



February 19, 2015

Carlotta S. Stauffer
Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

Re: SBC Internet Services, Inc. d/b/a AT&T Internet Services request Numbering Resources Pursuant to *Administration of the North American Numbering Plan*, FCC Docket No. 99-200, Order, FCC 05-20 (released Feb. 1, 2005)

Dear Ms. Stauffer:

Pursuant to the Federal Communications Commission's Docket No. 99-200, which is attached, SBC Internet Services, Inc. d/b/a AT&T Internet Services (ATTIS) hereby notifies this Commission of its intent to request numbering resources for the rate centers listed in the attached Part 1 and/or Part 1A. Under that order, we are required to provide this Commission with this notice before obtaining numbering resources from the North American Numbering Plan Administrator and/or the Pooling Administrator¹. In addition to filing the attached information with this Commission, we are also submitting this information to the Federal Communications Commission.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Javier Rodriguez".

Javier Rodriguez
Area Manager – Regulatory Relations
AT&T Texas
Office (512) 457-2260

Attachments

cc: Stan Greer (email)

¹ *Id.* ¶ 9 (imposing 30-day notice requirement).

**Thousands-Block Application Form
Part 1A**

Type of Application (check one): **New** **Changeⁱ** **Disconnect**

GENERAL APPLICATION INFORMATION

1.1 Contact Information:

Block Applicant:

Company Name: **SBC INTERNET SERVICES, INC. d/b/a AT&T INTERNET SERVICES**
Headquarters Address: **208 S. AKARD ST.** City **DALLAS** State **TX** Zip **75202**
Contact Name: **ROWENA BROWN**
Contact Address **2600 CAMINO RAMON** City **SAN RAMON** State **CA** Zip **94583**
Phone: **925-901-1934** Fax: **925-355-9268**
E-Mail: **rb2548@att.com**

Pooling Administratorⁱⁱ:

Contact Name: _____
Contact Address: _____
City _____ State _____ Zip _____
Phone: _____ Fax: _____
E-Mail: _____

1.2 General Information

Check one: No LRN needed **LRN neededⁱⁱⁱ**

NPA: **305** LATA **46017** OCN^{iv}: **516C** Parent Company's OCN **0555**
Number of Thousands-Blocks Requested: **3**

Switch Identification (Switching Entity/POI)^v: **MIAMFLACTMD** or Wire Center Name _____
Rate Center^{vi}: **PERRINE** Rate Center Sub Zone: _____

1.3 Dates

Date of Application^{vii}: _____ Requested Block Effective Date^{viii}: _____
Request Expedited Treatment? (See Section 8.6) Yes No

By selecting this checkbox, I acknowledge that I am requesting the earliest possible effective date the Administrator can grant. Please note that this only applies to a reduction in the Administrator's processing time, however the request will still be processed in the order received.

1.4 Type of Service Provider Requesting the Thousands-Block:

- a) Type of Service Provider: **VOIP** (LEC, IXC, CMRS, Other)
- b) Primary type of service Blocks to be used for: **VOIP**
- c) Thousands-Block(s) (NXX-X) assignment preference (optional) _____
- d) Thousands-Block(s) (NXX-X) that are undesirable for this assignment, if any _____
- e) If requesting a code for LRN purposes, indicate which block(s) you will be keeping (the remainder of the blocks will be given to the pool)

Thousands-Block Application Form
PART 1A

1.5 Type of Request

Initial block for rate center: Yes _____, If Yes attach evidence of authorization and proof of capability to provide Service within 60 days

Growth block for rate center: Yes , If Yes, attach months to exhaust worksheet

By selecting this checkbox, I acknowledge that I am willing to accept a block in red and explicitly understand that the underlying CO code may not yet be activated in the PSTN and loaded in the NPAC on the block effective date.

Type of Change (Mark **all** that apply):

-
- OCN: Intra-company^x Switching Id Part 1B
 OCN: Inter-company^x Effective Date
-

Change block: Yes _____, If Yes, list NPA-NXX-X _____

1.6 Block Return

-
- a) Is this block Contaminated: Yes ___ or No ___
b) If Yes how many TNs are NOT available for assignment: ___
c) Have all new Intra SP ports been completed in the NPAC: Yes ___ or No ___
d) Has this block been protected from further assignment: Yes ___ or No ___
-

Disconnect block: Yes _____, If Yes, list NPA-NXX-X _____

Remarks: **GROWTH 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 ATIS-0300066 available on the ATIS web site (www.atis.org/inc) or by contacting inc@atis.org as of the date of this application.

ROWENA BROWN
Signature of Block Applicant

SR SPECIALIST- NETWORK SUPPORT
Title

FEBRUARY 18, 2015
Date

MONTHS TO EXHAUST and UTILIZATION CERTIFICATION WORKSHEET – TN Level¹

(Thousands-Block Number Pooling Growth Block Request)

Date: 02/18/2015 OCN: 516C Company Name: SBC INTERNET SERVICES, INC. d/b/a AT&T INTERNET SERVICES

Rate Center: PERRINE

List all Codes NPA(s)-NXXs and Blocks NPA(s)-NXX-X(s): [REDACTED]

Name of Block Applicant: ROWENA BROWN Signature: ROWENA BROWN

Title: SR SPECIALIST-NETWORK SUPPORT Telephone No.: 925-901-1934 FAX No.: 925-355-9268

E-Mail: rb2548@att.com

A. Available Numbers: [REDACTED]

B. Assigned Numbers: [REDACTED]

C. Total Numbering Resources: [REDACTED]

D. Quantity of numbers activated in the past 90 days (increments of 1,000 or 10,000) and excluded from the Utilization calculation²: [REDACTED]

List excluded Code(s) or Block(s):

	Month #1	Month #2	Month #3	Month #4	Month #5	Month #6	Month #7	Month #8	Month #9	Month #10	Month #11	Month #12
E. Growth History – Previous 6 months ³	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]						
F. Forecast – Next 12 months ⁴	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
G. Average Monthly Forecast (Sum of months #1-6 (Part F above) divided by 6):	[REDACTED]											
H. Months to Exhaust ⁵	$\frac{\text{Numbers Available for Assignment to Customers (A)}}{\text{Average Monthly Forecast (G)}}$								=	[REDACTED]		
I. Utilization ⁶	$\frac{\text{Assigned Numbers (B)} - \text{Excluded Numbers (D)}}{\text{Total Numbering Resources (C)} - \text{Excluded Numbers (D)}}$						* 100	=	[REDACTED]			

Explanation:

¹ A copy of this worksheet is required to be submitted to the Pooling Administrator when requesting additional numbering resources in a rate center. For auditing purposes, the applicant must retain a copy of this document.

² Quantity of numbers activated in the past 90 days is based on blocks and/or codes received from the administrator and shall be reported in increments of 1,000 or 10,000 TNs (e. g.: 2 blocks received=2,000 and 1 code received =10,000).

³ Net change in TNs no longer available for assignment in each previous month, starting with the most distant month as Month #1, and Month #6 as the current month.

⁴ Forecast of TNs needed in each following month, starting with the most recent month as Month #1.

⁵ To be assigned an additional thousands-block (NXX-X) for growth, "Months to Exhaust" must be less than or equal to 6 months. (FCC 00-104, § 52.15 (g) (3) (iii)).

⁶ Newly acquired numbers may be excluded from the Utilization calculation (FCC 00104, section 52.15 (g)(3)(ii))

**Thousands-Block Application Form
Part 1A**

Type of Application (check one): **New** **Change¹** **Disconnect**

GENERAL APPLICATION INFORMATION

1.2 Contact Information:

Block Applicant:

Company Name: **SBC INTERNET SERVICES, INC. d/b/a AT&T INTERNET SERVICES**
Headquarters Address: **208 S. AKARD ST.** City **DALLAS** State **TX** Zip **75202**
Contact Name: **ROWENA BROWN**
Contact Address **2600 CAMINO RAMON** City **SAN RAMON** State **CA** Zip **94583**
Phone: **925-901-1934** Fax: **925-355-9268**
E-Mail: **rb2548@att.com**

Pooling Administratorⁱⁱ:

Contact Name: _____
Contact Address: _____
City _____ State _____ Zip _____
Phone: _____ Fax: _____
E-Mail: _____

1.2 General Information

Check one: No LRN needed **X** LRN neededⁱⁱⁱ

NPA: **352** LATA **45402** OCN^{iv}: **516C** Parent Company's OCN **0555**
Number of Thousands-Blocks Requested: **3**

Switch Identification (Switching Entity/POI)^v: **GSVLFMAXWZ** or Wire Center Name _____
Rate Center^{vi}: **GAINESVL** Rate Center Sub Zone: _____

1.5 Dates

Date of Application^{vii}: _____ Requested Block Effective Date^{viii}: _____
Request Expedited Treatment? (See Section 8.6) Yes **X** No

By selecting this checkbox, I acknowledge that I am requesting the earliest possible effective date the Administrator can grant. Please note that this only applies to a reduction in the Administrator's processing time, however the request will still be processed in the order received.

1.6 Type of Service Provider Requesting the Thousands-Block:

- a) Type of Service Provider: **VOIP** (LEC, IXC, CMRS, Other)
- b) Primary type of service Blocks to be used for: **VOIP**
- c) Thousands-Block(s) (NXX-X) assignment preference (optional) _____
- d) Thousands-Block(s) (NXX-X) that are undesirable for this assignment, if any _____
- e) If requesting a code for LRN purposes, indicate which block(s) you will be keeping (the remainder of the blocks will be given to the pool)

Thousands-Block Application Form
PART 1A

1.7 Type of Request

Initial block for rate center: Yes _____, If Yes attach evidence of authorization and proof of capability to provide Service within 60 days

Growth block for rate center: Yes , If Yes, attach months to exhaust worksheet

- By selecting this checkbox, I acknowledge that I am willing to accept a block in red and explicitly understand that the underlying CO code may not yet be activated in the PSTN and loaded in the NPAC on the block effective date.

Type of Change (Mark **all** that apply):

-
- OCN: Intra-company^x Switching Id Part 1B
 OCN: Inter-company^x Effective Date
-

Change block: Yes _____, If Yes, list NPA-NXX-X _____

1.8 Block Return

-
- e) Is this block Contaminated: Yes ___ or No ___
f) If Yes how many TNs are NOT available for assignment: ___
g) Have all new Intra SP ports been completed in the NPAC: Yes ___ or No ___
h) Has this block been protected from further assignment: Yes ___ or No ___
-

Disconnect block: Yes _____, If Yes, list NPA-NXX-X _____

Remarks: **GROWTH 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 ATIS-0300066 available on the ATIS web site (www.atis.org/inc) or by contacting inc@atis.org as of the date of this application.

ROWENA BROWN
Signature of Block Applicant

SR SPECIALIST- NETWORK SUPPORT
Title

FEBRUARY 18, 2015
Date

MONTHS TO EXHAUST and UTILIZATION CERTIFICATION WORKSHEET – TN Level¹

(Thousands-Block Number Pooling Growth Block Request)

Date: 02/18/2015 OCN: 516C Company Name: SBC INTERNET SERVICES, INC. d/b/a AT&T INTERNET SERVICES

Rate Center: GAINESVL

List all Codes NPA(s)-NXXs and Blocks NPA(s)-NXX-X(s): [REDACTED]

Name of Block Applicant: ROWENA BROWN Signature: ROWENA BROWN

Title: SR SPECIALIST-NETWORK SUPPORT Telephone No.: 925-901-1934 FAX No.: 925-355-9268

E-Mail: rb2548@att.com

A. Available Numbers: [REDACTED]

B. Assigned Numbers: [REDACTED]

C. Total Numbering Resources: [REDACTED]

D. Quantity of numbers activated in the past 90 days (increments of 1,000 or 10,000) and excluded from the Utilization calculation²: [REDACTED]

List excluded Code(s) or Block(s): _____

	Month #1	Month #2	Month #3	Month #4	Month #5	Month #6	Month #7	Month #8	Month #9	Month #10	Month #11	Month #12
E. Growth History – Previous 6 months ³	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]						
F. Forecast – Next 12 months ⁴	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
G. Average Monthly Forecast (Sum of months #1-6 (Part F above) divided by 6):	[REDACTED]											
H. Months to Exhaust ⁵	$\frac{\text{Numbers Available for Assignment to Customers (A)}}{\text{Average Monthly Forecast (G)}}$								=	[REDACTED]		
I. Utilization ⁶	$\frac{\text{Assigned Numbers (B)} - \text{Excluded Numbers (D)}}{\text{Total Numbering Resources (C)} - \text{Excluded Numbers (D)}}$						* 100	=	[REDACTED]			

Explanation: Tracking Number _____

¹ A copy of this worksheet is required to be submitted to the Pooling Administrator when requesting additional numbering resources in a rate center. For auditing purposes, the applicant must retain a copy of this document.

² Quantity of numbers activated in the past 90 days is based on blocks and/or codes received from the administrator and shall be reported in increments of 1,000 or 10,000 TNs (e. g.: 2 blocks received=2,000 and 1 code received =10,000).

³ Net change in TNs no longer available for assignment in each previous month, starting with the most distant month as Month #1, and Month #6 as the current month.

⁴ Forecast of TNs needed in each following month, starting with the most recent month as Month #1.

⁵ To be assigned an additional thousands-block (NXX-X) for growth, "Months to Exhaust" must be less than or equal to 6 months. (FCC 00-104, § 52.15 (g) (3) (iii)).

⁶ Newly acquired numbers may be excluded from the Utilization calculation (FCC 00104, section 52.15 (g)(3)(ii))

**Thousands-Block Application Form
Part 1A**

Type of Application (check one): **New** **Changeⁱ** **Disconnect**

GENERAL APPLICATION INFORMATION

1.1 Contact Information:

Block Applicant:

Company Name: **SBC INTERNET SERVICES, INC. d/b/a AT&T INTERNET SERVICES**
Headquarters Address: **208 S. AKARD ST.** City **DALLAS** State **TX** Zip **75202**
Contact Name: **ROWENA BROWN**
Contact Address **2600 CAMINO RAMON** City **SAN RAMON** State **CA** Zip **94583**
Phone: **925-901-1934** Fax: **925-355-9268**
E-Mail: **rb2548@att.com**

Pooling Administratorⁱⁱ:

Contact Name: _____
Contact Address: _____
City _____ State _____ Zip _____
Phone: _____ Fax: _____
E-Mail: _____

1.2 General Information

Check one: No LRN needed **X** LRN neededⁱⁱⁱ

NPA: **305** LATA **46017** OCN^{iv}: **516C** Parent Company's OCN **0555**
Number of Thousands-Blocks Requested: **3**

Switch Identification (Switching Entity/POI)^v: **MIAMFLACTMD** or Wire Center Name _____
Rate Center^{vi}: **MIAMI** Rate Center Sub Zone: _____

1.3 Dates

Date of Application^{vii}: _____ Requested Block Effective Date^{viii}: _____
Request Expedited Treatment? (See Section 8.6) Yes **X** No

By selecting this checkbox, I acknowledge that I am requesting the earliest possible effective date the Administrator can grant. Please note that this only applies to a reduction in the Administrator's processing time, however the request will still be processed in the order received.

1.4 Type of Service Provider Requesting the Thousands-Block:

- a) Type of Service Provider: **VOIP** (LEC, IXC, CMRS, Other)
- b) Primary type of service Blocks to be used for: **VOIP**
- c) Thousands-Block(s) (NXX-X) assignment preference (optional) _____
- d) Thousands-Block(s) (NXX-X) that are undesirable for this assignment, if any _____
- e) If requesting a code for LRN purposes, indicate which block(s) you will be keeping (the remainder of the blocks will be given to the pool)

Thousands-Block Application Form
PART 1A

1.5 Type of Request

Initial block for rate center: Yes _____, If Yes attach evidence of authorization and proof of capability to provide Service within 60 days

Growth block for rate center: Yes , If Yes, attach months to exhaust worksheet

- By selecting this checkbox, I acknowledge that I am willing to accept a block in red and explicitly understand that the underlying CO code may not yet be activated in the PSTN and loaded in the NPAC on the block effective date.

Type of Change (Mark **all** that apply):

-
- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> OCN: Intra-company ^x | <input type="checkbox"/> Switching Id | <input type="checkbox"/> Part 1B |
| <input type="checkbox"/> OCN: Inter-company ^x | <input type="checkbox"/> Effective Date | |
-

Change block: Yes _____, If Yes, list NPA-NXX-X _____

1.6 Block Return

-
- a) Is this block Contaminated: Yes ___ or No ___
b) If Yes how many TNs are NOT available for assignment: ___
c) Have all new Intra SP ports been completed in the NPAC: Yes ___ or No ___
d) Has this block been protected from further assignment: Yes ___ or No ___
-

Disconnect block: Yes _____, If Yes, list NPA-NXX-X _____

Remarks: **GROWTH 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 ATIS-0300066 available on the ATIS web site (www.atis.org/inc) or by contacting inc@atis.org as of the date of this application.

ROWENA BROWN
Signature of Block Applicant

SR SPECIALIST- NETWORK SUPPORT
Title

FEBRUARY 18, 2015
Date

MONTHS TO EXHAUST and UTILIZATION CERTIFICATION WORKSHEET – TN Level¹

(Thousands-Block Number Pooling Growth Block Request)

Date: 02/18/2015 OCN: 516C Company Name: SBC INTERNET SERVICES, INC. d/b/a AT&T INTERNET SERVICES

Rate Center: MIAMI

List all Codes NPA(s)-NXXs and Blocks NPA(s)-NXX-X(s): [REDACTED]

Name of Block Applicant: ROWENA BROWN Signature: ROWENA BROWN

Title: SR SPECIALIST-NETWORK SUPPORT Telephone No.: 925-901-1934 FAX No.: 925-355-9268

E-Mail: rb2548@att.com

A. Available Numbers: [REDACTED]

B. Assigned Numbers: [REDACTED]

C. Total Numbering Resources: [REDACTED]

D. Quantity of numbers activated in the past 90 days (increments of 1,000 or 10,000) and excluded from the Utilization calculation²: [REDACTED]

List excluded Code(s) or Block(s):

	Month #1	Month #2	Month #3	Month #4	Month #5	Month #6	Month #7	Month #8	Month #9	Month #10	Month #11	Month #12
E. Growth History – Previous 6 months ³	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]						
F. Forecast – Next 12 months ⁴	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
G. Average Monthly Forecast (Sum of months #1-6 (Part F above) divided by 6):	[REDACTED]											
H. Months to Exhaust ⁵	$\frac{\text{Numbers Available for Assignment to Customers (A)}}{\text{Average Monthly Forecast (G)}}$								=	[REDACTED]		
I. Utilization ⁶	$\frac{\text{Assigned Numbers (B)} - \text{Excluded Numbers (D)}}{\text{Total Numbering Resources (C)} - \text{Excluded Numbers (D)}}$						* 100	=	[REDACTED]			

Explanation

¹ A copy of this worksheet is required to be submitted to the Pooling Administrator when requesting additional numbering resources in a rate center. For auditing purposes, the applicant must retain a copy of this document.

² Quantity of numbers activated in the past 90 days is based on blocks and/or codes received from the administrator and shall be reported in increments of 1,000 or 10,000 TNs (e. g.: 2 blocks received=2,000 and 1 code received =10,000).

³ Net change in TNs no longer available for assignment in each previous month, starting with the most distant month as Month #1, and Month #6 as the current month.

⁴ Forecast of TNs needed in each following month, starting with the most recent month as Month #1.

⁵ To be assigned an additional thousands-block (NXX-X) for growth, "Months to Exhaust" must be less than or equal to 6 months. (FCC 00-104, § 52.15 (g) (3) (iii)).

⁶ Newly acquired numbers may be excluded from the Utilization calculation (FCC 00104, section 52.15 (g)(3)(ii))