|  |  |
| --- | --- |
| **Tracking Number:** | **509-SPOKANE-WA-515199** |
|  | **Individual Block Request** |
|  | | | | | | | |
| **Type of Application:** | **New** | **Change** i | **Disconnect** |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  | | | | | | | |
| **GENERAL APPLICATION INFORMATION** | | | | | | | |
| **1.1 Contact Information:** | | | | | | | |
|  | | | | | | | |
| Block Applicant: | | | | | | | |
| Company Name: | **XO WASHINGTON, INC.** | | | | | | |
| Headquarters Address: | **13865 Sunrise Valley Dr** | | | | | | |
| City, State, Zip: | **Herndon, VA, 20171** | | | | | | |
| Contact Name: | **ruben galvan** | | | | | | |
| Contact Address: | **2637 Summit Ave** | | | | | | |
| City,State,Zip: | Plano , TX , 75074 | | | | | | |
| Phone:   **972-578-3728** | FAX:   **214-237-1403** | E-mail:  **ruben.galvan@xo.com** | | | | |  |
| Pooling Administrator: ii | |  |  |  |  |  |  |
| Contact Name: | **Kevin Gatchell** | | | | | | |
| Contact Address: | 1800 Sutter St | | | | | | |
| City,State,Zip: | Concord ,CA,94520 | | | | | | |
| Phone: | 925-363-8742 | FAX: **925-363-7692** | |  |  |  |  |
| E-mail:  **kevin.gatchell@neustar.biz** | | |  |  |  |  |  |
|  |  | | | | | | |
| **1.2 General Information:** | | | | | | | |
|  | | | | | | | |
| **Check one : No LRN needed      X       LRN needed iii** | | | | | | | |
|  | | | | | | | |
| NPA:**509** | LATA:**676** | OCN: iv **7340** | Parent Company's OCN **7753** | | | |  |
| Number of Thousands-Blocks Requested :**1** | | | | |  |  |  |
| Switching Identification(Switch Entity/POI) : v **spknwadzds2** | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| City or Wire Center Name : | | | Rate Center: vi **SPOKANE** | | | |  |
| Rate Center Sub Zone: | | | |  |  |  |  |
|  | | | | | | | |
| **1.3 Dates:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | |
| Date of Application: vii **02/07/2012** | | Requested Block Effective Date: viii                  **03/09/2012** | | | |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | |
| By selecting this checkbox, I acknowledge that I am requesting the earliest possible effective date the Administrator can grant. Please note that this only applies to a reduction in the Administrator's processing time, however the request will still be processed in the order received. | | | | | | | |
|  | | | | | | | |
| Request Expedited Treatment? (See Section 8.6) Yes      **X**      No | | | | | | | |
| Expedited Explanation: | | | | | | | |
|  | | | | | | | |
| **1.4 Type of Service Provider Requesting the Thousands-Block :** | | | | | | | |
|  | | | | | | | |
| |  | | --- | | a)    Type of Service Provider :**CAP OR CLEC** (LEC, IXC, CMRS, Other) | | b)    Primary type of service Blocks to be used for :**Wireline** | | c)    Thousands-Block(s) (NXX-X) assignment Preference (Optional) **509-724-4** | | d)    Thousands-Block(s) (NXX-X) that are undesirable for this assignment , if any | | e)    If requesting a code for LRN purposes, indicate which block(s) you will be keeping(the remainder of the blocks will be given to the pool) | | | | | | | | | | |
|  | | | | | | | |  |  |
| **1.5 Type of Request:** | | | | | | | |  |  |
|  | | | | | | | |  |  |
| Initial block for rate center : Yes                 If Yes , attach evidence of authorization and proof of capability to provide service within 60 days. | | | | | | | |  |  |
| Growth block for rate center : Yes         **X**         If Yes , attach months to exhaust worksheet | | | | | | | |  |  |
| By selecting this checkbox, I acknowledge that I am willing to accept a block in red and explicitly understand that the underlying CO code may not yet be activated in the PSTN and loaded in the NPAC on the block effective date. | | | | | | | |  |  |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Type of change(Mark **all** that apply) | | | | | | | | | | |  | OCN:Intra-company ix Switching Id Part 1B |  |  |  |  |  |  |  |  | |  | OCN:Inter-company x Effective Date |  |  |  |  |  |  |  |  | | | | | | | | | | |
| Change block : Yes                 If Yes , list NPA-NXX-X | | | | | | | |  |  |
|  | | | | | | | |  |  |
| **1.6 Block Return :** | | | | | | | |  |  |
|  | | | | | | | |  |  |
| |  | | --- | | a)    Is this block Contaminated Yes            No | | b)    If Yes how many TNs are NOT available for assignment : | | c)    Have all new Intra SP ports been completed in the NPAC Yes            No | | d)    Has this block been protected from further assignment Yes            No | |  | | | Disconnect block : Yes                 If Yes , list NPA-NXX-X | | | | | | | | | | | |
|  | | | | | | | |  |  |
| Remarks: | | | | | | | |  |  |
|  | | | | | | | |  |  |
| I hereby certify that the above information requesting an NXX-X block is true and accurate to the best of my knowledge and that this application has been prepared in accordance with the Thousands-Block (NXX-X) Pooling Administration Guidelines(ATIS-0300066) available on the ATIS web site (http://www.atis.org/inc) or by contacting inc@atis.org as of the date of this application. | | | | | | | |  |  |
|  | | | | | | | |  |  |
| **ruben galvan** | | | | **Senior National Code Administrator** | | **02/07/2012** | |  |  |
| **Signature of Block Applicant** | | | | **Title** | | **Date** | |  |  |
|  | | | | | | | |  |  |
|  | | | | | | | |  |  |