



NEW CUSTOMER QUESTIONNAIRE

VERSION 12

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INSTRUCTIONS FOR QUESTIONNAIRE COMPLETION

And a Qwest representative, usually the Account Manager, should complete the New Customer Questionnaire. The questionnaire contains many numbers in parenthesis which correspond to further field definitions located at the back of the questionnaire titled, **Questionnaire Definitions**. Use these definitions to determine the appropriate field information.

The completed questionnaire will be used to:

- Determine geographical requirements
- Identify Client Ids
- Determine Qwest system requirements to support client specific activity
- Collect credit information
- Obtain billing information
- Establish input and output requirements
- Create and distribute client contact lists identify client hours and holidays

The New Customer Questionnaire is comprised of the following sections:

- General Information: Information on person completing this form; Legal corporate name, address, email, and fax number
- Certification information
- Client ID numbers
- Billing and Collections
 - Credit information
 - Billing information
 - Summary billing information
- Federal and State Sales Tax Information
- Qwest Output Reports
- Input to Qwest
- Method of input
 - Contact Lists for Orders, Billing and Repair
 - List of holidays
 - Other contacts

After Questionnaire completion

Once the form is completed, it must be forwarded to:

Barbara Cornwell
1005 17th St - Rm. 1730
Denver, CO 80202
Email: bcornwe@uswest.com.

This should be done as soon as possible. Processing time necessary to establish data transfers between QWEST and the customers can take from 30 to 60 days. During that time frame, we are concurrently establishing the RSID, USOCs, and discounted rates specific to each Reseller.

GENERAL INFORMATION

- (1) Today's Date _____
- (2) Customer Name _____
- (3) Telephone # _____
- (4) Customer Signature _____
- (5) QWEST Representative _____
- (6) Telephone # _____

Provide your legal corporate name and address

- (7) Corporate Name _____
- (8) Street Address _____
- (9) Floor _____
- (10) Room _____
- (11) City _____
- (12) State _____
- (13) Zip Code _____
- (14) E-mail Address _____
- (15) Fax Number _____

GENERAL INFORMATION

(16.) Indicate the state that the data in this questionnaire will represent:

Note: A separate questionnaire is required for each state or area.

Central	AZ	___	CO	___	ID	___	MT	___	NM	___	UT	___
Eastern	IA	___	MN	___	NE	___	ND	___	SD	___	WY	___
Western	ID	___	OR	___	MH	___	WA	___				

(17) Indicate the type of service that the data in this questionnaire will represent:

Resale	_____
Unbundled Loop	_____
Unbundled Switching	_____
Unbundled Interoffice	_____
Dedicated Transport	_____
UNE-P (dial tone based products)	_____
UNE-C (dedicated transport products)	_____
Enhanced Extended Loop	_____
Unbundled Dark Fiber	_____
Line Sharing	_____
LNP	_____
LIS Trunks	_____
Date Filed with NECA 4	_____
Leased Entrance Facilities	_____
Collocation	_____
Physical	_____
Virtual	_____

(18) Enter your Client Identification Numbers, as appropriate:

ACNA	CIC:	OCN:	RSID/ZCID:
_____	_____	_____	_____
Access Customer Name Abbreviation	Carrier Identification Code	Operating Company Number	Reseller/CLEC I.I Number

(19) Provide type of arrangement:
Contract (Comprehensive Agreement) Arrangement _____
Date Commission Approved _____
Tariff Arrangement (if applicable): _____

(19a) Provide Directory Listing Option and Publisher name:

OPTION 1 _____ Qwest Dex
OPTION 2 _____ OTHER (List name of publisher) _____

**BILLING AND COLLECTIONS SECTION - 1
 CREDIT INFORMATION**

(20) Indicate your business type:
 Corporation: _____
 Franchise: _____

(21) Enter the month and year your business was established _____

(22) Provide the names, titles, and residential phone numbers of owners or corporate officers:

Names	Titles	Telephone Number (Area Code)

(23) Provide any current and/or previous business service telephone number(s) of a similar business type:
 Or your Dunn & Bradstreet Number: _____

Telephone Number (Area Code)	Status (Current or previous)

(24) Provide the estimated Service volumes by service types: _____

(25) Enter estimated monthly Service Volumes by the end of your first year of doing business as wholesale Customer of Qwest for Resale, Unbundled Elements, and Interconnection. An accurate forecast is important, as Qwest will use this information as one of the factors in determining whether a security deposit will be assessed and the amount of the deposit. An under-forecast of service could result in a request for an additional security deposit prior to the end of your first year of business; an over forecast could result in payment of a security deposit higher than necessary. Also, please note that previous or current service with Qwest, as a retail customer does not necessarily exclude the need for a security deposit as a Wholesale customer of Qwest.

Resale ___ (Your expected number of resold lines in your 12th month of business with Qwest)

Unbundled Elements:

Loops (LSR)	___	UNE-P	___
DS1 LOOPS (ASR)	___	UNE-C	___
DS3 LOOPS (ASR)	___	UDIT	___
Line Sharing	___	EEL	___
Local Trunks	___		

Interconnection/ Collocation

(An access deposit may be required based on estimated local usage Additional deposit may be required based on quantities and/or types of products ordered)

(26) Enter estimated dollar amounts for IntraLATA and InterLATA Toll Usage

IntraLATA Toll Usage _____
InterLATA Toll Usage _____

(27) Financial Contact Information:

Name: _____

Telephone Number _____

Title: _____

Address: _____

City _____ State _____ Zip Code _____
Hours Available: _____ Time Zone: _____

(28) Would you like to utilize (EDI/EFT) Electronic Funds Transfer Service?

Yes ___ No ___

**BILLING AND COLLECTIONS SECTION - 1
 BILLING INFORMATION**

Federal and State Sales Tax Information

(29) Please provide your Tax Identification Number _____

(30) Are you requesting exemption on Federal Excise Tax ON COMMUNICATIONS SERVICES ?
 Yes ____ No ____

In order for tax exemption requirements to be met, CERTIFICATE OF EXEMPTION FROM FEDERAL EXCISE TAX ON COMMUNICATIONS SERVICES form RG 31-0093 must be provided to Qwest within **30 days**. Please forward the exemption certificate to your Qwest Billing Center as soon as possible.

(31) Are you requesting to be exempt from applicable taxes and fees on the Telecommunication services purchased for Resell?
 Yes ____ No ____

*If yes, please provide the Sales Tax License, Registration or Permit number for the applicable states. This information will meet state requirements for resell tax exemption except as noted:

STATE	Sales Tax License #/ Registration #/Permit #
Arizona	
Colorado	Note # 3
Idaho	No state Sales tax on Telecommunications services
Iowa	
Minnesota	No state Sales tax
Montana	No state Sales tax
Nebraska	Note # 1
New Mexico	Note # 2
North Dakota	
Oregon	No state Sales tax
South Dakota	Note # 1
Utah	
Washington	
Wyoming	

Federal and State Sales Tax Information

EXEMPTION CERTIFICATE REQUIREMENTS:

In order for tax exemption requirements to be met, the following individual documents must be provided to QWEST **within 30 days**. Please forward the exemption certificate(s) to your QWEST Billing Center as soon as possible.

Note #1 Nebraska and South Dakota exemptions require either a UNIFORM SALES & USE CERTIFICATE- MULTI-JURISDICTION form or a Individual State specific form

Note #2 New Mexico requires SERIES 1992 - NONTAXABLE TRANSACTION CERTIFICATE - SERIES 1992

Note #3 Colorado requires a Colorado Resell Exemption **Letter** from the Department of Revenue. Write to:

William Soeckman, Head Conferee
Colorado Department of Revenue
1375 Sherman St
Denver CO 80261

Summary:

QWEST accepts these statements in good faith as cause to exempt the revenues associated with these resell transactions from tax and fee calculations and remittances.

(33) Do you agree to indemnify and reimburse QWEST for any assessment, penalty and interest, over these revenues on which additional taxes and fees are due?

Yes No

Reimbursement for said costs would be due within 30 days of notification by QWEST of such assessment and/ or costs.

(34) Do you have any unique taxing considerations?

Yes No

*If yes, explain and provide requirements:

BILLING AND COLLECTIONS SECTION - 1
SUMMARY BILLING

NOTE: Provide the following data necessary to support the accurate implementation and mailing of your paper Summary Bill(s). If only one type of service will be resold, fill in the appropriate account type.

Business Accounts

(34) Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(35) When would you like to receive your bill? _____

(36) Contacts regarding payment of this Summary Bill:
Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

Residence Accounts

(34) Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(35) When would you like to receive your bill? _____

(36) Contacts regarding payment of this Summary Bill:
Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

WATS Accounts

(34) Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(35) When would you like to receive your bill? _____

(36) Contacts regarding payment of this Summary Bill:
Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

Unbundled Loop/Switching

(34) Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(35) When would you like to receive your bill? _____

(36) Contacts regarding payment of this Summary Bill:
Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

**Unbundled Network Elements-Platform
Unbundled Network Elements-Combined**

(34) Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(35) When would you like to receive your bill? _____

(36) Contacts regarding payment of this Summary Bill:
Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

Enhanced Extended Loop (EEL)

(34) Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(35) When would you like to receive your bill? _____

(36) Contacts regarding payment of this Summary Bill:
Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

Unbundled Dark Fiber

Mailing Name: _____

Mailing Address: _____

City	State	Zip Code
------	-------	----------

Attention: _____

(35) When would you like to receive your bill? _____

(36) Contacts regarding payment of this Summary Bill:

Name: _____

Telephone Number (Area Code): _____

Title: _____

Hours Available: _____ Time Zone: _____

Line Sharing

(34) Mailing Name: _____

Mailing Address: _____

City	State	Zip Code
------	-------	----------

Attention: _____

(35) When would you like to receive your bill? _____

(36) Contacts regarding payment of this Summary Bill:

Name: _____

Telephone Number (Area Code): _____

Title: _____

Hours Available: _____ Time Zone: _____

LNP

(34) Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(35) When would you like to receive your bill? _____

(36) Contacts regarding payment of this Summary Bill:
Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

LIS Trunks/Collocation

(34) Mailing Name: _____
Mailing Address: _____

City State Zip Code
Attention: _____

(35) When would you like to receive your bill? _____

(36) Contacts regarding payment of this Summary Bill:
Name: _____
Telephone Number (Area Code): _____
Title: _____
Hours Available: _____ Time Zone: _____

Qwest OUTPUT - SECTION 2

(37) The following reports are provided as part of the standard offering to customers:

Completion Report	Electronic CRIS Bill
Daily Usage File	Electronic IABS Bill
Loss Report	

Resale and Unbundled Services

REPORT NAME	SOURCE	TRANSMISSION METHOD/MEDIA TYPE
CRIS Summary Bill	CRIS	<u>WESTERN REGION:</u> Paper EDI via NDM (direct or dial in) or FTP EDI via Value Added Network (VAN) WEB CD-ROM Diskette
		<u>CENTRAL REGION:</u> Paper EDI via NDM (direct or dial in) or FTP EDI via Value Added Network (VAN) WEB
		<u>EASTERN REGION:</u> Paper EDI via NDM (direct or dial in) or FTP EDI via Value Added Network (VAN) WEB CD-ROM Diskette
IABS BILL Only available for CLECs who are reselling Frame Relay, ATM, Cell Relay, Transport LANs and Unbundled Transport or LIS/Collocation.	IABS	NDM (direct or dial in) or FTP Microfiche (exception basis)
Daily Usage Feed	Billing	NDM (direct or dial in) FTP (direct only) Tape or Cartridge (Paper is not an option-nor is electronic Fax) WEB
Co-Carrier Usage Return	Billing	NDM (direct or dial in)
Sustained Usage File	Billing	NDM (direct or dial in)
Loss Report	Service Order	NDM (direct or dial in) FTP (direct only) Electronic Fax (Tape is not an option) WEB
Completion Report	Service Order	NDM (direct or dial in) FTP (direct only) Electronic Fax (Tape is not an option) WEB

Verification of the transmission of the above files and reports can be developed on an individual case basis and is to be negotiated as part of the Comprehensive Agreement. If transmission verification has already been negotiated, please indicate the report types (fax, e-mail, paper, tape, file transmission) that you wish to receive a sample transmission on the following pages.

- (38) Other reports can be provided on an Individual Case Basis (ICB). **Custom request charges will be quoted at the time and billed as appropriate.** If you require an output that has not been addressed, please specify below:

Provide the following information only for ICB requests.

Central Region:	Attached:
Target Date:	Format:
Eastern Region:	Attached:
Target Date:	Format:
Western Region:	Attached:
Target Date:	Format:

**CONTACT INFORMATION FOR DAILY USAGE FILE OUTPUT
For End User Billing**

(40) Contact Name: _____
Contact Number _____
Mailing Name: _____
Mailing Address: _____

City State Zip Code

(41) Type of Service _____

(42) Electronic Transfer Options: Check one: For Dedicated Circuit:
NDM (dedicated circuit) _____ Circuit ID _____
FTP (dedicated circuit) _____ Transmission Path/Nodes _____
NDM (dial-up) _____
WEB _____

(43) Data Set Name (DSN)/Remote ID _____

(44) Magnetic Tape Options: check one
9 Track Tape _____ 1600 BPI _____ 6250 BPI _____

(45) Record Length Options: (applicable for all types)
Oregon, Washington, and Northern Idaho
175 byte fixed _____ 2472 byte variable _____ 10003 byte variable _____

Arizona, Colorado, Southern Idaho, Montana, New Mexico, Utah, and Wyoming
210 byte fixed _____ 2472 byte variable _____ 11004 byte variable _____

Iowa, Minnesota, Nebraska, North Dakota, South Dakota
210 byte fixed _____ 360 byte fixed _____
2472 variable _____ 10003 byte variable _____

(46) Technical Contact: _____
Technical Number: _____

CONTACT INFORMATION FOR SUSTAINED USAGE FILE
Associated with Co-Carrier Usage Return Processing (*See Input Section 3*)

(40)

Contact Name: _____
Contact Number: _____

(41)

Type of service: _____

(42) Output Preference (check one)

(43)

Electronic Transfer Options:		For Dedicated Circuit	
NDM (dedicated circuit)	_____	Circuit ID	_____
NDM (dial-up	_____	Transmission Path/Nodes	_____

(44)

Data Set Name (DSN)/Remote ID: _____

(45) Record Length Options: (applicable for all types)

2472 byte variable _____

(46)

Technical Contact: _____
Technical Number: _____

CONTACT INFORMATION FOR ELECTRONIC CRIS BILL OUTPUT
Summary Bills**

(40)

Contact Name: _____
Contact Number: _____

(41)

Type of service: _____

(42) Output Preference (check one)

Paper (automatically provided) _____ Electronic Transfer _____

(43)

Electronic Transfer Options: Check one:	For Dedicated Circuit
NDM (dedicated circuit) _____	Circuit ID _____
FTP (dedicated circuit) _____	Transmission _____
	Path/Nodes _____
NDM (dial-up) _____	Van Provider _____
VAN _____	
WEB _____	
CD-ROM _____	
DISKETTE _____	

(44)

Data Set Name (DSN)/Remote ID: _____

(45)

Technical Contact: _____
Technical Number: _____

* Electronic Format is EDI

** Resale and Unbundled / Rebundled products must be on separate Summary Bills.

CONTACT INFORMATION FOR ELECTRONIC IABS BILL OUTPUT
For Facility Based Services
LIS Trunks, Collocation and Associated Products

NOTE A separate form is required for each type of service.

(40) Contact Name: _____
Contact Number: _____

(41) Type of service: _____

(42) Electronic Transfer Options: Check one: For Dedicated Circuit:
 NDM (dedicated circuit) _____ Circuit ID _____
 FTP (dedicated circuit) _____ Transmission Path/Nodes _____
 NDM (dial-up) _____

(43) Data Set Name (DSN)/Remote ID: _____

(44) Technical Contact: _____
Technical Number: _____

(45) FICHE: Company to send to: _____

* Electronic Format is BDT (The summary portion of the bill will always be PAPER and is not available in electronic format, however, the detailed records may be provided electronically.)

CONTACT INFORMATION FOR LOSS REPORT OUTPUT

NOTE: A separate form is required for each type of service.

(40)

Contact Name: _____
Contact Number: _____

(41) Type of service: (check all that apply)

Resale _____ Unbundled Loop _____ Unbundled Switch _____
UNE-P _____ Interim Number Portability _____

(42)

Electronic Transfer Options: For Dedicated Circuit:
Check one:
NDM (dedicated circuit) _____ Circuit ID _____
FTP (dedicated circuit) _____ Transmission Path/Nodes _____
NDM (dial-up) _____
WEB _____

(43)

Data Set Name (DSN)/Remote ID: _____

(44)

Technical Contact: _____
Technical Number: _____

(45) For Paper: via Facsimile

Fax Number: _____
Attention: _____

CONTACT INFORMATION FOR COMPLETION REPORT OUTPUT

NOTE: A separate form is required for each type of service.

(40)

Contact Name: _____
Contact Number: _____

(41) Type of service: check all that apply

Resale Unbundled Loop Unbundled Switch
UNE-P Interim Number Portability

(42)

Electronic Transfer Options: Check one: For Dedicated Circuit:
NDM (dedicated circuit) Circuit ID
FTP (dedicated circuit) Transmission Path/Nodes
NDM (dial-up)
WEB

(43)

Data Set Name (DSN)/Remote ID: _____

(44)

Technical Contact: _____
Technical Number: _____

(45)

For Paper: via Facsimile
Fax Number: _____
Attention: _____

DAL
Directory Assistance List
Provided by State

Note: fill out if offering DAL to end users-facility based

(40)

Contact Name: _____
Contact Number: _____

(41)

Type of service: _____

(42)

Electronic Transfer Options: check one For Dedicated Circuit
NDM (dedicated circuit) _____ Circuit ID _____
Transmission Path/Nodes _____

(43)

Data Set Name (DSN)/Remote ID: _____

(44)

Magnetic Tape Options: check one
9 Track Tape _____ 1600 BPI _____ 6250 BPI _____

(45)

Technical Contact: _____
Technical Number: _____

CONTACT INFORMATION FOR CO-CARRIER USAGE RETURN

Provide this information to establish a file to return Daily Usage Records to Qwest.

(40)

Contact Name: _____
Contact Number: _____

(41)

Type of service: _____

(42)

Electronic Transfer Options: check one For Dedicated Circuit
NDM (dedicated circuit) _____ Circuit ID _____
NDM (dial-up) _____ Transmission Path/Nodes _____

(43)

Record Length Options: (applicable for all types)
2472 byte variable _____

(44)

Technical Contact: _____
Technical Number: _____

OSS SYSTEM NOTIFICATION

OSS Systems Notification contacts are requested as a means to furnish the Co-Provider with the most current Qwest Systems related information. This is intended to be a communications channel between the Co-Provider and Qwest for systems release, outage, and maintenance information. In addition, this contact will be the person who receives information from the Qwest Co-Provider Industry Change Management Process (CICMP). This process was established as a vehicle to formally request changes within Qwest OSS Systems. Every Co-Provider is encouraged to have a representative on this team so they have a voice in requested changes to Qwest OSS Systems. The contact person indicated below will also receive updates concerning those requests flowing through the CICMP Team

Contact Name: _____
(This individual should reside in your Technical Organization)

Contact Number: _____
Contact email address _____

Note: notification will only be done via email.

Contact's Fax Number _____
(In case of Emergency)

NETWORK OUTAGE NOTIFICATION CONTACT INFORMATION

Provides notification of any Qwest network outages that may affect your service and that of your end-users.

Contact Name: _____
(This individual should reside in your Technical Organization)

Contact Number: _____

Contact email address _____

Note: notification will only be done via email.

Contact's Fax Number _____
(In case of Emergency)

**Facility Based Service
LIS Trunks, Collocation and Associated Products**

(53) Please indicate the Method of Input:

Electronic _____
Fax _____
Mail _____

(54) Electronic Input:

Are you currently using ordering software to submit ASRs to Qwest?

Yes No

If yes, you may use your existing software to submit ASRs.

If no, please indicate Method of Input

_____ Purchase ordering software from outside vendor, transmit data via NDM dedicated circuit.

Circuit ID: _____

Node Name: _____

_____ Purchase ordering software from outside vendor; transmit data via NDM dial
_____ Dial into Qwest's TELIS UNIX

(55)

Fax Input: _____
Contact Name: _____
Contact Number _____
Fax Number: _____

(56)

Mail Input: _____
Contact Name: _____
Contact Number _____
Mailing Address: _____

Note: If you plan to submit ASRs, please provide a valid CCNA/ACNA in Section 1 of this questionnaire.

CUSTOMIZED ROUTING

The Co-Provider may use Customized Routing to direct their end user's calls to its own:

- Or an alternate provider's operator platform
- Or an alternate provider's directory assistance platform
- Trunk groups for the transport of local calls

Customized Routing enables Co-Providers the ability to designate routing treatment for their Unbundled Switching and Resale end users to specific outgoing trunks. Customized Routing is provided through the use of Line Class Codes to direct specific traffic from the end office to a dedicated trunk group.

Should a Co-Provider wish to initiate a Customized Routing request for information, a Service Inquiry form must be completed. The completed Service Inquiry form must be provided to the Co-Provider's account management team.

A Customized Routing Form is provided to request Line Class Codes. This form is not completed until a firm request is received and the Unbundled Dedicated Interoffice Transport (UDIT) and/or Local Interconnect Service (LIS) trunks are ordered.

CUSTOM ROUTING SERVICE INQUIRY

CO-PROVIDER NAME: _____

CONTACT NAME: _____

TELEPHONE: _____

FACSIMILE: _____

ACCOUNT MANAGER: _____

TELEPHONE: _____

FACSIMILE: _____

WHAT TYPE OF CUSTOM ROUTING IS REQUIRED? (CHECK ONE)

- OPERATOR
- DA
- LOCAL
- OPERATOR/DA
- OPERATOR/LOCAL
- DA/LOCAL
- OPERATOR/DA/LOCAL

CITY & STATE OF REQUEST: _____

ORIGINATING CLLI(S): _____

IF OPERATOR AND DA, PROVIDE THE
TERMINATING CLLI OF THE AOS OR Qwest: _____

ON A SEPARATE ATTACHMENT, PROVIDE A DETAILED VISUAL CONFIGURATION OF
YOUR DIRECT OR TANDEM TRUNK ROUTING ARRANGEMENT.

CUSTOM ROUTING FORM

1. LATA CODE - The 3-character numeric that identifies the LATA where the switch CLLI is located. The LATA code does not have to be repeated for each switch CLLI, as long as the additional CLLIs in the same LATA are grouped together.
2. CRA - CUSTOM ROUTING ACTIVITY - The activity types are:
 - N- New (Establish Line Class Code (LCC))
 - A- Additional (To add end off switches to an established LCC on a subsequent request)
 - D- Delete (Remove LCC)
3. SWITCH CLLI - The 11 character code that identifies the end office switch where the LSP wants the Custom Routing LCC established. Tandem CLLI codes is not allowed.
4. TSC CODE - The 2/6 code of the dedicated transport to receive the custom routed traffic.
5. ANI II - AUTOMATIC NUMBER IDENTIFICATION - The 2 digit codes available for Custom Routing are:
 - 00- Business (POTS) local service
 - 01- Residence (POTS) local service
 - 02- Coin (ANI 27) local service
 - 03- Hotel/Motel (ANI 6) local service
 - 04- ISDN local service
 - 05- OUTWATS
 - 06- INWATS
 - 07- Centrex local service
 - 08- Coinless Coin (ANI 7) local service
 - 09- Customnet (ANI 7) local service
 - 10- Unbundled Switch Ports local service
6. SML - SINGLE OR MULTI LINE - The 1 digit codes available are:
 - S- Request for Single line arrangements
 - M- Request for Multi line arrangements

7. CRT - CUSTOM ROUTED TRAFFIC - The 1 digit codes available are:

- 1- Operator Services (0-, 0+10D, local operator)
- 2- Directory Assistance (1411, home NPA 555-1212)
- 3- OS/DA-Operator Services and Directory Assistance
- 4- Local-Local service (7 digit local, 10 digit local)
- 5- Local/OS-Local service and Operator Services
- 6- Local/DA-Local Service and Directory Assistance
- 7- Local/OS/DA-Local Service, Operator Service and Directory Assistance

8. BLOCK - The 1 digit codes available are:

- 0- No blocking
- 1- Block originating calls
- 2- Block terminating calls
- 3- 1+,0+,0-,01+,011+,411,976,900
- 4- 0-,0+,01+976
- 5- 1+,0-,0+,01+,011+,900
- 6- 900,976,960
- 7- 976 (Nebraska only)
- 8- 900 (Nebraska only)
- 9- 960 (Nebraska only)
- A- 900,976 (Nebraska only)
- B- 900,960 (Nebraska only)
- C- 960,976 (Nebraska only)
- D- 900,976,960,411
- E- 011,10XXX+011
- F- 0-,0+,01+976,011+
- G- 976,900,011+
- H- 976,900,511,011+
- I- 976,011+
- J- 1+,10XXX1+,976,900 (ANI 7)
- K- 1+,011+,900,976
- L- Station restriction - IAESS Centrex only, totally restrict incoming and outgoing
- M- Station restriction - IAESS Centrex only, totally restrict incoming
- N- Station restriction - IAESS Centrex only, totally restrict outgoing
- O- Station restriction - IAESS Centrex only, semi-restrict restrict incoming and outgoing
- P- Station restriction - IAESS Centrex only, semi-restrict restrict incoming
- Q- Station restriction - IAESS Centrex only, semi-restrict restrict outgoing
- R- 900,976,960,411,911
- S- 976,900,411,911,011+

T- 1+,0+,0-+011+411,011,976,900

9. FMM - FLAT/MEASURED/MESSAGE - The 1 digit codes available are:

- 1- Flat
- 2- Measured
- 3- Message

10. FMM - FLAT/MEASURED/MESSAGE - The 1 digit codes available are:

- 1- Flat
- 2- Measured
- 3- Message

11. DIRECTION - The 1 digit codes available are:

- 1- One way in
- 2- One way out
- 3- Two way

12. EX GRID – Code assigned by the ILEC.

13. NEW GRID – Code assigned by the ILEC.

14. LCC – Code assigned by the ILEC.

15. REMARKS - Provide any appropriate information.

ACCESS/BILLABLE INFORMATION WORKSHEET

The following information is required for Qwest to provide access records to Co-carriers and billable records when requested under contract. Please note that Qwest uses only IBM compatible equipment.

Complete one worksheet per state.

1. S _____
tate _____
 2. Co-Carrier Name _____
 3. Name, Address and Telephone Number of person completing form
Name _____
Address _____
TN _____
 4. Co-carrier OCN _____
 5. Co-carrier NPA NXX/s and city names _____
 6. Which company is your CMDS host and/or sponsored your request for an RAO? _____
 7. Full RAO Code or Shared RAO Code? _____
 8. What is Full RAO code? _____
National _____
State _____
 9. If shared what is RAO code? _____
- If this is a Qwest shared RAO a hosting agreement with Qwest is required? (Question 25 will be answered yes)**
10. Which company does this shared RAO codes belong to? _____
 11. Which company submitted the NPA NXX/s, OCN and RAO codes for BRIDS/LERG input?
Company Name _____
Person's Name _____
Telephone Number _____
 12. What date was the information submitted? _____

13. What version of the BRIDS/LENG will reflect these NPA NXX/s, RAO and OCN information? _____

14. Effective Date of Interconnection Agreement _____

15. Date your switches will be activated? _____

16. Date anticipate switch will receive live traffic _____

17. Do you expect to receive billable records from Qwest? _____

18. If you will be receiving billable records from Qwest which record length format?
360 byte fix blocked format _____ 175 byte variable format* _____

* 175 byte variable format not available for COMET

19. Transmission Mode (Circle Desired Mode)

- NDM/FTP/Tape/Cartridge/CO
- MET
- NDM (See question 20)
- FTP (See question 21)
- 9 Track Tape (See question 22)
- 18 Track Cartridge (See question 23)
- COMET (See question 24)

20. NDM

Is NDM link already in place? _____
Link Protocol TCPIP Yes/No _____
Link Protocol SNA LU0 Yes/No _____
Your NDM Node Name _____
Type of Operating System you have? (I.e. Mainframe/MVS, Midrange/UNIX, Workstation/WINDOWS NT, etc.) _____
User ID (receiving end) _____
Password (receiving end) _____
Receiving Production Dataset Name/s _____
Receiving Test Dataset Name/s _____
Type of Receiving Unit _____

Do you need Qwest to trigger the job? _____
If yes, what is the trigger? _____
Do you want to receive transmittal giving
message count? _____

Access records are always sent in 210-byte fix blocked format

In Eastern if you request 360 byte fix blocked format or 175 byte variable format for billable records, (if billable records are applicable) the access records would be the same record length as the billable records. The access record would be spaces after the access data ends.

The time frame to establish the NDM will need to be negotiated. The NDM link must be established before we negotiate the implementation of record exchange.

21. FTP

Is NDM link already in place? _____
Host IP address _____
Type of Operating System you have?
(I.e. Mainframe/MVS,
Midrange/UNIX,
Workstation/WINDOWS NT, etc.) _____
User ID (receiving end) _____
Password (receiving end) _____
Receiving Production Dataset Name/s _____
Receiving Test Dataset Name/s _____
Type of Receiving Unit _____
Dir Name (receiving end) _____
Is ASCII format required? _____

Access records are always sent in 210-byte fix blocked format

In Eastern if you request 360 byte fix blocked format or 175 byte variable format for billable records, (if billable records are applicable) the access records would be the same record length as the billable records. The access record would be spaces after the access data ends.

The time frame to establish the FTP will need to be negotiated. The FTP link must be established before we negotiate the implementation of record exchange.

22. 9 Track Tape _____
Compressed/Non Compressed _____
1600 BPI/6250 BPI _____

New or used Tape (New tapes cost \$50.00 each) _____

Name, Address and Telephone Number to send tapes

Name _____

Address, City, State and Zip _____

Code _____

Telephone Number _____

If this a Service Bureau, what is the Service Bureau Number? _____

Access records are always sent in 210-byte fix blocked format

In Eastern if you request 360 byte fix blocked format or 175 byte variable format for billable records, (if billable records are applicable) the access records would be the same record length as the billable records. The access record would be spaces after the access data ends.

In Central if you request 360-byte fix blocked format or 175-byte variable format for billable records, (if billable records are applicable) you will receive 2 separate tapes.

In Western billable and access records are always sent on separate tapes.

23. 18 Track Cartridge _____
Compressed/Non Compressed _____
Name, Address and Telephone Number to send cartridges
Name _____
Address _____
Telephone Number _____
If this a Service Bureau, what is the Service Bureau Number? _____

Access records are always sent in 210-byte fix blocked format

In Eastern if you request 360 byte fix blocked format or 175 byte variable format for billable records, (if billable records are applicable) the access records would be the same record length as the billable records. The access record would be spaces after the access data ends.

In Central if you request 360-byte fix blocked format or 175-byte variable format for billable records, (if billable records are applicable) you will receive 2 separate cartridges.

In Western billable and access records are always sent on separate cartridges.

24. COMET

This is a system that requires a dial-up connection to extract messages from Qwest. A COMET manual will be sent to you giving the specifications that are needed to use the COMET system. The Qwest COMET contact person is identified in the manual.

The time frame to establish the COMET will need to be negotiated. The COMET link must be established before we negotiate the implementation of record exchange.

25. **Frequency receive data:**

Western (N, ID, OR, WA)

Tape/Cartridge choose weekly/monthly

NDM/FTP/COMET will receive daily

Date you want to receive End of Month report

- choose one 1 7 13 19 25

Central (AZ, CO, MT, NM, S ID, UT, WY)

Tape/Cartridge choose weekly/monthly

NDM/FTP/COMET will receive daily

The End of Month report will be created around the 15th of each month

Eastern (IA, MN, ND, NE, SD)

Every 3 days/monthly choose option

Date you want to receive End of Month report

- choose one 1 4 7 10 13 16 19 22 25 28

EASTERN FULL RAO STATUS COMPANIES WILL RECEIVE DATA DAILY AND THEIR END OF MONTH REPORT ON THE FIRST.

26. What address would you like your "End of Month" report (51034/5, ECS-1/2, ATT08) mailed to?

27. Do you want to receive test media?

Yes ____ No ____

If yes complete following to identify location to send test

Name, Address and Telephone Number to send cartridges

Name _____
Address _____
Telephone Number _____

28. Do you want to receive a statistical report of the data sent?

Yes ___ No ___

29. Will Qwest be your Centralized Message Distribution System (CMDS) host?

30. Will Qwest be your Operator Services provider?

31. Will Qwest be your Directory Assistance Provider?

**PLEASE NOTE IF ANY OF THE ABOVE INFORMATION IS INACCURATE IT WILL DELAY
TIMELY DELIVERY OF THE ACCESS RECORDS TO YOUR COMPANY.**

CONTACT LIST - SECTION 4
Residence Accounts

Please provide your Customer Service Center business days, hours, and telephone numbers for direct referrals of end users.

Note: The telephone numbers must be 800/888 Service numbers.

(57) Orders

Location _____
Days: _____ Hours: _____
Time Zone: _____ Telephone Number: _____

(58) Billing

Location _____
Days: _____ Hours: _____
Time Zone: _____ Telephone Number: _____

(59) Repair

Location _____
Days: _____ Hours: _____
Time Zone: _____ Telephone Number: _____

In the space below, list the holidays your Customer Service Centers are closed.

Please provide any other names, addresses and/or telephone numbers that would be important to Qwest.

CONTACT LIST - SECTION 4
Business Accounts

Please provide your Customer Service Center business days, hours, and telephone numbers for direct referrals of end users.

Note: The telephone numbers must be 800/888 Service numbers.

(57) Orders

Location _____
Days: _____ Hours: _____
Time Zone: _____ Telephone Number: _____

(58) Billing

Location _____
Days: _____ Hours: _____
Time Zone: _____ Telephone Number: _____

(59) Repair

Location _____
Days: _____ Hours: _____
Time Zone: _____ Telephone Number: _____

In the space below, list the holidays your Customer Service Centers are closed.

Please provide any other names, addresses and/or telephone numbers that would be important to Qwest.

**DLR (DESIGN LAYOUT REPORT) - SECTION 5
LIS TRUNKING AND UNBUNDLED LOOP**

(57) Will you be requesting Design Layout Reports?

Yes No

If yes, will you be confirming the Design Layout Report?

Yes No

How will you expect your Design Layout Reports to be sent: (check one)

Electronically

Fax

Mail

If electronically, please provide your Design Routing Code (DRC): _____

Will the same code be used for delivery of all Design Layout Reports?

Yes No

(58) Hardware Requirements for Electronic Interface:

The following provides the minimum hardware requirements for the electronic delivery of Design Layout Reports. The type of equipment is optional. The printer may be a stand-alone, a PC (personal Computer) with a software package that will simulate a printer, or minicomputer that receives the incoming reports. A 1200 baud 212 A type modem is required that is capable of sending an answerback upon connect.

The answerback programmed is chosen at the client's option, Qwest Communications will match the answerback code. Qwest Communications cannot distribute the Design Layout Report unless the correct answerback is given which verifies it is the correct machine. The answerback cannot be more than 19 characters in length.

Settings	7 data bytes, 1 stop byte
Parity	Even
Auto AnswerBack	
Half-duplex	
Buffer Size	8 to 10 K

NOTE: X on and X off is not supported. X must be off.

Questionnaire Definitions

GENERAL INFORMATION

1. **Today's Date:** Enter the date that the questionnaire is being completed.
2. **Customer Name:** Enter the name of the customer representative completing the questionnaire.
3. **Telephone Number:** Enter the telephone number of the customer representative completing the questionnaire.
4. **Customer Signature:** Have the customer representative completing the questionnaire provide their signature.
5. **Qwest Representative:** Enter the name of the Qwest representative assisting the customer with this form. This person is usually the Account Manager assigned to this customer.
6. **Telephone Number:** Enter the telephone number of the Qwest representative.
7. **Corporate Name:** Enter the legal corporate name of the customer.
8. **Street Address:** Enter the street address of the corporation.
9. **Floor:** Enter the floor number of the corporation, if appropriate.
10. **Room:** Enter the room number of the corporation, if appropriate.
11. **City:** Enter the city of the corporation's address.
12. **State:** Enter the state of the corporation's address.
13. **Zip Code:** Enter the zip code of the corporation's address.
14. **Email Address:** Enter the email address of the corporate representative.
15. **Fax Number:** Enter the fax number of the corporate representative.
17. **Indicate State:** Mark the state that this questionnaire represents. Each state requires a separate questionnaire.
19. **Type of service:** Enter the type of service that will be provided.
20. **Client ID Numbers:** Enter all known client identification numbers. Not all will be appropriate based on service types ordered.

ACNA:	Access Customer Name Abbreviation-Customer must obtain from Telecordia. Required for services ordered through EXACT. Identifies the customer who will receive the bill for the services ordered.
CIC:	Carrier Identification Code-Customer must obtain from Telecordia. Required when ordering Unbundled Switching.
OCN:	Operating Company Number-Customer must obtain from Telecordia to meet telecommunications industry practice guidelines. Required to satisfy routing and rating requirements.
RSID/ZCID:	Reseller/CLEC identification number. Provided by Qwest.

21. **Type of Arrangement:** Indicate if a Contract or Tariff arrangement and date commission approved.

21A. **Directory Listing Information:** Information is **required** to assure correct handling of Directory listings for end users of CLEC/Reseller. Option is contained in Contract/Agreement.

Option 1:	End User Listings will be released to QWEST DEX, Other Directory Publishing's and be available through Directory Assistance. (same as Qwest customer)
Option 2:	Restricts the data to Directory Assistance only. The Co-Provider must negotiate their own agreements with Qwest DEX and or other directory publishers.

CREDIT INFORMATION - SECTION 1

- 22. **Type of Business:** Mark the customer's type of business ownership.
- 23. **Date Business Established:** Enter the month and year that the customer's business was established.
- 24. **Information regarding Business Owners/Officers:** Provide names, titles and residential telephone numbers of owners or corporate officers.
- 25. **Previous Business Telephone Numbers:** Provide any current and/or previous business service telephone numbers of a similar business type. Include the area codes of those numbers. If there are no numbers to provide, enter NONE.

BILLING INFORMATION - SECTION 1

26. **Estimated Service Volumes:** Provide the estimated monthly service volumes by state and number of lines for the following service types: Qwest will use this information as one of the factors for assessing a security deposit if necessary.

- Resale _____
- Unbundled Loop _____
- Unbundled Switching _____
- Unbundled Interoffice _____
- Dedicated Transport _____
- UNE-P (dial tone based products) _____
- UNE-C (dedicated transport products) _____
- Enhanced Extended Loop _____
- Line Sharing _____
- LNP _____
- LIS Trunks _____
- Date Filed with NECA 4 _____
- Leased Entrance Facilities _____

Collocation _____
Physical _____
Virtual _____

27. **Estimated IntraLATA and InterLATA Toll:** Provide the estimated dollar amounts for IntraLATA and InterLATA Toll Usage.

28. **Financial Contact Information**

Financial Contact Name: Enter the name of the financial contact.

Financial Contact Telephone Number: Enter the telephone number of the financial contact.

Financial Contact Title: Enter the title of the financial contact.

Financial Contact Address: Enter the address of the financial contact.

Financial Contact City: Enter the city of the financial contact's address.

Financial Contact State: Enter the state of the financial contact's address.

Financial Contact Zip Code: Enter the zip code of the financial contact's address.

Financial Contact Hours Available: Specify the hours that the financial contact is available.

Financial Contact Time Zone: Specify the time zone of the hours available.

29. **Electronic Funds Transfer Service:** Mark, as appropriate. If the answer was marked as **YES**, refer to the Electronic Funds Transfer Customer Guide or contact Dennis Martinez on (303) 965-4357 for assistance.

30. **Tax ID Number:** Provide the corporation's Tax Identification Number.

31. **Exemption Federal Excise Tax:** Every customer will be billed all applicable taxes unless a valid Federal Exemption certificate is on file.

32. **Exemption Applicable Taxes and Fees:** Most states, counties and cities impose a sales tax on Telecommunication services. In addition, some states and or cities may access fees on Qwest, which are passed on to our customer. These fees are subject to Federal Excise and State Sales and are generally non-exempt.

33. **Indemnify:** A YES answer to this statement will allow Qwest to process exemption status on accounts prior to actual certificates being submitted. A NO answer may delay tax exemption processing.

34. **Identify Unique Taxing Considerations:** Mark, as appropriate. If the previous question was marked as **YES**, provide specific requirements in the space provided.

SUMMARY BILLING - SECTION 1

There are three pages with identical questions regarding summary billing. There are separate pages for Business, Residence and WATS accounts. Each account type requires a summary bill specific to that account type. If only one type of service will be resold, only fill in that appropriate account type.

35. **Company Mailing Information**

Company Mailing Name: Enter the company-mailing name.

Mailing Address: Enter the company mailing address.

City: Enter the city of the company address.

State: Enter the state of the company address.

Zip: Enter the zip code of the company address.

Attention: Enter the name of person this bill should be directed to, if appropriate.

36. **Requested Bill Date:** Enter the day of the month that the customer wants to **receive** their bill.

37. **Summary Bill Contact Information**

Name: Enter the name of the contact for the Summary Bill.

Telephone Number: Enter the telephone number of the contact for the Summary Bill.

Title: Enter the title of the contact for the Summary Bill.

Hours Available: Specify the hours that the financial contact is available.

Time Zone: Specify the time zone of the hours available.

Qwest OUTPUT - SECTION 2

38. This section defines standard reports available to the customer.

Daily Usage File - provides EMR (Exchange Message Record) formatted usage records generated by the Reseller's sub accounts on a daily basis. Items, which are discounted, will have no charge on the record. Items, which are not discounted, will show the full charge amount. Records for both Resale and unbundled products will be contained on the same file.

Sustained Usage File- provides EMR (Exchange Message Record) formatted usage records sustained to the Co-Provider's sub-accounts after investigation by Qwest. This file is delivered only if the reseller returns EMRs sent via the Daily Usage File. (See associated Co-Carrier Usage Return File on page 43)

Electronic CRIS Bill - provides billing for all ISPNP, unbundled, Rebundled, and resold services, excluding those billed in IABS.

Electronic IABS Bill - provides billing for Frame Relay, ATM Cell Relay, Transparent LAN, and LIS trunking/Collocation

Loss Report - provides a list of service orders with a change of RSID or outward movement of a line.

Completion Report - provides all completed service orders per Reseller.

39. **ICB/Custom Report Requests:** Specify the custom output that the customer requires.

Region: Mark the region testing has been negotiated for, if appropriate.

Attached Testing Requirements: Mark if test data is attached to this questionnaire.

Target Date: If testing is required but no data is attached, indicate the date that the data will be available.

Format: Indicate the format the test data will be provided in (i.e., fax, email, paper, tape, or transmission).

40. **Contact Name:** Enter the name of the person responsible for receiving Qwest output.

Contact Number: Enter the telephone number of the person responsible for receiving Qwest output.

Mailing Name: Enter the mailing name, if different than the contact name, of the person responsible for receiving the Daily Usage File, if the tape or cartridge option has been selected.

Mailing Address: Enter the mailing address of the person responsible for receiving Qwest output.

City: Enter the city of the mailing address of the person responsible for receiving Qwest output.

State: Enter the state of the mailing address of the person responsible for receiving Qwest output.

Zip: Enter the zip code of the mailing address of the person responsible for receiving Qwest output.

41. **Type of Service:** i.e. Resale, Unbundled, etc.
42. **Output Preference:** Each report mentioned above will display different choices based on the specific report.
43. **Electronic Transfer Options:** If elected option is electronic transfer, check one of the applicable options. If elected option uses a dedicated circuit, provide the Circuit identification code (Circuit ID) and the name of the node to which Qwest should transfer data.
44. **Data Set Name:** This is the name of the file that will be received if electronic transfer option has been selected.
45. **Magnetic Tape Options:** 9 Track Tape, this option is available in 1600 BPI and 6250 BPI or Cartridge, this option is available in 36 track.
46. **Record Length Options:** The Daily Usage File is available in either fixed (which means the file will always be the same length) or variable (which means length of the file will vary according to the record content but will never be more than the specified byte length). These files do vary according to region.
47. **Technical Contact Name:** Enter the name of the contact person responsible for receiving transmission of Qwest output.
Contact Telephone Number: Enter the telephone number of the contact person responsible for receiving transmission of Qwest output.
48. **Fiche:** This option is available for an additional charge. It is the customer's responsibility to negotiate with the company that will produce the fiche.
49. **For Paper:** Enter the FAX number and the contact name for the paper output reports
50. **OSS SYSTEM NOTIFICATION-**Furnishes the Co-Provider with the most current Qwest System related information. This contact will be the individual who will receive information from Qwest Co-Provider Industry Change Management Process (CICMP)
51. **Network Outage Notification Contact Information-**Provides notification of any large/major Qwest network outages that may affect your service and that of your end-users.

INPUT TO Qwest - SECTION 3

52. Interconnect Mediated Access Information

Admin Name: Provide the name of the person who will be responsible for the administration of Interconnect Mediated Access to Qwest.

Admin Telephone Number: Provide the telephone number of this person.

Fax Number: Provide the fax number of this person.

Mailing Address: Provide the mailing address of the Admin person.

City, State, Zip: Provide the city, state, and zip of the Admin person.

E-MAIL Address: Provide the EMAIL address of the Admin person.

53. **Mediated Access Users:** Provide total of authorized users.

54. Manual Processing Information

Name: Provide the name of the person to direct faxes to for manual order input.

Telephone Number: Provide the telephone number of the person faxes is directed to.

FAX Number: Provide the FAX number for faxing of Firm order confirmations Etc.

55. **Method of Input:** Check the applicable method for ordering LIS Trunks, Collocation and associated products.

56. **Electronic Input:** If already using software to submit Access Service Requests (ASRs), the LSP can use its existing software. Otherwise, check preferred method for submitting ASRs to Qwest.
57. **FAX Input:** If submitting ASRs via FAX, provide contact name, contact number and FAX number. The contact name should be the name of the person who can answer questions regarding ASRs. The contact number should be the telephone number of the contact person. The FAX number is the number to which order confirmation can be sent.
58. **Mail Input:** If submitting ASRs via FAX, provide contact name, contact number and Address. The contact name should be the name of the person who can answer questions regarding ASRs. The contact number should be the telephone number of this person. Provide address where ASR confirmations should be sent.
59. **Co-Carrier Usage Return File-** EMR formatted records sent via the Daily Usage File can be returned to Qwest using industry return codes. A companion output file will be created to return sustained records to the Co-Provider.
60. **Customized Routing-** Customized Routing enables Co-Providers the ability to designate routing treatment for their Unbundled Switching and Resale end users to specific outgoing trunks. Customized Routing is provided through the use of Line Class Codes to direct specific traffic from the end office to a dedicated trunk group.
61. **Access/Billable Information Worksheet:** Provides Qwest with the information necessary to prepare our systems to send the CLEC/ILEC billing information (such as category 11-01, Carrier Access Usage records). Without this necessary information there could be delays in Qwest's ability to deliver this information which could result in the CLEC/ILEC not being able to bill their customers appropriately.

CONTACT LIST - SECTION 4

There are two pages with identical questions regarding contact information for your Order, Billing and Repair centers. There is a separate page for Business accounts and Residence accounts.

Orders, Billing, Repair:

- Enter the city or state name(s) of the center.
- Specify the days the center is open.
- Specify the hours the center is open.
- Specify the time zone of the hours provided.
- Provide the telephone number(s) of the Customer Service Center(s) for direct referrals of end users. The telephone numbers must be 800/888 Service numbers.

Holidays: List the holidays the Customer Service Centers are closed.

Other Important Numbers: Provide any other names, addresses and/or telephone numbers that would be important to Qwest.

DLR-SECTION 5

62. **DLR INFORMATION:** Required when ordering Unbundled Switching and any “designed” services. Qwest TIRKS Administration assigns DRC (Design Routing Code). Telcordia approves/registers Design Routing Codes
63. **Hardware Requirements:** Required for electronic delivery of the DLR.