: _____ Zip: _____

BILL Name: _____ BILL Address: _____

City: _____ State: _____ Zip: _____

Contacts

Sales Contact: _____ TN: _____

Data Collected By: _____ TN: _____

CSA: _____ TN: _____

Sales Engineer: _____ TN: _____

Customer: _____ TN: _____

Switch Information

<p>Base Unit Switch Type:</p> <p><input type="checkbox"/> 5ESS <input type="checkbox"/> DMS100</p> <p><input type="checkbox"/> DCO <input type="checkbox"/> GTD-5</p> <p><input type="checkbox"/> DMS10</p>	<p>LOC Code: _____ ACO: _____</p> <p>ORIG/Serving C.O.: _____ Wire Center C.O.: _____</p> <p>ORIG/Serving CLLI: _____ Wire Center CLLI: _____</p>
---	---

Business/Customer Group Information

Business Group Name/No.: _____ Total Lines (this order): _____ Pre-Built

NARs

Existing: _____

New: _____

Total: _____

Feature Package:

1000

2000

3000

CPE Manufacturer: _____ LCP Type: _____

CPE Model: _____ Training Required HG Quantity: _____ Casual Dialing

Hunt Group Information

Note: Duplicate this section for each hunt group indicated in the HG Quantity field in the BUSINESS/CUSTOMER GROUP INFORMATION Section.

HG No: _____

HG Member Quantity: _____ Pilot No.: _____

Call Forward Control Station: _____

Preferred Hunt Preferred Hunt Order: _____

Hunt Type:

DIR Series

Pilot UCD

CIR

Hunt Group Member Information

Member: _____ DN: _____

Member: _____ DN: _____

Member: _____ DN: _____

Station Worksheet

Note: Duplicate this page for each line/station in this order.

DN: _____
 ICM: _____
 NCOS (DMS ONLY): _____
 Subfeature Group: _____
 Call Pickup Group: _____

DPA Address

Note: Enter the DPA Address for this station only if it is different From the Primary Service Address in the CUSTOMER DETAIL Section.

DPA Address: _____
 BLDG: _____ Room/Suite: _____ Floor: _____
 City: _____ ST: _____ Zip: _____

Station Comments

Hunt Group

Fixed Call Forward

HG No.: _____ Call Forward Control Station
 Member No.: _____ Group Make Busy Control Station
 LCP Type: _____ Control Party For Group Speed Call
 Stop Hunt

Call Type:
 All Calls
 Busy
 No Answer

Voice Messaging Service

VMS CNET Class Package
 Remote Call Notification No.: _____
 Remote Paging Notification No.: _____

Message Waiting:
 Audio
 Visual
 Both

Optional Class Features

PIC InterLATA: _____ CNID VIP Alert
 PIC IntraLATA: _____ CNID Block Call Name/No. ID
 Call Trace Casual Dialing

Optional Features (1000, 2000, 3000)

Attendant Features:

- Additional No.
- Data Link Console
- ID Mult. Dir. No.
- Flex Night Answering
- Mixed Night Answering
- Universal Night Answering
- Predetermined Night Answering
- Non-data Console Interface

Conference Features:

- Conference Calling
- Dictation Access Control
- Paging/Public Address
- Preset Conference

Facility/Service Access Features:

- 800
- ETS/CSSA
- FX
- TIE
- T1
- WATS

Other Optional Features:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> ARS | <input type="checkbox"/> ACD | <input type="checkbox"/> Limited ACD | <input type="checkbox"/> 2-3 Rec. Announce |
| <input type="checkbox"/> Facility Restriction Levels | <input type="checkbox"/> Authorization Codes | <input type="checkbox"/> Music On Hold | <input type="checkbox"/> Ringdown Circuit |
| <input type="checkbox"/> Time of Day Routing | <input type="checkbox"/> Code CLG | <input type="checkbox"/> Preferential Hunt | <input type="checkbox"/> SMDR |
| <input type="checkbox"/> Expensive Warning Tones | <input type="checkbox"/> Customer Dial Plan | <input type="checkbox"/> Priority Queuing | <input type="checkbox"/> Stop Hunt |
| | <input type="checkbox"/> DS1 Interface | <input type="checkbox"/> Prop. Set Interface | <input type="checkbox"/> System Speed Calling |
| | <input type="checkbox"/> Group Make Busy | <input type="checkbox"/> Rec. Announce | <input type="checkbox"/> Term Make Busy |

3000 Package Options

Call Forward Options:

- Busy/No Answer Split (DMS 100 Only)
- Inward
- Outward
- Within Group
- Off-hook Queuing
- Ringback Queuing
- Speed Call 30 Individual

Additional Speed Call Lists

Quantity of Additional Lists: _____

List 1: _____ Member(s) Authorized to Access this List: _____

List 2: _____ Member(s) Authorized to Access this List: _____

List 3: _____	Member(s) Authorized to Access this List: _____
List 4: _____	Member(s) Authorized to Access this List: _____
List 5: _____	Member(s) Authorized to Access this List: _____
List 6: _____	Member(s) Authorized to Access this List: _____
List 7: _____	Member(s) Authorized to Access this List: _____
List 8: _____	Member(s) Authorized to Access this List: _____

Call Pickup Group Members

Call Pickup Group: _____	DN: _____
	DN: _____
	DN: _____
Call Pickup Group: _____	DN: _____
	DN: _____
	DN: _____

Remarks

Contact Information

Date: _____ Distribution: _____
 Business Name: _____ Customer Desired Due Date: _____
 Contact Name: _____ Contact TN: _____
 Sales Contact Name: _____ Contact TN: _____
 SOURCES/SOLAR Order No.: _____ COPS Order No.: _____

<input type="checkbox"/> End User Training Required <input type="checkbox"/> CPE Maintained by GTE	Order Type:	Time Zone:		<input type="checkbox"/> Daylight Savings
	<input type="checkbox"/> Add	<input type="checkbox"/> HS	<input type="checkbox"/> CST	
	<input type="checkbox"/> Change	<input type="checkbox"/> PST	<input type="checkbox"/> EST	
	<input type="checkbox"/> Delete	<input type="checkbox"/> MST		

Intercom Dialing Information

Type of MLCN Service: _____ Total Locations (wire center): _____
 Location Code Portable Extension Total MLCN Stations: _____

Order Type	Station No.	OTB	Customer TN	Local PIC	InterLATA PIC	BGRP ID	CLLI	Switch Type	ISDN
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

C.O. Identification for Change Orders

Note: Complete this section for Change Orders only. Do not fill out for initial MLCN order.

BGRP ID	C.O. ID	BGRP ID	C.O. ID	BGRP ID	C.O. ID	BGRP ID	C.O. ID



Access to Private Facilities

Quantity of Private Facilities: _____

Order Type	Customer TN	Order Type	Customer TN	Order Type	Customer TN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Private Facility 1:

Order Type: _____ Access Code: _____ Hub C.O. Dialing No.: _____
 Circuit ID: _____ GTE OUTWATS: _____
 Trunk Group Number: _____ Local Dial Tone for Tie Lines

DBM USE ONLY

Route Index: _____ Simulated Facility Group Public

Private Facility 2:

Order Type: _____ Access Code: _____ Hub C.O. Dialing No.: _____
 Circuit ID: _____ GTE OUTWATS: _____
 Trunk Group Number: _____ Local Dial Tone for Tie Lines

DBM USE ONLY

Route Index: _____ Simulated Facility Group Public

Private Facility 3:

Order Type: _____ Access Code: _____ Hub C.O. Dialing No.: _____
 Circuit ID: _____ GTE OUTWATS: _____
 Trunk Group Number: _____ Local Dial Tone for Tie Lines

DBM USE ONLY

Route Index: _____ Simulated Facility Group Public



Work-At-Home

Work-at-Home PIN: _____

Order Type	Customer TN	Residential TN	ISDN	Hub C.O. Dialing No.	Local Call
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>



FUTURE

Centralized Routing Control – OFF NET Calls

Order Type	Customer TN	Order Type	Customer TN	Order Type	Customer TN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Access Code: _____ Hub C.O. Dialing No.: _____ CLLI: _____

Group Number Information

Order Type	Destination NPA/NXX	Group No.	NOC AIN PROVISIONING USE ONLY
_____	_____	_____	C.O. Point Code: _____
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Route Information

Order Type	Circuit ID	Trunk Group No.	DBM USE ONLY		
			Route Index	SFG	Public
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Centralized Routing Control – ON NET Calls

Order Type	Customer TN	Order Type	Customer TN	Order Type	Customer TN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Group Number Information

Order Type	CLLI	Destination NPA/NXX	Group No.	NOC AIN USE ONLY C.O. Point Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Route Information

Order Type	Circuit ID	Trunk Group No.	DBM USE ONLY		
			Route Index	SFG	Public
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>



Routing Tables – OFF NET and ON NET Calls

Call Type: OFF NET ON NET BOTH

Time Period 1

Order Type: _____ Group No.: _____ Day: _____

Primary Route	Alternate Route	Secondary Route
Circuit ID: _____	Circuit ID: _____	Circuit ID: _____
Trunk Group No.: _____	Trunk Group No.: _____	Trunk Group No.: _____
Route Index: _____	Route Index: _____	Route Index: _____
Primary Carrier: _____	Alternate Carrier: _____	Secondary Carrier: _____

Order Type: _____ Group No.: _____ Day: _____

Primary Route	Alternate Route	Secondary Route
Circuit ID: _____	Circuit ID: _____	Circuit ID: _____
Trunk Group No.: _____	Trunk Group No.: _____	Trunk Group No.: _____
Route Index: _____	Route Index: _____	Route Index: _____
Primary Carrier: _____	Alternate Carrier: _____	Secondary Carrier: _____

Time Period 2

Order Type: _____ Group No.: _____ Day: _____

Primary Route	Alternate Route	Secondary Route
Circuit ID: _____	Circuit ID: _____	Circuit ID: _____
Trunk Group No.: _____	Trunk Group No.: _____	Trunk Group No.: _____
Route Index: _____	Route Index: _____	Route Index: _____
Primary Carrier: _____	Alternate Carrier: _____	Secondary Carrier: _____

Order Type: _____ Group No.: _____ Day: _____

Primary Route	Alternate Route	Secondary Route
Circuit ID: _____	Circuit ID: _____	Circuit ID: _____
Trunk Group No.: _____	Trunk Group No.: _____	Trunk Group No.: _____
Route Index: _____	Route Index: _____	Route Index: _____
Primary Carrier: _____	Alternate Carrier: _____	Secondary Carrier: _____

Routing Tables – OFF NET and ON NET Calls

Time Period 3

Order Type: _____ Group No.: _____ Day: _____

Primary Route	Alternate Route	Secondary Route
Circuit ID: _____	Circuit ID: _____	Circuit ID: _____
Trunk Group No.: _____	Trunk Group No.: _____	Trunk Group No.: _____
Route Index: _____	Route Index: _____	Route Index: _____
Primary Carrier: _____	Alternate Carrier: _____	Secondary Carrier: _____

Order Type: _____ Group No.: _____ Day: _____

Primary Route	Alternate Route	Secondary Route
Circuit ID: _____	Circuit ID: _____	Circuit ID: _____
Trunk Group No.: _____	Trunk Group No.: _____	Trunk Group No.: _____
Route Index: _____	Route Index: _____	Route Index: _____
Primary Carrier: _____	Alternate Carrier: _____	Secondary Carrier: _____

Time Period 4

Order Type: _____ Group No.: _____ Day: _____

Primary Route	Alternate Route	Secondary Route
Circuit ID: _____	Circuit ID: _____	Circuit ID: _____
Trunk Group No.: _____	Trunk Group No.: _____	Trunk Group No.: _____
Route Index: _____	Route Index: _____	Route Index: _____
Primary Carrier: _____	Alternate Carrier: _____	Secondary Carrier: _____

Order Type: _____ Group No.: _____ Day: _____

Primary Route	Alternate Route	Secondary Route
Circuit ID: _____	Circuit ID: _____	Circuit ID: _____
Trunk Group No.: _____	Trunk Group No.: _____	Trunk Group No.: _____
Route Index: _____	Route Index: _____	Route Index: _____
Primary Carrier: _____	Alternate Carrier: _____	Secondary Carrier: _____

Routing Tables – OFF NET and ON NET Calls

Time Period 5

Order Type: _____ Group No.: _____ Day: _____

Primary Route	Alternate Route	Secondary Route
Circuit ID: _____	Circuit ID: _____	Circuit ID: _____
Trunk Group No.: _____	Trunk Group No.: _____	Trunk Group No.: _____
Route Index: _____	Route Index: _____	Route Index: _____
Primary Carrier: _____	Alternate Carrier: _____	Secondary Carrier: _____

Order Type: _____ Group No.: _____ Day: _____

Primary Route	Alternate Route	Secondary Route
Circuit ID: _____	Circuit ID: _____	Circuit ID: _____
Trunk Group No.: _____	Trunk Group No.: _____	Trunk Group No.: _____
Route Index: _____	Route Index: _____	Route Index: _____
Primary Carrier: _____	Alternate Carrier: _____	Secondary Carrier: _____

Time Period 6

Order Type: _____ Group No.: _____ Day: _____

Primary Route	Alternate Route	Secondary Route
Circuit ID: _____	Circuit ID: _____	Circuit ID: _____
Trunk Group No.: _____	Trunk Group No.: _____	Trunk Group No.: _____
Route Index: _____	Route Index: _____	Route Index: _____
Primary Carrier: _____	Alternate Carrier: _____	Secondary Carrier: _____

Order Type: _____ Group No.: _____ Day: _____

Primary Route	Alternate Route	Secondary Route
Circuit ID: _____	Circuit ID: _____	Circuit ID: _____
Trunk Group No.: _____	Trunk Group No.: _____	Trunk Group No.: _____
Route Index: _____	Route Index: _____	Route Index: _____
Primary Carrier: _____	Alternate Carrier: _____	Secondary Carrier: _____

Routing Tables – OFF NET and ON NET Calls

Day of Week/Time of Day			Time Period 1		Time Period 2	
Order Type	Group No.	Day	Start Time 1	End Time 1	Start Time 2	End Time 2
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
Order Type	Group No.	Day	Time Period 3		Time Period 4	
Order Type	Group No.	Day	Start Time 1	End Time 1	Start Time 2	End Time 2
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
Order Type	Group No.	Day	Time Period 5		Time Period 6	
Order Type	Group No.	Day	Start Time 1	End Time 1	Start Time 2	End Time 2
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	_____	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>	___ AM <input type="checkbox"/> PM <input type="checkbox"/>

Access Authorization

Destination Table

Table No.: _____

Allow

Disallow

Order Type

Destination

Order Type

Destination

Order Type

Destination

Calling Number Authorization

Order Type

Customer TN

Destination
Table No.

Order Type

Customer TN

Destination
Table No.

Access Authorization

PIN Access Authorization

Order Type	Customer TN	Destination Table No.	Order Type	Customer TN	Destination Table No.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Order Type	PIN	Order Type	PIN	Order Type	PIN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Combined Calling Number/PIN Authorization

Order Type	Customer TN	PIN	Destination Table No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks

Order Action New Cancel**Change:** Addition Deletion Revision**Disconnect:** Out From**Other:** Records Supplement

Main Bill TN: _____

Circuit No: _____

PON: _____

SON: _____

App. Date: _____

Eff. Date: _____

Due Date: _____

Work With: _____

Customer Detail

Local Service Provider: _____

SVC Name: _____

SVC Address: _____

BLDG: _____ Room/Suite: _____ Floor: _____

City: _____ State: _____ Zip: _____

BILL Name: _____

BILL Address: _____

City: _____ State: _____ Zip: _____

Contacts

Sales Contact: _____

TN: _____

Data Collected By: _____

TN: _____

CSA: _____

TN: _____

Sales Engineer: _____

TN: _____

Customer: _____

TN: _____

Switch Information**Base Unit Switch Type:** 5ESS DMS100 DCO GTD-5 DMS10

LOC Code: _____ ACO: _____

ORIG/Serving C.O.: _____ Wire Center C.O.: _____

ORIG/Serving CLLI: _____ Wire Center CLLI: _____

ISDN PRI Information

Note: Duplicate remainder of form for each PRI (TGN) GROUP QUANTITY.

PRI (TGN) Group Quantity: _____ This PRI (TGN) Group: _____ T1 Quantity: _____

Main Directory Number: _____ CPE Type: _____

Business

Dedicated Service

ISDN Service Type:

PRI Type:

Residence

Configure for TIE

Custom

Universal

National 1

Call by Call

National 2

Custom PRI

Note: Complete this section only if ISDN SERVICE TYPE is Custom.

5ESS

DMS-100

Protocol:

D Channel TGN: _____

D Channel: _____

NT

B Channel TGN: _____

TGN: _____

4E

D Backup Channel: _____

5E

Standard National

Note: Complete this section only if ISDN SERVICE TYPE is National 1 or National 2.

D Channel Trunk Group

D Channel TGN: _____

D Channel Facility Backup (SPAN) No.: _____

GTD-5

D Channel Backup: _____

D Channel Facility Backup (SPAN) No.: _____

5ESS

D Channel Backup: _____

Database Detail

Custom PRI Circuit ID B Channel: _____ Secondary PRI Circuit No. (T1 Assignments): _____

Custom PRI Circuit ID D Channel: _____ DID No. Block(s): _____

Class Features:

- CNID
- Calling Name ID
- Block DOD 10XXX Dialing

OUTWATS

Zone (IntraLATA): _____

Circuit No.: _____

INWATS Detail - Voice

Circuit No.: _____ 800 No.: _____ POTS No.: _____

Circuit No.: _____ 800 No.: _____ POTS No.: _____

Circuit No.: _____ 800 No.: _____ POTS No.: _____

INWATS Detail - Data

Circuit No.: _____ 800 No.: _____ POTS No.: _____

Circuit No.: _____ 800 No.: _____ POTS No.: _____

Circuit No.: _____ 800 No.: _____ POTS No.: _____

PRI Universal

Note: Complete this section only if PRI TYPE is Universal

Channel Trunking Requirements**2-Way Trunk - Voice (and Data if not GTD-5/DMS-100)**

TGN: _____	Digits Delivered: _____
Circuit No.: _____	SON: _____
Billing No.: _____	Overflow To: _____
PIC InterLATA CIC: _____	PIC IntraLATA CIC: _____
B Channel Quantity: _____	

2-Way Trunk - Data (GTD-5/DMS-100 only)

Billing No.: _____	Overflow To: _____
PIC InterLATA CIC: _____	PIC IntraLATA CIC: _____

Bearer Capability**Capability:**

- Voice
- Data
- Both

Bit Rate:

- 56 Kbps
- 64 Kbps

Call by Call Trunk Group (2-way Trunk Group) B Channel Requirements

Note: Complete this section only if PRI TYPE is Call by Call

Channel Trunking Requirements

2-Way Trunk – Voice (and Data if not GTD-5/DMS-100)

TGN: _____	Digits Delivered: _____
Circuit No.: _____	SON: _____
Billing No.: _____	Overflow To: _____
PIC InterLATA CIC: _____	PIC IntraLATA CIC: _____
B Channel Quantity: _____	

2-Way Trunk – Data (GTD-5/DMS-100 only)

Billing No.: _____	Overflow To: _____
PIC InterLATA CIC: _____	PIC IntraLATA CIC: _____

Bearer Capability

<p>Capability:</p> <p><input type="checkbox"/> Voice</p> <p><input type="checkbox"/> Data</p> <p><input type="checkbox"/> Both</p>	<p>Bit Rate:</p> <p><input type="checkbox"/> 56 Kbps</p> <p><input type="checkbox"/> 64 Kbps</p>	<p>Direct Dialing:</p> <p><input type="checkbox"/> DOD Voice Max. Trunk Quantity: _____</p> <p><input type="checkbox"/> DOD Data Max. Trunk Quantity: _____</p> <p><input type="checkbox"/> DID Voice Max. Trunk Quantity: _____</p> <p><input type="checkbox"/> DID Data Max. Trunk Quantity: _____</p>
---	---	--

Dedicated Services Trunk Requirements

Note: Complete this section only if Dedicated Service is selected in the ISDN PRI INFORMATION Section

Terminating Trunk (Dedicated 1-way DID APPL) DID

TGN: _____ Digits Delivered: _____
 Circuit No.: _____ SON: _____
 Billing No.: _____ Overflow To: _____
 B Channel Quantity: _____

Originating Trunk (Dedicated 1-way DID APPL) DOD

TGN: _____ Digits Delivered: _____
 Circuit No.: _____ SON: _____
 Billing No.: _____ Overflow To: _____
 PIC InterLATA CIC: _____ PIC IntraLATA CIC: _____
 B Channel Quantity: _____

Dedicated Private Network Trunk TIE

TGN: _____ Digits Delivered: _____
 Circuit No.: _____ SON: _____
 Billing No.: _____ Overflow To: _____
 PIC InterLATA CIC: _____ PIC IntraLATA CIC: _____
 B Channel Quantity: _____

TGN DIR:
 2-way
 DID
 DOD

FX

TGN: _____ Digits Delivered: _____
 Circuit No.: _____ SON: _____
 Billing No.: _____ Overflow To: _____
 PIC InterLATA CIC: _____ PIC IntraLATA CIC: _____
 B Channel Quantity: _____

INWATS

TGN: _____
Circuit No.: _____
Billing No.: _____
PIC InterLATA CIC: _____
B Channel Quantity: _____

Digits Delivered: _____
SON: _____
Overflow To: _____
PIC IntraLATA CIC: _____

OUTWATS

TGN: _____
Circuit No.: _____
Billing No.: _____
PIC InterLATA CIC: _____
B Channel Quantity: _____

Digits Delivered: _____
SON: _____
Overflow To: _____
PIC IntraLATA CIC: _____

IC

TGN: _____
Circuit No.: _____
Billing No.: _____
PIC InterLATA CIC: _____
B Channel Quantity: _____

Digits Delivered: _____
SON: _____
Overflow To: _____
PIC IntraLATA CIC: _____

Data

TGN: _____
Circuit No.: _____
Billing No.: _____
PIC InterLATA CIC: _____
B Channel Quantity: _____

Digits Delivered: _____
SON: _____
Overflow To: _____
PIC IntraLATA CIC: _____

Configuration for TIE

Note: Complete this section only if Configure for TIE is selected in the ISDN PRI Section

Outgoing (From GPE to GTE)

Far End LOC C.O. CLLI/CNET CUST: _____

Digits Delivered.: _____

B Channel Quantity: _____

Overflow To: _____

NPI:

E164

PVT

Incoming (From GTE to GPE)

Far End LOC C.O. CLLI/CNET CUST: _____

Digits Delivered.: _____

B Channel Quantity: _____

Overflow To: _____

NPI:

E164

PVT

Configuration for TIE

Calling Number Delivered on Incoming Call to PBX

Station Billing on Outgoing Calls from PBX

Range of Numbers Acceptable for Billing: _____

Hunt Type:

2-way Forward-Sequential (1,2,3,4)

2-way Backward-Reverse Sequential (4,3,2,1)

UCD

Digital Channel Activation

Note: Complete this section only if expanding existing span.
Existing Circuit No.: _____

Channel Assignments)

Channel 1 TGN: _____	NEW: _____
Channel 2 TGN: _____	NEW: _____
Channel 3 TGN: _____	NEW: _____
Channel 4 TGN: _____	NEW: _____
Channel 5 TGN: _____	NEW: _____
Channel 6 TGN: _____	NEW: _____
Channel 7 TGN: _____	NEW: _____
Channel 8 TGN: _____	NEW: _____
Channel 9 TGN: _____	NEW: _____
Channel 10 TGN: _____	NEW: _____
Channel 11 TGN: _____	NEW: _____
Channel 12 TGN: _____	NEW: _____
Channel 13 TGN: _____	NEW: _____
Channel 14 TGN: _____	NEW: _____
Channel 15 TGN: _____	NEW: _____
Channel 16 TGN: _____	NEW: _____
Channel 17 TGN: _____	NEW: _____
Channel 18 TGN: _____	NEW: _____
Channel 19 TGN: _____	NEW: _____
Channel 20 TGN: _____	NEW: _____
Channel 21 TGN: _____	NEW: _____
Channel 22 TGN: _____	NEW: _____
Channel 23 TGN: _____	NEW: _____
Channel 24 TGN: _____	NEW: _____

Remarks



Order Action

<input type="checkbox"/> New	Change:	Disconnect:	Other:
<input type="checkbox"/> Cancel	<input type="checkbox"/> Addition	<input type="checkbox"/> Out	<input type="checkbox"/> Records
	<input type="checkbox"/> Deletion	<input type="checkbox"/> From	<input type="checkbox"/> Supplement
	<input type="checkbox"/> Revision		

Main Bill TN: _____ Circuit No: _____

PON: _____ SON: _____

App. Date: _____ Eff. Date: _____ Due Date: _____

Work With: _____

Customer Detail

Local Service Provider: _____

SVC Name: _____ SVC Address: _____

BLDG: _____ Room/Suite: _____ Floor: _____

City: _____ State: _____ Zip: _____

BILL Name: _____ BILL Address: _____

City: _____ State: _____ Zip: _____

Contacts

Sales Contact: _____ TN: _____

Data Collected By: _____ TN: _____

CSA: _____ TN: _____

Sales Engineer: _____ TN: _____

Customer: _____ TN: _____

Switch Information

Base Unit Switch Type:	LOC Code: _____	ACO: _____
<input type="checkbox"/> 5ESS <input type="checkbox"/> DMS100	ORIG/Serving C.O.: _____	Wire Center C.O.: _____
<input type="checkbox"/> DCO <input type="checkbox"/> GTD-5	ORIG/Serving CLLI: _____	Wire Center CLLI: _____
<input type="checkbox"/> DMS10		



ISDN Single Line Information

ISDN SL Quantity: _____

Circuit ID: _____

Primary DN: _____

SPID: _____

ISDN Service Type:

- Custom
- MP
- PP
- National 1
- National 2

Contract Terms:

- Month to Month
- 36 Months
- 12 Months
- 24 Months

Additional Directory Information

- Business
- Residence
- Individual Line Loop Ext.
- FX Service Required
- Casual Dialing Allowed (10XXX)
- PIC InterLATA CIC: _____
- PIC IntraLATA CIC: _____

Additional DN Quantity: _____

	TN:	SPID:	VM:	FORWARD TO NO:
2			<input type="checkbox"/>	
3			<input type="checkbox"/>	
4			<input type="checkbox"/>	
5			<input type="checkbox"/>	
6			<input type="checkbox"/>	
7			<input type="checkbox"/>	
8			<input type="checkbox"/>	

Line Features

Note: Complete this for each line in this order.

- MBKS
- MBKS Deluxe

Class Features: (must be ordered a la carte)

- Caller Name
- Call Trace
- Selective Call Accept
- Selective Call Forward
- Auto Busy Dial
- VIP Alert
- Selective Call Rejection
- Selective Call Waiting
- Auto Call Return
- Auto Call Rejection

CPE Type: _____

Call Blocking

Note: Select one option only

- | | |
|---|--|
| <input type="checkbox"/> Block No ORIG Calls | <input type="checkbox"/> Block 1+, Allow 1+800 |
| <input type="checkbox"/> Block Intl., 1+, 900 and 976 | <input type="checkbox"/> Block Intl. 1+ |
| <input type="checkbox"/> Block 900 NPA and 976 NNX | <input type="checkbox"/> Block All Toll 1+, 0+, and 0- |

Usage Options - Voice

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Flat

<input type="checkbox"/> Measured | Block of Time (BOT): | |
| | <input type="checkbox"/> 25 Hrs. | <input type="checkbox"/> 400 Hrs. |
| | <input type="checkbox"/> 50 Hrs. | <input type="checkbox"/> Flat |
| | <input type="checkbox"/> 100 Hrs. | |

Usage Options - Data

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Flat

<input type="checkbox"/> Measured | Block of Time (BOT): | |
| | <input type="checkbox"/> 25 Hrs. | <input type="checkbox"/> 400 Hrs. |
| | <input type="checkbox"/> 50 Hrs. | <input type="checkbox"/> Flat |
| | <input type="checkbox"/> 100 Hrs. | |

CPE Type: _____

Usage Options - Packet

B Channel		
B Channel: _____	B Channel Packet Features: <input type="checkbox"/> Circuit-switched Data 1000 Package <input type="checkbox"/> Circuit-switched Data 2000 Package	B Channel Interexchange Carrier
B Packet Quantity: _____		DNIC: _____
DN: _____		APIC: _____
SPID: _____		PPIC: _____
D Channel		
D Channel: _____	D Channel Packet Features: <input type="checkbox"/> Circuit-switched Data 1000 Package <input type="checkbox"/> Circuit-switched Data 2000 Package <input type="checkbox"/> X.25 Basic Package <input type="checkbox"/> X.25 Deluxe Package	D Channel Interexchange Carrier
D Packet Quantity: _____		DNIC: _____
DN: _____		APIC: _____
SPID: _____		PPIC: _____

NIUF IOC Package

Note: Select an IOC PACKAGE only if ISDN SERVICE TYPE is National 1 or National 2. If an IOC PACKAGE is selected, you do not need to complete the remainder of this form.

IOC Package: _____

GTE Package

Note: Select a GTE PACKAGE standard button configuration or build a custom button configuration only if ISDN Service Type is National 1 or National 2 and the switch type is 5ESS. If a GTE PACKAGE is selected, you do not need to complete the remainder of this form.

Manufacturer and Model	Configuration Group Name:	Button Count:
<input type="checkbox"/> NI-1		
<input type="checkbox"/> NI-1-U-V		
<input type="checkbox"/> ADAK		
<input type="checkbox"/> Fujitsu 1050	F1050D1	20 Button Phone
<input type="checkbox"/> Fujitsu 1050	F1050G3	20 Button Phone
<input type="checkbox"/> Fujitsu 1050	F1050E1	20 Button Phone
<input type="checkbox"/> Fujitsu 1050	F1050H1	20 Button Phone
<input type="checkbox"/> Fujitsu 2000	F2000H2C	32 Button Phone Custom
<input type="checkbox"/> Fujitsu 2100	F2100H2	32 Button Phone
<input type="checkbox"/> Siemens Optiset NI-1200	S1200V	12 Button Phone
<input type="checkbox"/> Siemens Optiset NI-1200	S1200_U	12 Button Phone
<input type="checkbox"/> Siemens Optiset NI-1200	S1200_UB	12 Button Phone
<input type="checkbox"/> Custom		
<input type="checkbox"/> None		



5ESS Switch-specific Directory Number Configuration

Note: Complete this section only if ISDN SERVICE TYPE is Custom and SWITCH TYPE is 5ESS

Total SL Quantity: _____

This SL: _____

Circuit ID: _____

Primary DN: _____

SPID: _____

Call Appearance: _____

Call Quantity: _____

Term Type:

- A
- B
- C
- D

Circuit-switched Voice	Circuit-switched Data	Subaddress Definition	Switch-specific
CSV: _____	CSD _____	SAR Quantity: _____	Call Pref: <u>IDLE</u>
CSV CHL: _____	CSD CHL: _____	<input type="checkbox"/> SAR ORIG <input type="checkbox"/> Incoming	<input type="checkbox"/> One Touch
CSV ACO: _____	CSD ACO: _____	<input type="checkbox"/> SAR TERM <input type="checkbox"/> PP	<input checked="" type="checkbox"/> Display
CSV LIMIT: _____	CSD LIMIT: _____	<input type="checkbox"/> ORIG CW <input type="checkbox"/> Intercom	<input type="checkbox"/> Autohold
CSV NBLIMIT: _____	CSD NBLIMIT: _____		

Additional Directory Numbers

Additional DN Quantity: _____

	TN:	SPID:	PDN:	SDN:	CA:	CA QTY:	VM:	FORWARD TO NO:	CALL EXC:	RINGING:
2			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			

DMS-100 Switch-specific Directory Number Configuration

Note: Complete this section only if ISDN SERVICE TYPE is Custom and SWITCH TYPE is DMS-100

Total SL Quantity: _____

This SL: _____

Circuit ID: _____

Primary DN: _____

SPID: _____

Call Appearance: _____

Call Quantity: _____

Additional Directory Numbers

Additional DN Quantity: _____

	TN:	SPID:	PDN:	SDN:	MADN:	KEY:	KEY QTY:	VM:	FORWARD TO #:	CALL EXC:	RINGING
2			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>			

Button Configuration

Note: Complete this section only if ISDN SERVICE TYPE is Custom and a custom button configuration is required

Button 1:	_____
Button 2:	_____
Button 3:	_____
Button 4:	_____
Button 5:	_____
Button 6:	_____
Button 7:	_____
Button 8:	_____
Button 9:	_____
Button 10:	_____
Button 11:	_____
Button 12:	_____
Button 13:	_____
Button 14:	_____
Button 15:	_____
Button 16:	_____
Button 17:	_____
Button 18:	_____
Button 19:	_____
Button 20:	_____
Button 21:	_____
Button 22:	_____
Button 23:	_____
Button 24:	_____
Button 25:	_____
Button 26:	_____
Button 27:	_____
Button 28:	_____
Button 29:	_____
Button 30:	_____
Button 60:	_____
Button 62:	_____
Button 63:	_____
Button 64:	_____

Remarks