

OMB Approved No. 3060-0895
Est. Burden Per Response: 44.4 hrs
Edition Date: June 2013

FCC Form 502

North American Numbering Plan Numbering Resource Utilization/Forecast (NRUF) Report

Notice: The ten digit North American Numbering Plan currently being used by the United States and 19 other countries is being depleted. Management of this resource requires uniform reporting of utilization and forecast data. Under the *Communications Act Of 1934 as amended by The Telecommunications Act of 1996* the FCC was given "exclusive jurisdiction over those portions of the North American Numbering Plan that pertain to the United States." Pursuant to that authority the Commission conducted a rulemaking that among other things addressed regular reporting on numbering use by United States carriers. In its *Report and Order* in CC Docket No. 99-200, *In the Matter of Numbering Resource Optimization* (rel. Mar. 31, 2000) the Commission found that mandatory data collection is necessary to efficiently monitor and manage numbering use. Your response is mandatory.

The information will be used by the FCC, state regulatory commissions, and the North American Numbering Plan Administrator (NANPA) to monitor numbering resources utilization by all carriers using the resource and to project the dates of area code and North American Numbering Plan exhaust.

An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid control number. The control number assigned to this collection is 3060-0895.

Public reporting burden for this collection of information is estimated to average 44.4 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information via email to PRA@fcc.gov, including suggestions for reducing the burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554 (3060-0895). **Do not send data responses to this address.**

**North American Numbering Plan
Numbering Resource Utilization/Forecast Report**

Approved by OMB

GENERAL INSTRUCTIONS

Users that are familiar with these forms may proceed directly to the "Main Menu"

Main Menu

This report contains twelve forms for collecting utilization and forecast data from carriers.

All carriers should file at least three forms: (1) one company information form; (2) one utilization data form; and (3) one forecast data form. Many carriers will need to file more than one utilization or forecast form. For example, carriers that receive numbers from both the Numbering Administrator and another carrier must file separate Primary and Intermediate carrier forms.

Which forms should be filed is determined by whether the carrier is:

- 1) a Primary or Intermediate Carrier;
- 2) a Rural or Non-Rural Carrier;
- 3) a Pooling or Non-Pooling Carrier;
- 4) in a Pooling or Non-Pooling Area;
- 5) reporting Initial or Growth Codes.

To proceed, click on the "Company Information" button below and fill in the requested information. Instructions for filling in company information are on the form. Once this information is filled in, it is automatically transferred to any other form selected by the user. After this form is complete, click on the "Main Menu" button which appears at the end of the "Company Information" form to proceed with the remaining forms.

Company
Information

North American Numbering Plan Numbering Resource Utilization/Forecast Report

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COMPANY INFORMATION

FCC Form 502 , OMB Approved No: 3060-0895, Est. Burden Per Response: 44.4 hrs, Edition Date: June 2013

Please enter your company information below.

Parent OCN refers to the OCN of the reporting carrier's parent company located within the applicable state. If the reporting carrier has more than one parent company in a particular state (e.g., if the reporting carrier is a subsidiary of company A, which in turn is a subsidiary of company B, so that both companies A and B could be deemed the reporting carrier's "parent"), the reporting carrier should report the OCN of the highest parent company (in this example, the appropriate parent would be Company B).

| | | | |
|-----------------------|-------------------------|--|----------|
| Parent Company Name | <Parent Company Name> | Parent Company OCN | <PC OCN> |
| Service Provider Name | <Service Provider Name> | Service Provider OCN | <SP OCN> |
| Company Address | <Company Address> | Service Provider FRN | <SP FRN> |
| Address 2 | <Address 2> | SP Service Type | |
| City | <City> | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>All Changes to Parent Company Name, Service Provider Name, Address, Contact Information, OCN(s), FRN and Service Type must be made on this page.</p> </div> | |
| State | <State> | | |
| Zip | <Zip> | | |
| Contact Name | <Contact Name> | | |
| Contact Tel # | <Contact Tel#> | | |
| Fax #: | <Fax #> | | |
| E-mail | <E-mail> | | |

If you are a **Rural Telephone Company** as defined in the Communications Act, 47 U.S.C. § 153(37), click on the "Rural Certification Form" button below.

Rural Certification Form

To proceed, click on the "Main Menu" button below which will take you to detailed instructions, the utilization forms and the forecast forms. Press "Gen Instructions" to return to the previous page.

← Gen Instructions

Main Menu →

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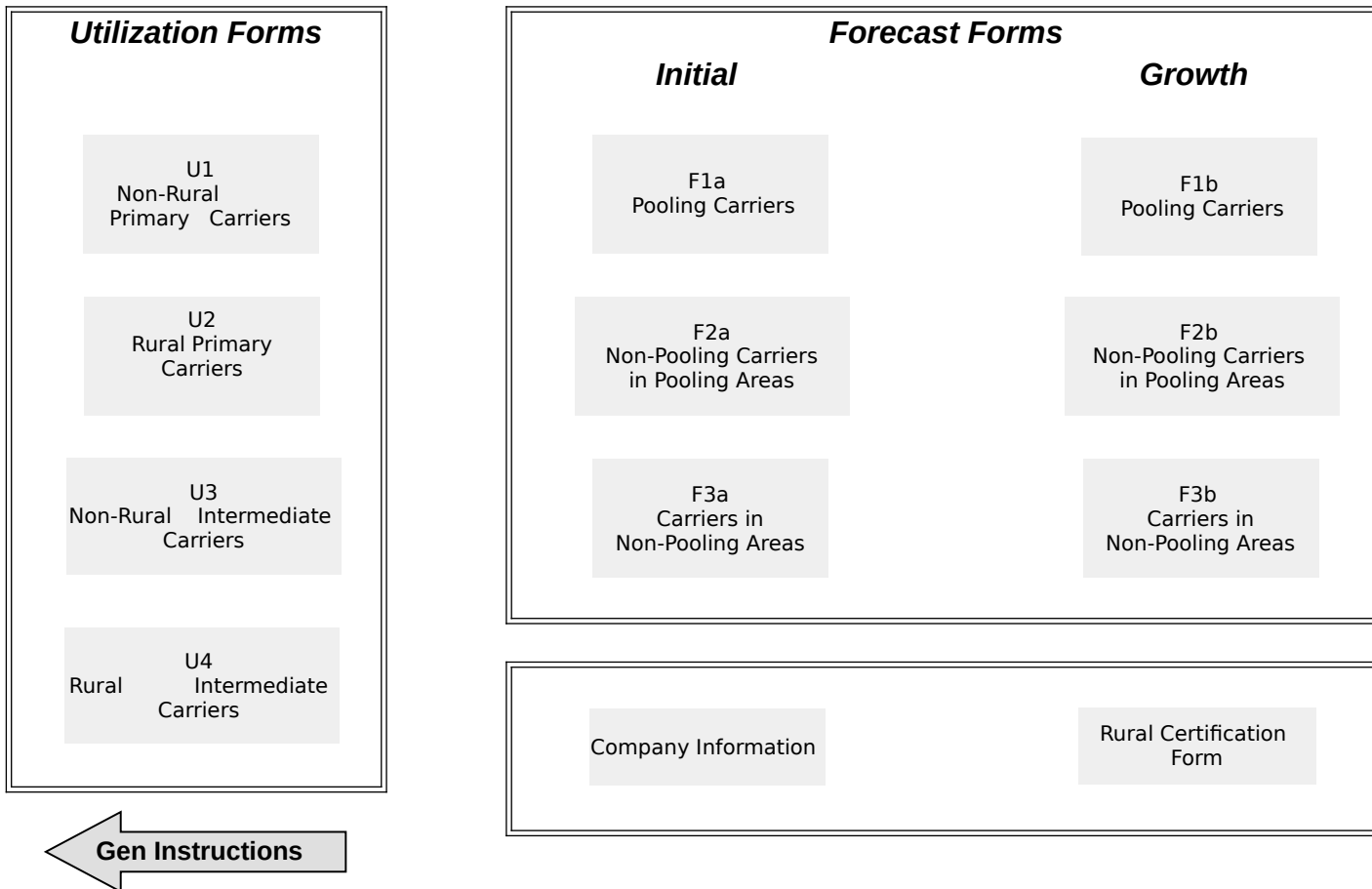
Est. Burden Per Response: 44.4 hrs

Edition Date: June 2013

MAIN MENU

Instructions

>>>Please Read Detailed Instructions Before Completing Forms<<<



PERSONS MAKING WILLFUL FALSE STATEMENTS CAN BE PUNISHED BY FINE OR IMPRISONMENT
UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

FCC Form 502
June 2013

North American Numbering Plan Numbering Resource Utilization/Forecast Report

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Form U1 - UTILIZATION REPORTING FORM (FOR NON-RURAL PRIMARY CARRIERS)

>>> Please See The Instructions Before Completing This Form <<<

Check this box if the data on this form replaces the data on a previously submitted form.

Go To The Main
Menu

Check the Data
Before Submitting

| | |
|-----------------------|-------------------------|
| Parent Company Name | <Parent Company Name> |
| Service Provider Name | <Service Provider Name> |
| Company Address | <Company Address> |
| Address 2 | <Address 2> |
| City | <City> |
| State | <State> |
| Zip | <Zip> |
| Contact Name | <Contact Name> |
| Contact Tel # | <Contact Tel#> |
| Fax #: | <Fax #> |
| E-mail | <E-mail> |

| | |
|----------------------|-------------------|
| Parent Company OCN | <PC OCN> |
| Service Provider OCN | <SP OCN> |
| Service Provider FRN | <SP FRN> |
| SP Service Type | <SP Service Type> |

All Changes to Parent Company Name, Service Provider Name, Address, Contact Information, OCN(s), FRN and Service Type must be made on the Company Info page.

| Numbering Resource Utilization For Each 1K Block | | | | | | | | | | | | |
|--|---|--------------------------|----------|---------------|----------|-------|-------|------------------|-----------------|-----------|-------------|-----------------|
| NPA-NXX | | Rate Center Abbreviation | Assigned | Inter-mediate | Reserved | Aging | Admin | Donated to Pool? | Notes/ Assignee | Available | Utilization | Errors/Messages |
| NPA-NXX | X | <Rate Center Abbr> | 0 | 0 | 0 | 0 | 0 | | | 1000 | 0.00% | |

North American Numbering Plan Numbering Resource Utilization/Forecast Report

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Form U2 - UTILIZATION REPORTING FORM (FOR RURAL PRIMARY CARRIERS)

>>> Please See The Instructions Before Completing This Form <<<

Check this box if the data on this form replaces the data on a previously submitted form.

Go To The Main
Menu

Check the Data
Before Submitting

| | |
|-----------------------|-------------------------|
| Parent Company Name | <Parent Company Name> |
| Service Provider Name | <Service Provider Name> |
| Company Address | <Company Address> |
| Address 2 | <Address 2> |
| City | <City> |
| State | <State> |
| Zip | <Zip> |
| Contact Name | <Contact Name> |
| Contact Tel # | <Contact Tel#> |
| Fax #: | <Fax #> |
| E-mail | <E-mail> |

| | |
|----------------------|-------------------|
| Parent Company OCN | <PC OCN> |
| Service Provider OCN | <SP OCN> |
| Service Provider FRN | <SP FRN> |
| SP Service Type | <SP Service Type> |

All Changes to Parent Company Name, Service Provider Name, Address, Contact Information, OCN(s), FRN and Service Type must be made on the Company Info page.

| Numbering Resource Utilization For Each NXX | | | | | | | | | | | | |
|---|--------------------------|-------------|----------|---------------|----------|-------|-------|--|-----------------|-----------|-------------|-----------------|
| NPA-NXX | Rate Center Abbreviation | State Abbr. | Assigned | Inter-mediate | Reserved | Aging | Admin | | Notes/ Assignee | Available | Utilization | Errors/Messages |
| NPA-NXX | <Rate Center Abbr> | <St> | 0 | 0 | 0 | 0 | 0 | | | 10000 | 0.00% | |

North American Numbering Plan Numbering Resource Utilization/Forecast Report

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Form U3 - UTILIZATION REPORTING FORM (FOR NON-RURAL INTERMEDIATE CARRIERS)

>>> Please See The Instructions Before Completing This Form <<<

Check this box if the data on this form replaces the data on a previously submitted form.

Go To The Main
Menu

Check the Data
Before Submitting

| | |
|-----------------------|-------------------------|
| Parent Company Name | <Parent Company Name> |
| Service Provider Name | <Service Provider Name> |
| Company Address | <Company Address> |
| Address 2 | <Address 2> |
| City | <City> |
| State | <State> |
| Zip | <Zip> |
| Contact Name | <Contact Name> |
| Contact Tel # | <Contact Tel#> |
| Fax #: | <Fax #> |
| E-mail | <E-mail> |

| | |
|----------------------|-------------------|
| Parent Company OCN | <PC OCN> |
| Service Provider OCN | <SP OCN> |
| Service Provider FRN | <SP FRN> |
| SP Service Type | <SP Service Type> |

All Changes to Parent Company Name, Service Provider Name, Address, Contact Information, OCN(s), FRN and Service Type must be made on the Company Info page.

| Numbering Resource Utilization For Each 1K Block | | | | | | | | | | | | |
|--|---|--------------------------|----------|---------------|----------|-------|-------|------------------|-----------------|-----------|-------------|-----------------|
| NPA-NXX | X | Rate Center Abbreviation | Assigned | Inter-mediate | Reserved | Aging | Admin | Numbers Received | Notes/ Assignee | Available | Utilization | Errors/Messages |
| NPA-NXX | X | <Rate Center Abbr> | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0.00% | |

North American Numbering Plan Numbering Resource Utilization/Forecast Report

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Form U4 - UTILIZATION REPORTING FORM (FOR RURAL INTERMEDIATE CARRIERS)

>>> Please See The Instructions Before Completing This Form <<<

Check this box if the data on this form replaces the data on a previously submitted form.

Go To The Main
Menu

Check the Data
Before Submitting

| | |
|-----------------------|-------------------------|
| Parent Company Name | <Parent Company Name> |
| Service Provider Name | <Service Provider Name> |
| Company Address | <Company Address> |
| Address 2 | <Address 2> |
| City | <City> |
| State | <State> |
| Zip | <Zip> |
| Contact Name | <Contact Name> |
| Contact Tel # | <Contact Tel#> |
| Fax #: | <Fax #> |
| E-mail | <E-mail> |

| | |
|----------------------|-------------------|
| Parent Company OCN | <PC OCN> |
| Service Provider OCN | <SP OCN> |
| Service Provider FRN | <SP FRN> |
| SP Service Type | <SP Service Type> |

All Changes to Parent Company Name, Service Provider Name, Address, Contact Information, OCN(s), FRN and Service Type must be made on the Company Info page.

| Numbering Resource Utilization For Each NXX | | | | | | | | | | | | |
|---|--------------------------|-------------|----------|---------------|----------|-------|-------|------------------|-----------------|-----------|-------------|-----------------|
| NPA-NXX | Rate Center Abbreviation | State Abbr. | Assigned | Inter-mediate | Reserved | Aging | Admin | Numbers Received | Notes/ Assignee | Available | Utilization | Errors/Messages |
| NPA-NXX | <Rate Center Abbr> | <St> | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0.00% | |

North American Numbering Plan Numbering Resource Utilization/Forecast Report

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Form F-1a - FORECAST REPORTING FORM (FOR POOLING CARRIERS) (INITIAL THOUSAND BLOCKS)

>>> Please See The Instructions Before Completing This Form <<<

Check this box if the data on this form replaces the data on a previously submitted form.

Go To The
Main Menu

Go To Growth
Forecast Form F-1b

Check the Data
Before Submitting

| | |
|-----------------------|-------------------------|
| Parent Company Name | <Parent Company Name> |
| Service Provider Name | <Service Provider Name> |
| Company Address | <Company Address> |
| Address 2 | <Address 2> |
| City | <City> |
| State | <State> |
| Zip | <Zip> |
| Contact Name | <Contact Name> |
| Contact Tel # | <Contact Tel#> |
| Fax #: | <Fax #> |
| E-mail | <E-mail> |

| | |
|----------------------|-------------------|
| Parent Company OCN | <PC OCN> |
| Service Provider OCN | <SP OCN> |
| Service Provider FRN | <SP FRN> |
| SP Service Type | <SP Service Type> |

All Changes to Parent Company Name, Service Provider Name, Address, Contact Information, OCN(s), FRN and Service Type must be made on the Company Info page.

| Pooling Area Forecast In 1K Blocks Per Rate Center. Per Year (Initial 1K Blocks) | | | | | | | | | |
|--|--------------------------|-------------|--------|--------|--------|--------|--------|-----------------|-----------------|
| NPA | Rate Center Abbreviation | State Abbr. | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total 1K Blocks | Errors/Messages |
| <NPA> | <Rate Center Abbr> | <St> | 0 | 0 | 0 | 0 | 0 | 0 | |

North American Numbering Plan Numbering Resource Utilization/Forecast Report

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Form F-1b - FORECAST REPORTING FORM (FOR POOLING CARRIERS) (GROWTH THOUSAND BLOCKS)

>>> Please See The Instructions Before Completing This Form <<<

Check this box if the data on this form replaces the data on a previously submitted form.

Go To The
Main Menu

Go To Initial
Forecast Form F-1a

Check the Data
Before Submitting

| | |
|-----------------------|-------------------------|
| Parent Company Name | <Parent Company Name> |
| Service Provider Name | <Service Provider Name> |
| Company Address | <Company Address> |
| Address 2 | <Address 2> |
| City | <City> |
| State | <State> |
| Zip | <Zip> |
| Contact Name | <Contact Name> |
| Contact Tel # | <Contact Tel#> |
| Fax #: | <Fax #> |
| E-mail | <E-mail> |

| | |
|----------------------|-------------------|
| Parent Company OCN | <PC OCN> |
| Service Provider OCN | <SP OCN> |
| Service Provider FRN | <SP FRN> |
| SP Service Type | <SP Service Type> |

All Changes to Parent Company Name, Service Provider Name, Address, Contact Information, OCN(s), FRN and Service Type must be made on the Company Info page.

| Pooling Area Forecast In 1K Blocks Per Rate Center, Per Year (Growth 1K Blocks) | | | | | | | | | |
|---|--------------------------|-------------|--------|--------|--------|--------|--------|-----------------|-----------------|
| NPA | Rate Center Abbreviation | State Abbr. | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total 1K Blocks | Errors/Messages |
| <NPA> | <Rate Center Abbr> | <St> | 0 | 0 | 0 | 0 | 0 | 0 | |

North American Numbering Plan Numbering Resource Utilization/Forecast Report

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Form F-2a - FORECAST REPORTING FORM (FOR NON-POOLING CARRIERS IN POOLING AREAS) (INITIAL CODES)

>>> Please See The Instructions Before Completing This Form <<<

Check this box if the data on this form replaces the data on a previously submitted form.

Go To The
Main Menu

Go To Growth
Forecast Form F-2b

Check the Data
Before Submitting

| | |
|-----------------------|-------------------------|
| Parent Company Name | <Parent Company Name> |
| Service Provider Name | <Service Provider Name> |
| Company Address | <Company Address> |
| Address 2 | <Address 2> |
| City | <City> |
| State | <State> |
| Zip | <Zip> |
| Contact Name | <Contact Name> |
| Contact Tel # | <Contact Tel#> |
| Fax #: | <Fax #> |
| E-mail | <E-mail> |

| | |
|----------------------|-------------------|
| Parent Company OCN | <PC OCN> |
| Service Provider OCN | <SP OCN> |
| Service Provider FRN | <SP FRN> |
| SP Service Type | <SP Service Type> |

All Changes to Parent Company Name, Service Provider Name, Address, Contact Information, OCN(s), FRN and Service Type must be made on the Company Info page.

| Forecast Reported In NXX(s) Per Rate Center, Per Year (Initial Codes) | | | | | | | | | |
|---|--------------------------|-------------|--------|--------|--------|--------|--------|--------------|-----------------|
| NPA | Rate Center Abbreviation | State Abbr. | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total NXX(s) | Errors/Messages |
| <NPA> | <Rate Center Abbr> | <St> | 0 | 0 | 0 | 0 | 0 | 0 | |

North American Numbering Plan Numbering Resource Utilization/Forecast Report

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Form F-2b - FORECAST REPORTING FORM (FOR NON-POOLING CARRIERS IN POOLING AREAS) (GROWTH CODES)

>>> Please See The Instructions Before Completing This Form <<<

Check this box if the data on this form replaces the data on a previously submitted form.

Go To The
Main Menu

Go To Initial
Forecast Form F-2a

Check the Data
Before Submitting

| | |
|-----------------------|-------------------------|
| Parent Company Name | <Parent Company Name> |
| Service Provider Name | <Service Provider Name> |
| Company Address | <Company Address> |
| Address 2 | <Address 2> |
| City | <City> |
| State | <State> |
| Zip | <Zip> |
| Contact Name | <Contact Name> |
| Contact Tel # | <Contact Tel#> |
| Fax #: | <Fax #> |
| E-mail | <E-mail> |

| | |
|----------------------|-------------------|
| Parent Company OCN | <PC OCN> |
| Service Provider OCN | <SP OCN> |
| Service Provider FRN | <SP FRN> |
| SP Service Type | <SP Service Type> |

All Changes to Parent Company Name, Service Provider Name, Address, Contact Information, OCN(s), FRN and Service Type must be made on the Company Info page.

| Forecast Reported In NXX(s) Per Rate Center, Per Year (Growth Codes) | | | | | | | | | |
|--|--------------------------|-------------|--------|--------|--------|--------|--------|--------------|-----------------|
| NPA | Rate Center Abbreviation | State Abbr. | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total NXX(s) | Errors/Messages |
| <NPA> | <Rate Center Abbr> | <St> | 0 | 0 | 0 | 0 | 0 | 0 | |

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Form F-3a - FORECAST REPORTING FORM (FOR CARRIERS IN NON-POOLING AREAS) (INITIAL CODES)

>>> Please See The Instructions Before Completing This Form <<<

Check this box if the data on this form replaces the data on a previously submitted form.

Go To The
Main Menu

Go To Growth
Forecast Form F-3b

Check the Data
Before Submitting

| | |
|-----------------------|-------------------------|
| Parent Company Name | <Parent Company Name> |
| Service Provider Name | <Service Provider Name> |
| Company Address | <Company Address> |
| Address 2 | <Address 2> |
| City | <City> |
| State | <State> |
| Zip | <Zip> |
| Contact Name | <Contact Name> |
| Contact Tel # | <Contact Tel#> |
| Fax #: | <Fax #> |
| E-mail | <E-mail> |

| | |
|----------------------|-------------------|
| Parent Company OCN | <PC OCN> |
| Service Provider OCN | <SP OCN> |
| Service Provider FRN | <SP FRN> |
| SP Service Type | <SP Service Type> |

All Changes to Parent Company Name, Service Provider Name, Address, Contact Information, OCN(s), FRN and Service Type must be made on the Company Info page.

| Forecast Reported In NXX(s) Per NPA, Per Year (Initial Codes) | | | | | | | | |
|---|-------------|--------|--------|--------|--------|--------|--------------|-----------------|
| NPA | State Abbr. | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total NXX(s) | Errors/Messages |
| <NPA> | <St> | 0 | 0 | 0 | 0 | 0 | 0 | |

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Form F-3b - FORECAST REPORTING FORM (FOR CARRIERS IN NON-POOLING AREAS) (GROWTH CODES)

>>> Please See The Instructions Before Completing This Form <<<

Check this box if the data on this form replaces the data on a previously submitted form.

Go To The
Main Menu

Go To Initial
Forecast Form F-3a

Check the Data
Before Submitting

| | |
|-----------------------|-------------------------|
| Parent Company Name | <Parent Company Name> |
| Service Provider Name | <Service Provider Name> |
| Company Address | <Company Address> |
| Address 2 | <Address 2> |
| City | <City> |
| State | <State> |
| Zip | <Zip> |
| Contact Name | <Contact Name> |
| Contact Tel # | <Contact Tel#> |
| Fax #: | <Fax #> |
| E-mail | <E-mail> |

| | |
|----------------------|-------------------|
| Parent Company OCN | <PC OCN> |
| Service Provider OCN | <SP OCN> |
| Service Provider FRN | <SP FRN> |
| SP Service Type | <SP Service Type> |

All Changes to Parent Company Name, Service Provider Name, Address, Contact Information, OCN(s), FRN and Service Type must be made on the Company Info page.

| Forecast Reported In NXX(s) Per NPA, Per Year (Growth Codes) | | | | | | | | |
|--|-------------|--------|--------|--------|--------|--------|--------------|-----------------|
| NPA | State Abbr. | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total NXX(s) | Errors/Messages |
| <NPA> | <St> | 0 | 0 | 0 | 0 | 0 | 0 | |

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RURAL CERTIFICATION FORM

>>> Please See The Instructions Before Completing This Form <<<

This form must be completed by an officer of the reporting company

Go To The
Main Menu

Go To The
Company Information Form

I, <Officer Name>, certify that <Service Provider Name> operating as a
<SP Service Type> is a "Rural telephone company" as defined in the Communications Act, 47 U.S.C. § 153(37).
OCN = <SP OCN>

Electronic Signature Type <Officer Name>
Telephone Number Type <Officer Number>

INSTRUCTIONS FOR UTILIZATION AND FORECAST FORMS

Go To The Main
Menu

>>>Please Read Thoroughly Before Completing Forms<<<

When to File:

Reporting carriers shall file utilization and forecast reports semi-annually on or before February 1 for the preceding 6 month reporting period ending on December 31, and on or before August 1 for the preceding 6 month reporting period ending on June 30. Reporting is mandatory.

Company Information:

Reporting carriers must provide information about their company by filling in the gray boxes on the Company Information worksheet. The following fields are required: Parent Company Name, Service Provider Name, Company Address, City, State, Zip, Contact Name, Contact Tel#, Email, Parent Company OCN, SP OCN, SP FRN, and SP Service Type. If any of these fields are not provided, the Form 502 will be rejected. The SP OCN is the 4 character code assigned by NECA for the reporting carrier. Carriers that have multiple OCNs must submit a separate Form 502 for each OCN that they hold numbering resources under. The SP FRN is the 10 digit FCC Registration Number assigned to the carrier by the Federal Communications Commission (FCC) and is the same number used by entities on FCC Form 499-A.

PART 1 - UTILIZATION INSTRUCTIONS

Choose the appropriate utilization form from the "Main Menu" page by clicking on the appropriate button:

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- U1** Non-Rural Primary Carriers
All carriers report at 1000 block level per Rate Center

- U2** Rural Primary Carriers
All carriers report at NPA-NXX code level per Rate Center.

- U3** Non-Rural Intermediate Carriers
All carriers report at 1000 block level per Rate Center

- U4** Rural Intermediate Carriers
All carriers report at NPA-NXX code level per Rate Center.

Rural carriers are required to complete either the U2 or U4 utilization reports at the NXX level and the appropriate forecast forms. Please note an exception exists if the rural carrier is reporting on NPA-NXXs that are pooled. The rural carrier must report on the status of pooled NPA-NXX codes on the U1 or U3 utilization reports because the U2 and U4 forms do not accommodate reporting at the block (NPA-NXX-X) level.

Carrier Types:

Primary Carrier is defined as a carrier that receives numbers directly from the Numbering or Pooling Administrator. Forms U1 and U2 are used by these carriers to report number utilization.

Intermediate Carrier is defined as a carrier that receives numbers from another carrier. Forms U3 and U4 are used by these carriers to report number utilization.

Rural Carrier is defined in the Communications Act, 47 U.S.C. §153(37). Rural carriers must, in addition to completing the appropriate utilization and forecast forms, complete a Rural Status Certification Form (available

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from the "Main Menu").

Utilization Data:

NPA-NXX

Rural carriers completing forms U2 or U4 report utilization at the NXX level. For each NXX in which your company has numbering resources, enter the NPA-NXX and the quantity of **Assigned, Intermediate, Reserved, Aging and Administrative** numbers. Enter one line for each NXX below the Headers. Do not leave any blank lines between your entries.

NPA-NXX-X

Non rural carriers completing Forms U1 or U3 report utilization at the 1000 block level. For each NPA-NXX-X in which your company has numbering resources, enter the NPA-NXX-X and the quantity of **Assigned, Intermediate, Reserved, Aging and Administrative** numbers. Enter one line for each 1000 block below the Headers. Do not leave any blank lines between your entries.

LERG Rate Center Name and State

Both Rural and Non-Rural Carriers must also enter the name of each Rate Center in which your company has numbering resources as it appears in the LERG Table 8 under RC ABBREV. Rural Carriers must also enter the 2 character abbreviation of the state in which the Rate Center/NPA is located for which you are reporting.

Usage Categories

Each utilization form requires that numbers be reported in five categories as defined in FCC Order 00-104. A sixth category "Available " is automatically calculated and no entry is required. The "Available" calculation is

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sixth category, Available, is automatically calculated and no entry is required. The Available calculation is created when you click on the "Check the Data Before Submitting" button.

Assigned: Enter the quantity of Telephone Numbers (TNs) that are classified as "Assigned" for each identified NPA-NXX or NPA-NXX-X. Assigned numbers are defined as "numbers working in the Public Switched Telephone Network under an agreement such as a contract or tariff at the request of specific end users or customers for their use, or numbers not yet working but having a customer service order pending. Numbers that are not yet working and have a service order pending for more than five days shall not be classified as assigned numbers."

Intermediate: Enter the quantity of TNs that are classified as "Intermediate" for each identified NPA-NXX or NPA-NXX-X. Intermediate numbers are defined as "numbers that are made available for use by another telecommunications carrier or non-carrier entity for the purpose of providing telecommunications service to an end user or customer." An exception to this requirement is numbers ported for the purpose of transferring an established customer's service to another service provider, in which case the numbers are classified as "Assigned" by the porting carrier and not counted by the receiving carrier.

For intermediate numbers provided by carriers to non-carrier entities, the providing carrier must report utilization for these numbers. Numbers assigned to end users by a non-carrier entity should be reported by the providing carrier as "Assigned." Any remaining numbers held by a non-carrier entity that are not assigned to end users shall be reported by the providing carrier as "Intermediate." The sum of numbers reported by the carrier for the non-carrier entity in these two categories should always equal the total of numbers held by the non-carrier entity.

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Reserved: Enter the quantity of TNs that are classified as "Reserved" for each identified NPA-NXX or NPA-NXX-X. Reserved numbers are defined as "numbers that are held by service providers at the request of specific end users or customers for their future use". Numbers held for specific end users or customers for more than 180 days shall not be classified as reserved numbers.

Aging: Enter the quantity of TNs that are classified as "Aging" for each identified NPA-NXX or NPA-NXX-X. Aging numbers are defined as "disconnected numbers that are not available for assignment to another end user or customer for a specified period of time." Numbers previously assigned to residential customers may be aged for no more than 90 days. Numbers previously assigned to business customers may be aged for no more than 365 days.

Administrative: Enter the quantity of TNs that are classified as "Administrative" for each identified NPA-NXX or NPA-NXX-X. Administrative numbers are defined as "numbers used by telecommunications carriers to perform internal administrative or operational functions necessary to maintain reasonable quality of service standards."

Donated to Pool: Enter an "X" if the NPA-NXX-X block has been donated to a pool.

Quantities of Numbers Received: Enter the total quantity of numbers received.

Notes/Assignee: Intermediate carriers - enter the name of the carrier from which you received numbers. Primary carriers - enter the name of the entity to which you gave numbers.

Completion

Confirm that the data requested above has been provided for all of the numbering resources which are allocated to your company then click on the "Check the Data Before Submission" button. Remember that

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allocated to your company then click on the "Check the Data Before Submitting" button. Formulas that automatically calculate the Available and Utilization values will be added to each row where data has been entered. Also, the data entered will be checked for format and to see that it is within valid ranges. Error/Check messages will be added on the right end of each row that should be checked and corrected before submitting the form to NANPA.

PART 2 - FORECAST INSTRUCTIONS

Choose the appropriate forecast form from the "Main Menu" page by clicking on the appropriate button:

F1a Pooling Carriers - Initial

F1b Pooling Carriers - Growth

F2a Non-Pooling Carriers in Pooling Areas - Initial

F2b Non-Pooling Carriers in Pooling Areas - Growth

F3a Carriers in Non-Pooling Areas - Initial

F3b Carriers in Non-Pooling Areas - Growth

Carriers that pool in some but not all areas in which they have numbering resources, or that have numbering resources in both pooling and non-pooling areas, need to complete more than one pair of forms to account for all of their numbering resources.

Carrier Types:

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Pooling Carrier is defined as a carrier that donates to and receives numbers from a number pool. Forms F1a and F1b are used by these carriers to forecast number requirements.

Non Pooling Carrier in Pooling Areas is defined as a carrier that provides service in areas where there is number pooling, but does not donate to or receive numbers from the number pool. Forms F2a and F2b are used by these carriers to forecast number requirements.

Carrier in Non-pooling area is defined as a carrier that provides service in areas where there is no number pooling. Forms F3a and F3b are used by these carriers to forecast number requirements.

Forecast Data:

Initial versus Growth

Initial numbering resources are the first numbering resources received by a carrier in a particular area. Growth numbering resources are additional numbering resources received by a carrier already established in a particular area.

NPA

Enter the NPA for which you are providing forecast data.

LERG Rate Center Name

Enter the name of each Rate Center name as it appears in the LERG Table 8 under RC ABBREV.

State

Enter the 2 character abbreviation of the State in which the NPA or Rate Center is located for which you are providing forecast data.

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Pooling Carriers

Enter the number of Initial and Growth 1000 blocks that your company will require for each applicable Rate Center for the next five years.

Non-Pooling Carriers in Pooling Areas

Enter the number of Initial and Growth NXX codes that your company will require for each applicable Rate Center for the next five years.

Carriers in Non-Pooling Areas

Enter the number of Initial and Growth NXX codes that your company will require for each applicable NPA for the next five years.

Completion

Confirm that the data requested above has been provided for all applicable states, NPAs and Rate Centers then click on the "Check the Data Before Submitting" button. A formula that automatically calculates the Total NXXs or 1K Blocks will be added to each row where data has been entered. Also, the data entered will be checked for format and to see that it is within valid ranges. Error/Check messages will be added on the right end of each row that should be checked and corrected before submitting the form to NANPA.

Submit Forms

Save this workbook to a file in an Excel® format (e.g. cocus.xls). Then send an e-mail to NANPA at cocus@neustar.com with the file you saved attached to the e-mail. If you are submitting the information via fax or EFT (Electronic File Transfer), please visit the NANPA website at <http://www.nanpa.com> for additional information. For additional questions or instructions contact NANPA at 1-866-623-2282.

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