SBC Communications Inc.
13 State Uniform Internet Protocol-Voice Information Service Provider (IP-VIS) Account Profile

NOTE: ALL FIELDS with an (R) are Required

MUST Check One(R):

☐ Initial Profile for ***NEW*** IP-VIS Profile dated

☐ **Updated** IP-VIS Profile updated on replaces previous Profile dated

SECTION 1 – IP-VIS Identification(R)

IP-VIS Name:

IP-VIS d.b.a. / Alias:

Company Codes/OCN and SPID (4 digit codes assigned by NECA and NPAC)

	ACNA	CCNA	OCN	SPID(s)
Arkansas				
California				
Connecticut				
Illinois				
Indiana				
Kansas				
Michigan				
Missouri				
Nevada				
Ohio				
Oklahoma				
Texas				
Wisconsin				

SECTION 2 - IP-VIS Account Team Identification (SBC Account Management completes this section.) (R)

IP-VIS Account Manager (IP-VIS-AM) Name: _____

IP-VIS-AM Address: _____

City/State/Zip Code: _____

Phone Number: _____ FAX Number: _____

Pager Number: _____ Email Address: _____

IP-VIS Account Manager (IP-VIS-AM) Name: _____

IP-VIS-AM Address: _____

City/State/Zip Code: _____

Phone Number: _____ FAX Number: _____

Pager Number: _____ Email Address: _____

SECTION 3 –IP-VIS BILLING – Miscellaneous Billing for IP-VIS (R)

1.) IP-VIS *Billing*

13 State Single Billing Address *NOTE- If completed this contact will be used for billing in ALL regions. If separate regional billing contacts are desired leave this contact blank and fill in the appropriate regional contacts below.

IP-VIS Billing Address: _____

City/State/Zip Code: _____

IP-VIS Billing Contact Name: _____

IP-VIS Billing Contact E-Mail: _____

IP-VIS Billing Contact Number: Phone: _____ FAX: _____

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SBC Midwest		
IP-VIS Billing Address:	_____	
City/State/Zip Code:	_____	
IP-VIS Billing Contact Name:	_____	
IP-VIS Billing Contact E-Mail:	_____	
IP-VIS Billing Contact Number:	Phone:	FAX:

SBC West		
IP-VIS Billing Address:	_____	
City/State/Zip Code:	_____	
IP-VIS Billing Contact Name:	_____	
IP-VIS Billing Contact E-Mail:	_____	
IP-VIS Billing Contact Number:	Phone:	FAX:

SBC East		
IP-VIS Billing Address:	_____	
City/State/Zip Code:	_____	
IP-VIS Billing Contact Name:	_____	
IP-VIS Billing Contact E-Mail:	_____	
IP-VIS Billing Contact Number:	Phone:	FAX:

SBC Southwest		
IP-VIS Billing Address:	_____	
City/State/Zip Code:	_____	
IP-VIS Billing Contact Name:	_____	
IP-VIS Billing Contact E-Mail:	_____	
IP-VIS Billing Contact Number:	Phone:	FAX:

SECTION 4 – IP-VIS Pre-Ordering, Ordering (R)

IP-VIS will place all orders MANUALLY: ☐ Yes ☐ No
Do you wish to have the ability to process manual orders as well as any OSS usage indicated below? ☐ Yes ☐ No

Operating Support Systems	AR	CA	CT	IL	IN	KS	MI	MO	NV	OH	OK	TX	WI
CORBA - Preordering	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
EDI – Ordering	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
EDI - Preordering	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
LEX	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
VERIGATE	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BILLING INFORMATION	☐					☐		☐			☐	☐	
BDS TELIS	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
EASE – Business	☐					☐		☐			☐	☐	
EASE – Consumer	☐					☐		☐			☐	☐	
EB/TA – GUI Web	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
EB/TA – App to App	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
EDI-Maintenance and Repair			☐										
LISTINGS GATEWAY		☐							☐				
SORD	☐	☐				☐		☐	☐		☐	☐	
TROUBLE ADMINISTRATION	☐	☐				☐		☐	☐		☐	☐	

IP-VIS LEX Test Point Of Contact

For the purposes of this document the following shall apply for the SBC ILECs Illinois Bell Telephone Company, Indiana Bell Telephone Company, Michigan Bell Telephone Company, Ohio Bell Telephone Company and Wisconsin Bell Inc., who shall collectively be referred to as "SBC Midwest;" the SBC ILECs Nevada Bell Telephone Company and Pacific Bell Telephone Company collectively referred to as "SBC West;" the SBC ILEC Southwestern Bell Telephone Company L.P., which shall be referred to as "SBC Southwest;" the SBC Southern New England Telephone Company, which shall be referred to as "SBC East."

IP-VIS POC Name: _____
IP-VIS POC Address: _____
City/State/Zip Code: _____
IP-VIS POC E-Mail: _____
IP-VIS POC Numbers: Phone: FAX:

IP-VIS EDI Test Point Of Contact

IP-VIS POC Name:
IP-VIS POC Address:
City/State/Zip Code:
IP-VIS POC E-Mail:
IP-VIS POC Numbers:

IP-VIS OSS User ID Point Of Contact

IP-VIS POC Name:
IP-VIS POC Address:
City/State/Zip Code:
IP-VIS POC E-Mail:
IP-VIS POC Numbers:

Uniform 836 Type Loss Notification Option (R)

Indicate the method you will be using for receipt of Loss Notifications.

☐ IP-VIS Declines the receipt of Loss Notifications

☐ FAX	SBC Midwest	☐ FAX	SBC West
☐ FAX	SBC SNET	☐ FAX	SBC Southwest

☐ WEBLEX ☐ SBC Midwest ☐ SBC West ☐ SBC SNET ☐ SBC Southwest

☐ EDI Trading Partner ID (Place the desired TPID in the appropriate box below the applicable region(s).

SBC Midwest	SBC West	SBC East	SBC Southwest

Lite Address Validation (R)

Do you wish to receive Lite Address Validation via LASR. When an address is provided on conversion activity, partial Street Address House Number (SANO) is compared to existing records (Applicable for all states where doing business).

☐ Yes ☐ No

IP-VIS Numbers For Coordinating Service with SBC: (Enter your 13 state contact or the appropriate regional contacts below)

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13 State Contact Information		
LSC - Ordering (Toll-free): This fax # will be used for transmission of Completion Notifications, FOCs, Rejects and Autofax."	Phone: _____	FAX: _____
LOC - Installation/Repair (Toll-free):	Phone: _____	FAX: _____

SBC Midwest		
LSC – Ordering (Toll-free): This fax # will be used for transmission of Completion Notifications, FOCs, Rejects and Autofax."	Phone: _____	FAX: _____
LOC – Installation/Repair (Toll-free):	Phone:	FAX:

SBC West		
LSC - Ordering (Toll-free): This fax # will be used for transmission of Completion Notifications, FOCs, Rejects and Autofax."	Phone: _____	FAX: _____
LOC - Installation/Repair (Toll-free):	Phone:	FAX:

SBC East		
LSC - Ordering (Toll-free): This fax # will be used for transmission of Completion Notifications, FOCs, Rejects and Autofax."	Phone: _____	FAX: _____
LOC - Installation/Repair (Toll-free):	Phone:	FAX:

SBC Southwest		
LSC – Ordering (Toll-free): This fax # will be used for transmission of Completion Notifications, FOCs, Rejects and Autofax."	Phone: _____	FAX: _____
LOC – Installation/Repair (Toll-free):	Phone:	FAX:

SECTION 5 – IP-VIS Telephone Numbers & Points of Contact (R)

IP-VIS End User Referral Numbers: The telephone number reflected here are for end-user referrals on misdirected calls.

13 State Referral Number *Enter your 13 state referral information or the appropriate region specific numbers below.

Trouble Reporting/Maintenance/Repair (Toll-free): _____

Hours of Operations: (M – F) (SAT) (SUN) Holidays

Sales/Service (Toll-free): _____

Hours of Operations: (M – F) (SAT) (SUN) Holidays

IP-VIS Referral Name: _____

The name the IP-VIS wants to be known as to their end-users on misdirected calls.

SBC Midwest

Trouble Reporting/Maintenance/Repair (Toll-free): _____

Hours of Operations: (M - F) _____ (SAT) _____ (SUN) _____ Holidays _____

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Sales/Service (Toll-free): _____

Hours of Operations: (M - F) _____ (SAT) _____ (SUN) _____ Holidays _____

IP-VIS Referral Name: _____

The name the IP-VIS wants to be known as to their end-users on misdirected calls.

SBC West

Trouble Reporting/Maintenance/Repair (Toll-free): _____

Hours of Operations: (M – F) _____ (SAT) _____ (SUN) _____ Holidays _____

Sales/Service (Toll-free): _____

Hours of Operations: (M – F) _____ (SAT) _____ (SUN) _____ Holidays _____

IP-VIS Referral Name: _____

The name the IP-VIS wants to be known as to their end-users on misdirected calls.

SBC East

Trouble Reporting/Maintenance/Repair (Toll-free): _____

Hours of Operations: (M - F) _____ (SAT) _____ (SUN) _____ Holidays _____

Sales/Service (Toll-free): _____

Hours of Operations: (M - F) _____ (SAT) _____ (SUN) _____ Holidays _____

IP-VIS Referral Name: _____

The name the IP-VIS wants to be known as to their end-users on misdirected calls.

SBC Southwest

Trouble Reporting/Maintenance/Repair (Toll-free): _____

Hours of Operations: (M - F) _____ (SAT) _____ (SUN) _____ Holidays _____

Sales/Service (Toll-free): _____

Hours of Operations: (M - F) _____ (SAT) _____ (SUN) _____ Holidays _____

IP-VIS Referral Name: _____

The name the IP-VIS wants to be known as to their end-users on misdirected calls.

(For Pacific Bell Telephone only)

Repair Transfer Service (RTS) will automatically transfer IP-VIS customers to the IP-VIS Repair Bureau or Customer Service Department if the customer dials “611” or “811-8081” for repair services.

Please indicate your RTS Optional Selection:

☐ Yes (Online transfer to your repair bureau or customer service department)

☐ No (Voice referral only)

LSR Contact

Please provide the following information that SBC should use to contact the appropriate individual(s) within your company to resolve any issues with Local Service Requests (LSR’s) or end-user customer address information.

13 State Contact * Enter your 13 State contact or the appropriate regional contacts below.

Contact Name: _____ Phone: _____ Email: _____

SBC Midwest

Contact Name: Phone: Email:

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SBC West		
Contact Name:	Phone:	Email:
SBC East		
Contact Name:	Phone:	Email:
SBC Southwest		
Contact Name:	Phone:	Email:

IP-VIS Profile Point Of Contact (IP-VIS POC)		
IP-VIS POC Name:	_____	
IP-VIS POC Address:	_____	
City/State/Zip Code:	_____	
IP-VIS POC E-Mail:	_____	
IP-VIS POC Numbers:	Phone:	FAX:

SECTION 6 – Broadcast Notification

Broadcast Notification to IP-VIS of unplanned **OSS System** events (including degraded service, emergency OSS software releases, and unplanned maintenance outages to install system patches, hardware, etc.)

SBC 13 States			
	ADD		**REMOVE**
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:		**E-mail Address:**	

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SBC West			
	ADD		**REMOVE**
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:		**E-mail Address:**	

SBC Midwest			
	ADD		**REMOVE**
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:		**E-mail Address:**	

SBC East			
	ADD		**REMOVE**
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:		**E-mail Address:**	

SBC Southwest			
	ADD		**REMOVE**
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:		**E-mail Address:**	

Broadcast Notification to IP-VIS of unplanned **NETWORK** events (including degraded service and unplanned maintenance to install system patches, hardware, etc.)

SBC 13 States			
	ADD		**REMOVE**
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:		**E-mail Address:**	

SBC West			
	ADD		**REMOVE**
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:		**E-mail Address:**	

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SBC Midwest			
	ADD		**REMOVE**
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:		**E-mail Address:**	

SBC East			
	ADD		**REMOVE**
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:		**E-mail Address:**	

SBC Southwest			
	ADD		**REMOVE**
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:	_____	**E-mail Address:**	_____
E-mail Address:		**E-mail Address:**	

IP-VIS declines receipt of Broadcast e-mail: ☐

SECTION 7 – LNP Services *(Please supply contact person for each region.)*

Local Number Portability (LNP)		
13 State Contact	Contact Name: _____	Number: _____
SBC Midwest	Contact Name: _____	Number: _____
SBC West	Contact Name: _____	Number: _____
SBC East	Contact Name: _____	Number: _____
SBC Southwest	Contact Name: _____	Number: _____

(For SBC West only- (R))

SPID referral name: _____

Company name or dba (if different from the legal company name) that you would like PB/NB to give out to your end user customers, if they call PB/NB in error. This name will also appear on a port-out message on the final bill.)

SPID Order/Billing Referral Number: _____

SPID Repair Referral number:

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Line Loss Notification (type 1 telephone numbers ported out of SBC's switch)		
13 State Contact	Email address:	_____
SBC Midwest	Email address:	_____
SBC West	Email address:	_____
SBC East	Email address:	_____
SBC Southwest	Email address:	_____

SECTION 8 – 911 Services/Law Enforcement Procedures (R)

E911 Services: Please indicate the States where 911 Services will be requested below(R):

NOTE: Indication below that 911 Services are requested entails Interconnection to an SBC 911 Selective Router switching office and securing access to an SBC 911 Database Management System (DBMS).

STATE	YES	NO
Arkansas	☐	☐
California	☐	☐
SNET	☐	☐
Illinois	☐	☐
Indiana	☐	☐
Kansas	☐	☐
Michigan	☐	☐
Missouri	☐	☐
Nevada	☐	☐
Ohio	☐	☐
Oklahoma	☐	☐
Texas	☐	☐
Wisconsin	☐	☐

ITSP Company ID registered with the National Emergency Number Association (NENA) (R):

Company ID _____

E911 Network & Database Contacts (R):

13 State NETWORK Contact * Enter your 13 State contact or the appropriate regional contacts below.		
Contact Name:	Phone:	Email:
SBC Midwest		
Contact Name:	Phone:	Email:
SBC West		
Contact Name:	Phone:	Email:
SBC East		
Contact Name:	Phone:	Email:
SBC Southwest		
Contact Name:	Phone:	Email:

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13 State DATABASE Contact * Enter your 13 State contact or the appropriate regional contacts below.		
Contact Name:	Phone:	Email:
SBC Midwest		
Contact Name:	Phone:	Email:
SBC West		
Contact Name:	Phone:	Email:
SBC East		
Contact Name:	Phone:	Email:
SBC Southwest		
Contact Name:	Phone:	Email:

Law Enforcement Procedures (R):

13 State Contact * Enter your 13 State contact or the appropriate regional contacts below.		
Contact Name:	Phone:	FAX:
SBC Midwest		
Contact Name:	Phone:	FAX:
SBC West		
Contact Name:	Phone:	FAX:
SBC East		
Contact Name:	Phone:	FAX:
SBC Southwest		
Contact Name:	Phone:	FAX:

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SECTION 9 – Ancillary Services *(Please check items of interest and supply contact person for each item.)*

THE INFORMATION PROVIDED IN THIS SECTION IS FOR CONTACT PURPOSES ONLY

Branding and Reference Rater products may be required, based on tariff or contract information.

White Page Directory? Yes ☐ No ☐		
13 State Contact	Contact Name:	Number:
SBC Midwest	Contact Name:	Number:
SBC West	Contact Name:	Number:
SBC East	Contact Name:	Number:
SBC Southwest	Contact Name:	Number:

Directory Assistance? Yes ☐ No ☐		
13 State Contact	Contact Name:	Number:
SBC Midwest	Contact Name:	Number:
SBC West	Contact Name:	Number:
SBC East	Contact Name:	Number:
SBC Southwest	Contact Name:	Number:

Directory Assistance Call Completion? Yes ☐ No ☐		
13 State Contact	Contact Name:	Number:
SBC Midwest	Contact Name:	Number:
SBC West	Contact Name:	Number:
SBC East	Contact Name:	Number:
SBC Southwest	Contact Name:	Number:

For the purposes of this document the following shall apply for the SBC ILECs Illinois Bell Telephone Company, Indiana Bell Telephone Company, Michigan Bell Telephone Company, Ohio Bell Telephone Company and Wisconsin Bell Inc., who shall collectively be referred to as "SBC Midwest;" the SBC ILECs Nevada Bell Telephone Company and Pacific Bell Telephone Company collectively referred to as "SBC West;" the SBC ILEC Southwestern Bell Telephone Company L.P., which shall be referred to as "SBC Southwest;" the SBC Southern New England Telephone Company, which shall be referred to as "SBC East."

Toll and Assistance Operator Services? Yes ☐ No ☐		
13 State Contact	Contact Name:	Number:
SBC Midwest	Contact Name:	Number:
SBC West	Contact Name:	Number:
SBC East	Contact Name:	Number:
SBC Southwest	Contact Name:	Number:

Line Information Database (LIDB)? Yes ☐ No ☐		
13 State Contact	Contact Name:	Number:
SBC Midwest	Contact Name:	Number:
SBC West	Contact Name:	Number:
SBC East	Contact Name:	Number:
SBC Southwest	Contact Name:	Number:

Data Exchange? Yes ☐ No ☐		
13 State Contact	Contact Name:	Number:
SBC Midwest	Contact Name:	Number:
SBC West	Contact Name:	Number:
SBC East	Contact Name:	Number:
SBC Southwest	Contact Name:	Number:
(SBC West Only) If "yes" to Data Exchange, must complete a Data Exchange Contact Information and Media Requirements form.		

Local Number Portability (LNP)? Yes ☐ No ☐		
13 State Contact	Contact Name:	Number:
SBC Midwest	Contact Name:	Number:
SBC West	Contact Name:	Number:
SBC East	Contact Name:	Number:
SBC Southwest	Contact Name:	Number:

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SECTION 10 – Tax Informations(R)

☐ Federal Tax Identification Number **Federal Tax Id Number:**

State Tax Identification Number(s)

☐ **AR**	Renewal Date:	Account #:
☐ **CA**	Renewal Date:	Account #:
☐ **CT**	Renewal Date:	Account #:
☐ **IL**	Renewal Date:	Account #:
☐ **IN**	Renewal Date:	Account #:
☐ **KS**	Renewal Date:	Account #:
☐ **MI**	Renewal Date:	Account #:
☐ **MO**	Renewal Date:	Account #:
☐ **NV**	Renewal Date:	Account #:
☐ **OH**	Renewal Date:	Account #:
☐ **OK**	Renewal Date:	Account #:
☐ **TX**	Renewal Date:	Account #:
☐ **WI**	Renewal Date:	Account #:

IP-VIS Profile Preparer

ITSP Account Profile	
Completed By:	Title:
Telephone Number:	Date:

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