PENNSYLVANIA SAFETY VALVE NUMBERING
RESOURCE REQUEST FORM

1. Certify existing numbering inventory cannot satisfy this specific request and/or requirement, and customer’s request is not a “vanity number” request:

Name of Certifier __________________________
Company Name __________________________
OCN __________________________
Date __________________________
Telephone __________________________
Email __________________________

2. Indicate reason(s) for this safety valve request (check all that apply):

Specific customer request—verified by attached confidential customer letter/document
___need specific block(s) / NXX(s) for internal dialing plan (e.g. NXX ending in 2)
___equipment limitations (e.g. cannot use 0, 9 blocks)
___need large block(s) of sequential TNs for business expansion/growth
___wholesale / resale business arrangement
___other customer requirement as explained in attachment

SP technical requirement – verified in attached confidential document
___need TNs for specific technology (e.g., TLDNs, pre-paid service, test #s)
___Location Routing Number (LRN) requirements
___other technical requirement as explained in attachment

Growth requirement – verified in attached confidential document
___new technology release
___accelerated demand
___market promotion
___other growth requirement as explained in attachment

3. All requests will require NANPA/PA application request and associated denial and one of the following (check accompanying document):

___Customer letter - required for specific customer request
___SP technical requirement - documentation
___Growth request – documentation

Explanation for “Other” entry on check list:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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