

ORIGINAL

050406-TX

Matilda Sanders

From: SHARIF-KAZEMI, ABDOL-RAHIM (ASI) [ak8378@sbc.com]
Sent: Thursday, June 09, 2005 7:04 PM
To: Filings@psc.state.fl.us
Cc: SHOYS, CHRISTINE M (ASI); gary.zahn@neustar.biz; CYNTHIA A AIELLO; GEMMA C YU; PETER DICKSON; TERESA Y JERNIGAN
Subject: STPETERSBG State Waiver Request.
Attachments: Code Request_ STPETERSBRG-060905.doc

Attached is a request for a state waiver from SBC Telecom, Inc.

Please feel free to call if further information is required.

Thanks,

Rahim-kazemi
Manager- Network Planning
SBC- Advanced Solution Inc.
(310)381-3478



6/10/2005

DOCUMENT NUMBER-DATE

05593 JUN 10 13

FPSC-COMMISSION CLERK

SBC Telecom, Inc.
175 E. Houston Street
San Antonio, Texas 78205
Contact: Abdol-Rahim Sharif-Kazemi
Cynthia A. Aiello
Phone: (310) 381-3478
(916) 454-2360
Email: Rahim-Kazemi@SBC.COM
Cynthia.Aiello@SBC.COM

June 9, 2005

Division of the Commission Clerk and Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL. 32399-0850

Re: Request for State Waiver for New Code

SBC Telecom (SBCT), Inc., respectfully submits this request for approval of a State Waiver to obtain a code from NeuStar, Inc., for the purpose of providing service for the University of Southern Florida in the St. Petersburg rate center. The customer has requested a specific NPA/NXX, with the 2, 4, and 5 blocks. SBCT will donate the remaining blocks (0, 1, 3, 6 thru 9) to the pool.

A copy of the PAS session is enclosed with this request. SBCT has consulted Gary Zahn of NeuStar on how to proceed with this request, and he has advised that we create the PAS submission without a Part 3 Denial, as we will continue with the PAS request for the code upon approval from this Commission. The PAS Part 1A, MTE (Months to Exhaust and Utilization Certification Worksheet - TN Level), and Part 1B for each of the three blocks are enclosed with this request. A Part 1 Code Request, containing the information for the code that the customer has requested, is also enclosed with this request.

SBCT currently has one block assigned in this rate center; the 727-623-4 block was established in October, 2004. Although we do not meet utilization threshold nor months to exhaust utilization at this time, it is necessary to obtain the NPA/NXX and blocks that the customer has requested.

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FPSC-COMMISSION CLERK

Please feel free to contact Abdol-Rahim Sharif-Kazemi or Cynthia Aiello if you have any questions regarding this request.

Thank you for your consideration.

s/Cynthia A. Aiello

s/Abdol-Rahim Sharif-Kazemi

Part 1A

Type of Application : New

Tracking Number : 727-STPETERSBG-FL-110715

1.1 Contact Information :

Note: If any of the contact info is incorrect, edit your user profile.

Block Applicant :

Company Name **SBC TELECOM, INC. FL**
Headquarters Address **175 E. Houston Street**
City **San Antonio**
State **CA**
Zip **78205**

Contact Name **Abdol-Rahim Sharif-Kazemi**
Contact Address **2154 W. Torrance Blvd**
City **Torrance**
Zip **90501**

State **CA**

Telephone **(310) 381-3478**

Fax **(310) 381-3484**

E-mail **ak8378@sbc.com**

Pooling Administrator :

Contact Name **Gary Zahn**
Contact Address **1800 Sutter St. Ste. 780**
City **Concord**
Zip **94520**

State **CA**

Telephone **(925) 363-8753**

Fax **(925) 363-7688**

E-mail **gary.zahn@neustar.biz**

1.2 General Information

LRN Needed **NO**

NPA **727**

LATA

OCN **2665 - SBC TELECOM, INC. FL**

Parent Company OCN

Number of Thousands-Blocks Requested **0**

Switch Identification (Switching Identity/POI)

City or Wire Center Name

Rate Center **ST PETERSBURG**

Rate Center Sub Zone

1.3 Dates

Date of Application **06/09/2005**

Requested Block Effective
Date **07/10/2005**

Request Expedited Treatment **N**

1.4 Type of Service Provider Requesting the Thousands-Block

- a) Type of Service Provider
 - b) Primary type of service
Blocks to be used for
 - c) Thousands-Block(s) (NPA-
NXX-X) assignment preference **727-xxx-2 727-xxx-4 727-xxx-5**
 - d) Thousands-Block(s) (NPA-
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 **727-xxx-2 727-xxx-4 727-xxx-5**
(the remainder of the blocks
will be given to the pool)
-

1.5 Type of Request

Initial block for rate center
Growth block for rate center **Yes**
Change block
Disconnect block

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 INC 99-0127-023

Pooling Administration System

ak8378@sbc.com (SP)

Sign Out

Months to Exhaust and Utilization Certification Worksheet - TN Level

Block Applicant:

Name of Block Applicant **Abdol-Rahim Sharif-Kazemi**

Title **Manager-Network Planning**

Telephone Number **(310) 381-3478**

Fax Number **(310) 381-3484**

E-Mail **ak8378@sbc.com**

Date **06/09/2005**

OCN **2665**

Rate Center **ST PETERSBURG**

List all Codes NPA(s)-NXXs and Blocks
NPA(s)-NXX-X(s)

727-623-4

A. Available Numbers **798**

B. Assigned Numbers **202**

C. Total Numbering Resources **1000**

D. Quantity of numbers activated in the
past 90 days and excluded from the **0**
Utilization calculation

List excluded Code(s) or Block(s)

E. Growth History - Previous 6 months

Month 1	0	Month 2	0
Month 3	0	Month 4	0
Month 5	0	Month 6	1

F. Forecast - Next 12 months

Month 1	2	Month 2	2
Month 3	798	Month 4	144
Month 5	960	Month 6	0
Month 7	1012	Month 8	0
Month 9	0	Month 10	0
Month 11	0	Month 12	0

G. Average Monthly Forecast (Sum of months # 1-6 (Part F above)
divided by 6)

318


H. Months to Exhaust (Numbers Available for Assignment to customers (A) / Average Monthly Forecast (G))

Block Requested	A. Available Numbers	H. Months to Exhaust
1	798	2.512
2	1798	5.660
3	2798	8.808

I. Utilization⁵(Assigned Numbers (B)) / (Total Numbering Resources (C) - Excluded Numbers (D)) * 100 **20.200**

Explanation

Pooling Administration System

 ak8378@sbc.com (SP)

[Sign Out](#)

Thousands-Block Application Form Part 1B

Tracking Number 727-STPETERSBG-FL-110715

Activation Request

For Information Only N

Section A :

(If request is for Activation, the thousand-block applicant is to provide all data except Block Range, Block Effective Date and LERG Assignee/ donating switch information; the PA will fill in those three fields. For a Modification request, the requestor is to provide all information.)

Pooling Administrator :

Contact Name **Gary Zahn**
Contact Address **1800 Sutter St. Ste. 780**
City **Concord** State **CA**
Zip **94520**
Telephone **(925) 363-8753** Fax **(925) 363-7688**
E-mail **gary.zahn@neustar.biz**

Block Applicant :

Company Name **SBC TELECOM, INC. FL**
Contact Name **Abdol-Rahim Sharif-Kazemi**
Contact Address **2154 W. Torrance Blvd**
City **Torrance** State **CA**
Zip **90501**
Telephone **(310) 381-3478** Fax **(310) 381-3484**
E-mail **ak8378@sbc.com**

Service Provider NPAC SOA SPID **2664**
LRN **7272491111**

Block (1K) Range **2**
Block Effective Date **07/10/2005**
Is Block being allocated back to LERG Assignee
on donating switch? **No**
NPAC Activate Block Range **Yes**
Pooling Admin Remarks

Section B :

Class DPC 243255002
Class SSN 000
LIDB DPC 243255002
LIDB SSN 000
CNAM DPC 243255052
CNAM SSN 000
ISVM DPC 000000000
ISVM SSN 000
WSMSC DPC 000000000
WSMSC SSN 000
SOA Origination

Section C :

(NPAC is to Activate/Modify the Block (1K), as indicated on this form. When the Block (1K) Activation/Modification is complete and the data in this section inserted, NPAC sends a copy of the completed form to the Pooling Administrator and Block Holder.)

Block (1K) Request Complete **No**

Complete Date (MMDDYYYY)

Complete Time (HHMM)

NPAC Personnel performing change

Block Holder sent Completed Form **No**

Mailed Date (MMDDYYYY)

Mailed Time (HHMM)

Contact Name

Pooling Administrator sent completed Form **No**


Mailed Date (MMDDYYYY)

Mailed Time (HHMM)

Contact Name

NPAC Remarks

Pooling Administration System

 ak8378@sbc.com (SP)

[Sign Out](#)

Thousands-Block Application Form Part 1B

Tracking Number 727-STPETERSBG-FL-110715

Activation Request

For Information Only N

Section A :

(If request is for Activation, the thousand-block applicant is to provide all data except Block Range, Block Effective Date and LERG Assignee/ donating switch information; the PA will fill in those three fields. For a Modification request, the requestor is to provide all information.)

Pooling Administrator :

Contact Name **Gary Zahn**
Contact Address **1800 Sutter St. Ste. 780**
City **Concord** State **CA**
Zip **94520**
Telephone **(925) 363-8753** Fax **(925) 363-7688**
E-mail **gary.zahn@neustar.biz**

Block Applicant :

Company Name **SBC TELECOM, INC. FL**
Contact Name **Abdol-Rahim Sharif-Kazemi**
Contact Address **2154 W. Torrance Blvd**
City **Torrance** State **CA**
Zip **90501**
Telephone **(310) 381-3478** Fax **(310) 381-3484**
E-mail **ak8378@sbc.com**

Service Provider NPAC SOA SPID **2664**
LRN **7272491111**

Block (1K) Range **4**
Block Effective Date **07/10/2005**
Is Block being allocated back to LERG Assignee
on donating switch? **No**
NPAC Activate Block Range **Yes**
Pooling Admin Remarks

Section B :

Class DPC 243255002
Class SSN 000
LIDB DPC 243255002
LIDB SSN 000
CNAM DPC 243255052
CNAM SSN 000
ISVM DPC 000000000
ISVM SSN 000
WSMSC DPC 000000000
WSMSC SSN 000
SOA Origination

Section C :

(NPAC is to Activate/Modify the Block (1K), as indicated on this form. When the Block (1K) Activation/Modification is complete and the data in this section inserted, NPAC sends a copy of the completed form to the Pooling Administrator and Block Holder.)

Block (1K) Request Complete **No**

Complete Date (MMDDYYYY)

Complete Time (HHMM)

NPAC Personnel performing change

Block Holder sent Completed Form **No**

Mailed Date (MMDDYYYY)

Mailed Time (HHMM)

Contact Name

Pooling Administrator sent completed Form **No**


Mailed Date (MMDDYYYY)

Mailed Time (HHMM)

Contact Name

NPAC Remarks

Pooling Administration System

 ak8378@sbc.com (SP)

Sign Out

Thousands-Block Application Form Part 1B

Tracking Number 727-STPETERSBG-FL-110715

Activation Request

For Information Only N

Section A :

(If request is for Activation, the thousand-block applicant is to provide all data except Block Range, Block Effective Date and LERG Assignee/ donating switch information; the PA will fill in those three fields. For a Modification request, the requestor is to provide all information.)

Pooling Administrator :

Contact Name **Gary Zahn**
Contact Address **1800 Sutter St. Ste. 780**
City **Concord** State **CA**
Zip **94520**
Telephone **(925) 363-8753** Fax **(925) 363-7688**
E-mail **gary.zahn@neustar.biz**

Block Applicant :

Company Name **SBC TELECOM, INC. FL**
Contact Name **Abdol-Rahim Sharif-Kazemi**
Contact Address **2154 W. Torrance Blvd**
City **Torrance** State **CA**
Zip **90501**
Telephone **(310) 381-3478** Fax **(310) 381-3484**
E-mail **ak8378@sbc.com**

Service Provider NPAC SOA SPID **2664**
LRN **7272491111**

Block (1K) Range **5**

Block Effective Date **07/10/2005**

Is Block being allocated back to LERG Assignee
on donating switch? **No**

NPAC Activate Block Range **Yes**

Pooling Admin Remarks

Section B :

Class DPC 243255002
Class SSN 000
LIDB DPC 243255002
LIDB SSN 000
CNAM DPC 243255052
CNAM SSN 000
ISVM DPC 000000000
ISVM SSN 000
WSMSC DPC 000000000
WSMSC SSN 000
SOA Origination

Section C :

(NPAC is to Activate/Modify the Block (1K), as indicated on this form. When the Block (1K) Activation/Modification is complete and the data in this section inserted, NPAC sends a copy of the completed form to the Pooling Administrator and Block Holder.)

Block (1K) Request Complete **No**

Complete Date (MMDDYYYY)

Complete Time (HHMM)

NPAC Personnel performing change

Block Holder sent Completed Form **No**

Mailed Date (MMDDYYYY)

Mailed Time (HHMM)

Contact Name

Pooling Administrator sent completed Form **No**

Mailed Date (MMDDYYYY)

Mailed Time (HHMM)

Contact Name

NPAC Remarks

Tracking Number: 727-STPETERSBG-FL-110715
Central Office Code (NXX) Assignment Request – Part 1
Revised: January 21, 2005

Type of Application: X New Change¹ Delete

1.0 GENERAL INFORMATION

1.1 Contact Information:

Code Applicant:

Company/Entity Name: **SBC TELECOM, INC.**

Headquarters Address: **175 E Houston St.**

City, State, Zip: **San Antonio, TX 78205**

Contact Name: **Cynthia Aiello**

Contact Address: **3675 T Street, Room 137**

Calif. State, Zip: **Sacramento, Ca. 95816**

Phone: **916-454-2360** FAX: **916-457-8624** E-Mail: **ca6719@sbc.com**

Code Administrator:²

Name: **Milton Cruz**

Address: **46000 Center Oak Drive**

City, State, Zip: **Sterling, VA. 20166**

Phone: **571-434-5348** FAX: **571-434-5502**

1.2 NPA: **727** NXX:³ **873** LATA: **952** OCN:⁴ **2665** Parent Company's OCN(s) **0555**

Switching Identification (Switching Entity/POI)⁵ **TAMTFLTWDS0**

Locality/City/Wire Center: _____ Rate Center:⁶ **ST. PETERSBG**

Homing Tandem Operating Co. ⁷: **SBC** Tandem Homing CLLITM:⁸

TAMPFLXA03T

1.3 Dates: Date of Application: **06/09/05** Requested Effective Date:^{9 10} **45-day expedite**

1.4 Type of company/entity requesting the code:

a). **OTHER** _____ (LEC, IC, CMRS, Other)

b). Type of service **VOIP** (e.g., Cellular - Type 2)

c). Code Assignment Preference (Optional) **727-873**

d). Codes that are undesirable, if any _

e). Type of change:

1.5 Type of Request (Initial, growth, etc.): **INITIAL**

If an initial code, attach (1) evidence of certification and (2) proof of ability to place code in service within 60 days. If a growth code, attach months to exhaust worksheet.

Pool Indicator _____ (YES)¹¹

1.6 NPA Jeopardy Criteria Apply: Yes _____ No X

1.7 Code request for new service (Explain): _____

1.8 Part 2 is attached _____ Part 2 is not attached x for BIRRD^{12, 13}

I hereby certify that the above information requesting an NXX code is true and accurate to the best of my knowledge and that this application has been prepared in accordance with the Central Office Code (NXX) Assignment Guidelines posted to the ATIS Web Site (<http://www.atis.org/atis/clc/inc/incdocs.htm>) as of the date of this application¹⁴:

CYNTHIA A. AIELLO _____ **Area Manager-Network Engineering** **6/9/05**
Signature of Code Applicant Title Date

1. Identify type and reason for change(s) in Section 1.4(e).
2. A list of the current Code Administrator(s) who can provide assistance in completing this form is available upon request from NANPA.
3. The NXX field is required for any code request in which there is a change or the NXX is being returned.
4. Operating Company Number (OCN) assignments must uniquely identify the applicant. Relative to CO Code assignments, NECA-assigned Company Codes may be used as OCNs. Companies with no prior CO Code or Company Code assignments may contact NECA (973-884-8355) to be assigned a Company Code(s). Since multiple OCNs and/or Company Codes may be associated with a given company, companies with prior assignment should direct questions regarding appropriate OCN usage to the Telcordia™ Routing Administration (TRA) on 732-699-6700.
5. This is an eleven-character descriptor of the switch provided by the owning entity for the purpose of routing calls. This is the eleven-character Telcordia™ COMMON LANGUAGE® CLLI™ Location Identification of the applicant's switch or POI. (Telcordia and CLLI are trademarks and COMMON LANGUAGE is a registered trademarks of Telcordia Technologies, Inc.)
6. Rate Center name must be a tariffed Rate Center associated with toll billing.
7. Applies to any code applicant connecting to the Public Switched Telephone Network via a tandem owned by a different carrier.
8. This is an eleven-character descriptor provided by the owning entity for the purpose of routing calls. This must be the CLLI™ Location Identification Code of the switching entity/POI, and is the same on Part 2, Form 1, Page 2 of 2.
9. Code applicants should request an effective date that is at least 66 calendar days from the submission of this form. It should be noted that interconnection arrangements and facilities need to be in place prior to activation of a code. Such arrangements are outside the scope of these guidelines.
10. Requests for code assignment should not be made more than six months prior to the requested effective date.
11. The Pool Administrator will indicate if the NXX being requested will be used for thousands-block number pooling.
12. Applicant is not required to submit Part 2 of the code request form if it is doing its own Telcordia™ Business Integrate Routing and Rating Database System (BIRRDS) entries, or if the applicant has arranged for a third party to input the Part 2 forms data on its behalf.
13. WARNING! It is the code applicant's responsibility to arrange input of Part 2 information into BIRRDS. The 45 calendar day nationwide minimum interval cut-over for BIRRDS will not begin until input into BIRRDS has been completed.
14. An incomplete form may result in delays in processing this request.