**CRTC INTERCONNECTION STEERING COMMITTEE**

**CONTRIBUTION FORM:**

**Working Group:        CSCN                                  Date of Submission: 2024-03-08**

**Contribution #:**

**TIF File ID: CNCO226A**

**Task Title: Thousands Block Pooling Questions Team**

**Related to Task(s) ID:**

**Contributor:**

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**Distribution to: CSCN**

**Subject: Comparison of Canadian Part 1 Form with that being used in the US**

**Canadian Part 1 - CO Code Assignment, Reservation, Information Change, or Return**

This Part 1 form is to be used by a Code Applicant or Code Holder to apply for a CO Code Assignment, Reservation, Information Change, or Return. Use one Part 1 form for each CO Code (NXX) requested. One Part 1 form may be used to make the same information change for more than one CO Code or to return more than one CO Code. Electronically submit the completed form to the Canadian Numbering Administrator (CNA).

As of the date of issue of this form, the CNA contact information is:

Telephone: (+1) 613 702-0016

E-mail: COCodeApps@cnac.ca

Postal address: 880 Taylor Creek Dr, Rm 102, Orleans, ON K4A 0Z9

See <http://www.cnac.ca/about/contact_us.htm> for updates to CNA contact information.

If this is the first time that you have submitted a form to the CNA that must be signed by an Authorized Representative, please send a signed copy of this form electronically to the CNA.

I hereby certify that the following information is true and accurate to the best of my knowledge and that this application has been prepared in accordance with the currently applicable version of the Canadian Central Office Code (NXX) Assignment Guidelines.

|  |
| --- |
|  |
| Name of Authorized Representative of Code Applicant or Code Holder |
|  |
| Signature of Authorized Representative of Code Applicant or Code Holder |
|  |
| Title |
|  |
| Date |

|  |
| --- |
|  |

1. **GENERAL INFORMATION**
	1. **Contact Information:**

**Code Applicant or Code Holder:**

|  |  |  |  |
| --- | --- | --- | --- |
| Entity Name: |       | Contact Name: |       |
| Address: |       | City, Province,  Postal Code: |            |
| Telephone: |       | Facsimile: |       |
| E-mail: |       |  |  |

US form also has Headquarters Address and Code Administrator Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | NPA(s): |       | LATA: |  888 |  | OCN: |       |
|  | Switch Identification (Switching Entity / POI)[[1]](#footnote-2): |       |
|  | City or Wire Center Name: |       | Exchange Area[[2]](#footnote-3) |       |

US form has Parent Company’s OCN, Homing Tandem Operating Co. and Tandem Homing CLLI

* 1. **Dates:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Application |       |  Requested Effective Date[[3]](#footnote-4) |       |

A response to this application will be provided to the Code Applicant or Code Holder within fourteen calendar days from the date the CNA receives this application.

[ ] 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.

**Request Expedited Treatment:** [ ]  **Yes** [ ]  **No**

Expedite documentation must be provided is “Request Expedite” = Yes

**Expedite Explanation:** Click here to enter text.

* 1. **Details relating to CO Code Assignment or Reservation[[4]](#footnote-5):**

|  |  |
| --- | --- |
| a) | In accordance with Telecom Regulatory Policy CRTC 2024-26, an attestation is required from applicants and their authorized representative(s) requesting geographical NANP numbers. I attest: |
| [ ]  | the newly assigned numbers will be used only for services that require geographic NANP numbers; |
| [ ]  | resources other than NANP geographic resources (such as non-geographic numbers or dummy numbers) cannot be used instead; and,  |
| [ ]  | the carrier does not have unused numbering resources from previous assignments that can be used instead. |
|  |  |
| b) | Type of Entity |
| [ ]  | Local Exchange Carrier  |
| [ ]  | Wireless Carrier  |
| [ ]  | Other (specify)       |
|  |  |
| c) | Type of service for which code is being requested: |
|  |       |

|  |  |
| --- | --- |
| d) |  Provide a traceable reference to the certification or authorization required by providing the certification type, date and reference number or provide other explanation: |
|  |  |
|  |  |  |
|  |  |
|  |       |
|  |  |  |
| e) | CO Code (NPA-NXX) preference(s) |       (optional) |
|  |  |
| f) | Undesirable CO Code(s) (NPA-NXX(s)) |       (optional) |

1. Type of Company/Entity Requesting Code (LEC, IC, CMRS, Other): Click here to enter text.
2. Type of Service (e.g., Cellular – Type 2): Click here to enter text.
3. Code Assignment Preference (Optional): Click here to enter text.
4. Codes that are Undesirable, if any: Click here to enter text.
5. Type of Change (Mark all that apply):

[ ] **OCN: Intra-company[[5]](#footnote-6)** [ ] **Switching Id** [ ] **Rate Center** [ ]  **Tandem Homing CLLI**

[ ] **OCN: Inter-company[[6]](#footnote-7)** [ ] **Effective Date** [ ] **LATA** [ ] **Extended Reservations**

* 1. **Type of Application:**

**Pool Indicator[[7]](#footnote-8):** [ ] **Yes** [ ] **No**

|  |
| --- |
| **CO Code Assignment:** |
| [ ]  | Initial Code for new Switching Entity/POI |
| [ ]  | Additional Code for Growth (Applicant must complete Section 1.6 and Appendix B) |
| [ ]  | Additional Code for Unique Purpose (Applicant must complete Section 1.7) |

|  |
| --- |
| **CO Code Reservation:**[[8]](#footnote-9) |
| [ ]  | Initial Code |
| [ ]  | Additional Code for Growth (Applicant must complete Section 1.6)  |
| [ ]  | Additional Code for Unique Purpose (Applicant must complete Section 1.7) |

|  |  |
| --- | --- |
| **Information Change:** NPA-NXX(s) affected -  |       |
|  Type of change: |  Details (provide attachment if needed):  |
| [ ]  | OCN  |        |
| [ ]  | Switching Entity / POI |        |
| [ ]  | Effective Date |        |
| [ ]  | Exchange Area |        |
| [ ]  | Other |        |

|  |
| --- |
| **Return of CO Code(s)**: |
| [ ]  | NPA-NXX(s) being returned (provide attachment if needed): |       |
|  | Were these CO Code(s) entered into BIRRDS? . . . . . . . . . . . . . . . . Yes [ ]  No [ ]  |
|  | Do these CO Code(s) include any ported numbers or pending ports? Yes [ ]  No [ ]  |
|  | If yes, list CO Code(s) with ported numbers or pending ports: |       |
|  |  |  |

* 1. **Additional CO Code for Growth (See Section 4.2.1 of the Guidelines):**

The criteria for assignment of an Additional Code for Growth to a Switching Entity/POI are that:

* existing telephone numbers reported as available for assignment includes either all telephone numbers assigned within one Switching Entity/POI per unique Exchange Area or all telephone numbers assigned within the Exchange Area; and
* existing telephone numbers are projected to exhaust within 12 months where no Jeopardy Condition exists, or, where a Jeopardy Condition exists, within 4 months or other period specified in an approved Jeopardy Contingency Plan.

Select the applicable situation below:

|  |  |
| --- | --- |
| [ ]  | No NPA Jeopardy Condition:  |
|  | I hereby certify that the telephone numbers in existing CO Code(s) as defined above for the Switching Entity/POI or Exchange Area are projected to exhaust within 12 months of the date of this application and that the months-to-exhaust is documented on an Appendix B submitted to the CNA . |
| [ ]  | NPA Jeopardy Condition (see Section 9.5 of the Guidelines): |
|  | I hereby certify that the telephone numbers in existing CO Code(s) (NXX) as defined above for the Switching Entity/POI or Exchange Area are projected to exhaust within 4 months of the date of this application, or within the period specified in an approved Jeopardy Contingency Plan, and that the months-to-exhaust is documented on an Appendix B submitted to the CNA. |

Another criterion for the assignment of an Additional Code for Growth to a Switching Entity/POI is certification below that the requirements of Appendix G (Reserved and Held Telephone Numbers) are met:

|  |  |
| --- | --- |
| [ ]  | I hereby certify that the quantity of Telephone Numbers Reserved and Held for customers in existing CO Codes assigned to the Switching Entity/POI for the applicable Exchange Area and service complies with Appendix G (Reserved and Held Telephone Numbers). |

* 1. **Additional CO Code for a Unique Purpose (See Section 4.2 of the Guidelines):**

A criterion for assignment of an Additional Code for a Unique Purpose is that no CO Code has been assigned for that purpose to the Switching Entity/POI. The Applicant must justify why an additional CO Code is required and explain why existing resources assigned to the applicant cannot satisfy this requirement[[9]](#footnote-10).

|  |  |
| --- | --- |
| [ ]  | **Code is necessary for distinct routing, rating or billing purposes** |
|  | Explanation: |       |

|  |  |
| --- | --- |
| [ ]  | **Code is necessary for reasons other than distinct routing, rating or billing purposes** |
|  | Explanation: |       |

This is a copy of the US Central Office Code (NPA-NXX) Application - Part 1

**Revised: October 30, 2019**

**Tracking Number:** Click here to enter text.

**Type of Application:** [ ] **New** [ ] **Change[[10]](#footnote-11)** [ ] **Delete**

***1.0 General Information***

***1.1 Contact Information***

***Code Applicant***

**Company/Entity Name:** Click here to enter text.

**Headquarters Address:** Click here to enter text.

**City, State, Zip:** Click here to enter text.

**Contact Name:** Click here to enter text.

**Contact Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **ZIP:** Click here to enter text.

**Phone:** Click here to enter text. **Fax:** Click here to enter text. **E-mail:** Click here to enter text.

***Code Administrator[[11]](#footnote-12)***

**Name:** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **ZIP:** Click here to enter text.

**Phone:** Click here to enter text. **Fax:** Click here to enter text.

**1.2 NPA:** Click here to enter text. **NXX[[12]](#footnote-13):** Click here to enter text. **LATA:** Click here to enter text.

**OCN[[13]](#footnote-14):** Click here to enter text. **Parent Company’s OCN(s):** Click here to enter text.

**Switching Identification (Switching Entity/POI)[[14]](#footnote-15):** Click here to enter text.

**Locality/City/Wire Center:** Click here to enter text. **Rate Center[[15]](#footnote-16):** Click here to enter text.

**Homing Tandem Operating Co[[16]](#footnote-17):** Click here to enter text.

**Tandem Homing CLLITM[[17]](#footnote-18):** Click here to enter text.

**1.3 Dates**

**Date of Application:** Click here to enter a date. **Requested Effective Date[[18]](#footnote-19),[[19]](#footnote-20):** Click here to enter a date.

[ ]  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.

**Request Expedited Treatment:** [ ]  **Yes** [ ]  **No**

Expedite documentation must be provided is “Request Expedite” = Yes

**Expedite Explanation:** Click here to enter text.

**1.4**

1. Type of Company/Entity Requesting Code (LEC, IC, CMRS, Other): Click here to enter text.
2. Type of Service (e.g., Cellular – Type 2): Click here to enter text.
3. Code Assignment Preference (Optional): Click here to enter text.
4. Codes that are Undesirable, if any: Click here to enter text.
5. Type of Change (Mark all that apply):

[ ] **OCN: Intra-company[[20]](#footnote-21)** [ ] **Switching Id** [ ] **Rate Center** [ ]  **Tandem Homing CLLI**

[ ] **OCN: Inter-company[[21]](#footnote-22)** [ ] **Effective Date** [ ] **LATA** [ ] **Extended Reservations**

**1.5 Type of Request (Initial, Growth etc.):** Click here to enter text.

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[[22]](#footnote-23):** [ ] **Yes** [ ] **No**

**1.6 NPA Jeopardy Criteria Apply:** [ ] **Yes** [ ] **No**

**1.7 Code Request for New Service (Explain):** Click here to enter text.

**1.8**

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.

**Comments:** Click here to enter text.

I hereby certify that the above information requesting a CO Code is true and accurate to the best of my knowledge and that this application has been prepared in accordance with the Thousands-Block and Central Office Code Administration Guidelines (TBCOCAG) posted to the ATIS web site (<http://www.atis.org/inc/incguides.asp>) as of the date of this application.[[23]](#footnote-24)

 Click here to enter text. Click here to enter a date.

**Signature**

1. This is the 11‑character iconectiv® COMMON LANGUAGE® CLLITM of the Code Applicant's Switching Entity/POI (physical or virtual). (CLLI is a trademark of iconectiv LLC and COMMON LANGUAGE is a registered trademark of iconectiv LLC). [↑](#footnote-ref-2)
2. The Exchange Area on this form and on the Appendix B worksheet shall be a tariffed Exchange Area and shall be the Exchange Area where the CO Code will be or is assigned, rather than the Exchange Area containing the Switch Identification (Switching Entity/POI) CLLI, which may be the same or different. The name of the Exchange Area is generally the same as the name of the Rate Center. [↑](#footnote-ref-3)
3. For a CO Code assignment, the requested Effective Date shall be no earlier than 66 days and no later than 6 months after the date of application. The requested Effective Date for a CO Code reservation shall be no more than 12 months after the date of application. [↑](#footnote-ref-4)
4. Completion of section 1.4 is not required for a Return. [↑](#footnote-ref-5)
5. Select if you are the current Central Office (CO) Code Holder [↑](#footnote-ref-6)
6. Select if you are not the current Central Office (CO) Code Holder [↑](#footnote-ref-7)
7. The Applicant shall indicate “Yes” if the Central Office (CO) Code being requested shall be used for Thousands-Block Number Pooling and shall leave this field blank if it is not. [↑](#footnote-ref-8)
8. A CO Code that was reserved for an Applicant is not assigned to the Applicant, and must not be activated unless the Code Applicant has submitted a new Part 1 Request for a CO Code Assignment and the CO Code has been assigned to the Applicant [↑](#footnote-ref-9)
9. [↑](#footnote-ref-10)
10. Identify type and reason for change(s) in Section 1.4(e). [↑](#footnote-ref-11)
11. A list of the current Code Administrator(s) who can provide assistance in completing this form is available upon request from the North American Numbering Plan Administrator (NANPA). [↑](#footnote-ref-12)
12. The NXX field is required for any Central Office (CO) Code (NPA-NXX) request in which there is a change or the CO Code is being returned. [↑](#footnote-ref-13)
13. Operating Company Number (OCN) assignments must uniquely identify the applicant. Relative to Central Office (CO) Code (NPA-NXX) assignments, NECA-assigned Company Codes may be used as OCNs. Companies with no prior CO Code or Company Code assignments may contact NECA (800-228-8597) 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 Telecom Routing Administration (TRA) on 732-699-6700. [↑](#footnote-ref-14)
14. This is an eleven-character descriptor of the Switching Entity/Point Of Interconnection (POI) provided by the owning entity for the purpose of routing calls. This is the eleven-character iconectiv® Common Language Location Identification (CLLI™) Code of the applicant’s Switching Entity/POI. (iconectiv®, Telcordia®, and Common Language® are registered trademarks and CLCI™, CLLI™, LERG™ Routing Guide and TPM™ Data Source are trademarks and the Intellectual Property of Telcordia Technologies, Inc. dba as iconectiv.) [↑](#footnote-ref-15)
15. Rate Center name shall be a tariffed Rate Center associated with toll billing. [↑](#footnote-ref-16)
16. Applies to any Central Office (CO) Code Applicant connecting to the Public Switched Telephone Network via a tandem owned by a different Service Provider (SP). [↑](#footnote-ref-17)
17. This is an eleven-character descriptor provided by the owning entity for the purpose of routing calls. This shall be the CLLI Code of the Switching entity/Point of Interconnection (POI), and is the same on Part 2, Form 1, Page 2 of 2. [↑](#footnote-ref-18)
18. Central Office (CO) 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 CO Code. Such arrangements are outside the scope of these guidelines. [↑](#footnote-ref-19)
19. Requests for Central Office (CO) Code assignment shall not be made more than six months prior to the requested Effective Date. [↑](#footnote-ref-20)
20. Select if you are the current Central Office (CO) Code Holder [↑](#footnote-ref-21)
21. Select if you are not the current Central Office (CO) Code Holder [↑](#footnote-ref-22)
22. The Applicant shall indicate “Yes” if the Central Office (CO) Code being requested shall be used for Thousands-Block Number Pooling and shall leave this field blank if it is not. [↑](#footnote-ref-23)
23. An incomplete form may result in delays in processing this request. [↑](#footnote-ref-24)