



Telephone Number Responsibility Release Form

Thank you for your interest in transferring your existing telephone numbers into the PATLive system. In order to complete this transfer, you will need to fill out these two sheets. Please keep in mind that it may take up to 3 weeks to complete this transfer once the information has been sent to Global Crossing.

Your carrier must release the number in order for PATLive to take over your service. Not all carriers release numbers; we suggest asking your carrier before proceeding with this process.

1. This page should have your name and signature, authorizing the number transfer and the associated processing fee of \$15 per number.
2. The Toll-Free Portability Request page provides authorization for Global Crossing to verify your ownership of the number prior to the transfer. In order to avoid fraud, carriers will deny any transfer if the information does not exactly match their records. We suggest you call your carrier to verify the information they have on record when you fill out this form. If you do not have a business name, please print your name on that line. Do not leave it blank.
3. Attach the address portion of a recent billing statement from your current provider to a copy of your Customer Service Record. This is a file obtained from the company providing your service. Some providers are merely resellers, and this Customer Service Record includes information about the company actually providing the service. Failure to provide this proof of ownership may delay or void your transfer request.

Please note that if you transfer a number to us and later cancel your PATLive service, you have 3 months to transfer the number out of PATLive. If you do not transfer the number out of our system within 3 months from the time of cancellation, we reserve the right to assign the number to another customer.

You hereby authorize PATLive to become the responsible organization for the following phone numbers:

Phone Number 1 ____ - ____ - _____	Phone Number 2 ____ - ____ - _____	Phone Number 3 ____ - ____ - _____
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Phone Number 4 ____ - ____ - _____	Phone Number 5 ____ - ____ - _____	Phone Number 6 ____ - ____ - _____
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Print Name

Signature

Date

PATLive Account Number (if applicable)



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Letter of Authorization for Toll Free Numbers and RespOrg Transfers (Carrier LOA)

The undersigned authorizes Broadvox to act as the
Responsible Organization (Resp Org) for the following Toll Free numbers:

Toll Free Number required	Areas of Service ¹ required	Current RespOrg ID	New Resp Org ID
			CFN01
			CFN01
			CFN01

Please email all rejections to TollFree@Broadvox.com.

Print Name _____ Date - -2011 Signature _____

Account Name:	
Address:	
City, State, Zip	
Telephone Number:	
Fax Number:	

Date Received:	Comments:

This Letter of Agency ("LOA") hereby authorizes release of all customer proprietary network information ("CPNI"), as defined in 47 U.S.C. §222, to Broadvox LLC. Such CPNI shall include but not be limited to customer name and number, billing records, service records, and network and equipment records for the purpose of providing telecommunications or information services. This LOA will become effective on signature date and will remain in effect unless revoked in writing prior to that date.

1. Parties acknowledge that [Your Company Name] has obtained customer proprietary network information ("CPNI") as that term is defined in 47 U.S.C. §222.
2. [Your Company Name] authorizes Broadvox to use, disclose or access such CPNI as needed for the provision of telecommunications services to [Your Company Name]'s end user customers. Such use and disclosure includes, but not be limited to, population of CNAM databases by third party providers.
3. Parties acknowledge that pursuant to 47 C.F.R. §64.2005, [Your Company Name] may use, disclose, or permit access to CPNI for the purpose of providing service without authorization from its customers.
4. [Your Company Name] agrees that it will not require Broadvox to use, disclose or access CPNI for any reason other than for the provision of telecommunications or information services, as provided in 47 C.F.R. §64.2005(a). To the extent that Broadvox's performance of this Agreement includes activities outside the scope of those permitted in 47 C.F.R. §64.2005(a), [Your Company Name] will provide Broadvox with any necessary written customer authorization for the use, disclosure or access to CPNI prior to Broadvox' performance of those activities.
5. Broadvox agrees to take all reasonable steps to protect CPNI provided to it by [Your Company Name] in compliance with 47 U.S.C. §222.

¹ US Only (US)
US & Canada (XA)
US & Caribbean (XB)
US, Canada & Caribbean (XC)
Carrier Letter of Agency