

Tracy W. Hatch General Attorney AT&T Florida FILED AUG 11, 2015 DOCUMENT NO. 05041-15 FPSC - COMMISSION CLERK

AT&T Legal Department 675 W. Peachtree St, NW Suite 4324 Atlanta, GA 30308-0001 T: 404.927.5291 F: 404.927.3636 <u>th9467@att.com</u>

August 11, 2015

Carlotta S. Stauffer, Commission Clerk Office of the Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

REDACTED



Re: Docket No.: $\frac{|SO|83-TA|}{|SO|83-TA|}$ Petition for Expedited Review of Growth Code Denials by the Number Pooling Administrator for the Tallahassee exchange

CONFIDENTIAL INFORMATION

Dear Ms. Stauffer:

TCG South Florida, pursuant to Section 364.183(3), Florida Statutes and Rule 25-22.006(5), Florida Administrative Code, hereby makes a claim of confidentiality for certain information contained in Attachments 1 and 2 to TCG South Florida's Petition for Expedited Review of Growth Code Denial in the above captioned *new* docket. Attachments 1 and 2 contain confidential and proprietary business information that should be held exempt from public disclosure. As required by Rule 25-22.006(5), enclosed are the confidential and two redacted copies of each attachments. The Petition for Expedited Review of Growth Code Denial was also filed on this same day.

Sincerely,

Tracy W. Hatch

TWH/mhs Attachments

cc: Elise R. McCabe

1137152

COM AFD _____ APA ECO ENG GCL IDM Redact CLK

Part1A

ATTACHMENT 1 https://www.nationalpooling.com/pas/print_form.jsp

TBPAG Attachment 1 - January 12, 2015

Thousands-Block Application Form - Part 1A

Tracking Number:

850-TALLAHASSE-FL-865697

Individual Block Request

Type of Application:

New

Change¹ Disconnect

GENERAL APPLICATION INFORMATION

1.1 Contact Information:

Block Applicant:

<u>n</u>
(+

Check one : No LRN needed ____ LRN needed iii ____

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NPA: 850	LATA: 953	OCN: ^{iv} 8300	Parent Company's OCN <u>7125</u>
Number of The	ousands-Blocks Requ	ested : 1	
Switch Identifie	cation (Switching En	tity/POI): ^v	TLHSFLXAX8Y
Rate Center: vi	TALLAHASSE		
1.3 Dates:		*	
			7.5

Date of Application: vii07/30/2015Requested Block EffectiveDate: viii08/30/2015

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? (See Section 8.6) Yes _____No ___X

1.4 Type of Service Provider Requesting the Thousands-Block :

a) Type of Service Provider : <u>CAP OR CLEC</u> (LEC, IXC, CMRS, Other)

b) Primary type of service Blocks to be used for : Wireline

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)

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)

 \square OCN: Intra-company ^{ix} \square Switching Id \square Part 1B

 \square OCN: Inter-company ^x \square 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:

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 (http://www.atis.org/inc) or by contacting inc@atis.org as of the date of this application.

Signature of Block Applicant

Title

07/30/2015 Date

Instructions for filling out each Section of the Part 1A form:

Section 1.1 Contact information requires that Service Providers supply under "Block Applicant" the company name, company headquarters address, a contact within the company, an address where the contact person may be reached, in addition to the correct phone, fax, and e-mail address. The Pooling Administrator section also requires the Service Provider to fill in the Pooling Administrator's name, address, phone, fax and e-mail.

Section 1.2 Service Providers who need a thousands-block assignment or for an Location Routing Number (LRN) are required to fill in this section. If needed for an LRN, a CO Code Application needs to also be submitted to the PA. The Service Provider should supply the Numbering Plan Area (NPA); the Local Access

Transport Area (LATA), which is a three-digit number that can be found in the iconectivTM LERGTM Routing Guide. The Operating Company Number (OCN) assigned to the service provider and the OCN its parent company. An OCN is a four-character alphanumeric assigned by iconectiv Telecom Routing Administration (TRA). In addition, the number of thousands-blocks requested should be supplied. The Switch Identification as well as the city or wire center name, rate center, rate center sub zone, homing tandem and CLLITM tandem of the facilities based provider ^{xi}. Explanations of these terms may be found in the footnotes.

Section 1.3 The date the Service Provider completes the application should be entered in this section, as well as the Effective Date of the requested thousands-block.

Section 1.4 Service Providers should indicate their type, e.g., local exchange carrier, competitive local exchange carrier, interexchange carrier, CMRS. The also indicate the primary type of business in which the numbering resource is to be used. Service Providers also may indicate their preference for a particular thousands-block, e.g., 321-9XXX, or indicate any thousands-blocks that may be undesirable, e.g., 321-6XXX.

Section 1.5 Service Providers indicate the type of request. Initial requests are for first applications for thousands-blocks in a rate center, growth for additional thousands-blocks in a rate center in which the applicant already has numbering resources, and provide the required evidence as ordered by the FCC.

Section 1.6 Service Providers must indicate the updated/current information in regards to contaminated TNs on the block they are returning to the pool. Blocks with over 10% contamination (101 TNs or more) shall not be returned to the pool unless they meet criteria outlined in section 9.1.2 of these Guidelines. If the block being returned is over 10% contaminated the PA shall seek a new block holder. If question c and/or d have a response of No, the request for return shall be denied.

The thousands-block applicant certifies veracity of this form by signing their name, and providing their title and date.

Footnotes:

4 of 5

ⁱ Identify the type of change(s) in Section 1.5.

ⁱⁱ The Pool Administrator is available to assist in completing these forms.

iii A CO Code application will also need to be submitted to the PA.

^{iv} 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 should contact NECA (800 524-1020) to be assigned a Company Code(s). Since multiple OCNs and/or Company Codes may be associated with a given company, companies with prior assignments should direct questions regarding appropriate OCN usage to (TRA) (732-699-6700).

4

^v This is an eleven-character descriptor of the switch provided by the owning entity for the purpose of routing calls. This is the 11 character CLLITM code of the switch /POI.

vi Rate Center name must be a tariffed Rate Center.

^{vii} Acknowledgment and indication of disposition of this application will be provided to applicant within seven calendar days from the date of receipt of this application. An incomplete form may result in delays in processing this request.

vill Please ensure that the NPA-NXX of the LRN to be associated with this block(s) is/will be active in the PSTN prior to the effective date of the block(s).

ix Select if you are the current Block Holder.

x Select if you are not the current Block Holder

xi LERG Routing Guide, and CLLI are trademarks of Telcordia Technologies, Inc. dba iconectiv

Appendix 3

January 12, 2015

MONTHS TO EXHAUST and UTILIZATION CERTIFICATION WORK SHEET - TN Level¹

(Thousands-Block Number Pooling Growth Block Request)

Tracking Number: 850-TALLAHASSE-FL-865697

Date: Thursday, July 30, 2015 OCN:8300 Company Name: TCG SOUTH FLORIDA

Rate Center: TALLAHASSE

List all Codes NPA(s)-NXX(s) and Blocks NPA(s)-NXX-X(s)²:<u>NPA NXX BLOCK ID 850 300 4</u> 850 300 5 850 300 6 850 692 A 850 692 0 850 895 5 850 895 8 850 907 6

Name of Block Applicant:	Signature:	1
Title FAX No.	Telephone No.;	
E-Mail		и ж
A. Available Numbers		
B. Assigned Numbers:		
C. Total Numbering Resources		

D. Quantity of numbers activated in the past 90 days (increments of 1,000 or 10,000) and excluded from the Utilization calculation ³

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

Month Month Month Month Month Month Month Month Month Month

MTE Block

4

https://www.nationalpooling.com/pas/print_form.jsp

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
E. Growth History - Previous 6 months ⁴	7.											
F. Forecast - Next 12 months ⁵				1								
G. Average M	Ionthly I	⁷ orecas	t (Sum	of mon	ths # 1	-6 (Part	F abov	ve) divid	ied by	6)		
H. Months to Exhaust ⁶ =	<u>Numbe</u> Av		istome	rs(A)		<u>t to</u>				90 1		
		Block 1	Reques 1	ted		Availab	le Num	bers	9	<u>Months</u>	<u>s To Ex</u> 6.145	haust
I. Utilization ⁷ =		Assigr	ied Nur	nbers(I	<u>3)</u>	Х	100 =	<u>6</u>	8.4			
	Fotal Nu		g Resou umbers)-Excl	uded						
Explanation: _												
¹ A copy of thi	s worksh	eet is r	equired	to be s	submitt	ed to th	e Pooli	ng Adn		tor whe		

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.

²Report on all resources for the requested geographic area, including newly acquired blocks/codes.

³Quantity 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).

 4 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.

⁵Forecast of TNs needed in each following month, starting with the most recent month as Month #1.

⁶To 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, section 52.15 (g) (3) (iii)).

⁷Newly acquired numbers may be excluded from the Utilization calculation (FCC 00104, section 52.15 (g)(3)(ii))

January 12, 2015			Attachment 3
ATIS-0300066.at3			
Pooling	g Administrator's R TBPAG I	esponse/Confirmatic Part 3	n
Tracking Number :	850-TALLAHASSE FL-865697	5-	
Date of Application:	07/30/2015	Effective Date:	
Date of Receipt:	07/30/2015	Date of Response	: 07/30/2015
Service Provider Name:	TCG SOUTH FLO	RIDA	ст Г
(iconectiv TM LERG TM Routing Guide) OCN:	8300		and a second
Parent Company OCN:	7125		
NPAC SOA SPID : Pooling Administrator C	ontact Information:		
Dara Flowers	Phone	5	925-363-8730
Signature of Pooling Ad			
Dara Flowers	Fax:		925-363-7697
Name (print) Email:	1		
Eman.	uara.n	owers@neustar.biz	
NPA-NXX or NPA-NXX-X :	I	Block Assigned:	2
8	I	Block Reserved :	
		Block Reservation xpiration Date :	
		Block/Code Aodified :	
		Block/Code Pisconnected :	
Block Contaminate	d(Yes or No) :		
If Yes, enter the nun	aber of TNs contam	inated :	14
Switch Identification	n(Switch Entity/PO	I): ¹	TLHSFLXAX8Y

9

1 of 2

Part3 ×.

Rate Center:

TALLAHASSE

× Form Complete, request denied.

Explanation:

DR-57: You do not meet the MTE and/or Utilization requirements, therefore this request for a new block is denied. You may proceed with requesting a State Waiver from the appropriate state commission using this Part 3 denial. If you are in disagreement with the disposition of this request, please refer to the Thousands-Block Number (NXX-X) Pooling Administration Guidelines for the appeals process.

Request withdrawn.

Explanation:

____Assignment activity suspended by the administrator.

Explanation:

Remarks:

¹ This is an eleven-character descriptor provided by the owning entity for the purpose of routing calls. This must be the CLLI TM Location Identification code of the switching entity/POI shown on the Part 1A form (LERG ROUTING Guide and CLLI are trademarks of Telcordia Technologies, Inc. dba iconectiv)

Tailahassee Utilization Summary Report

Tallahassee TLHSFLXAX8Y 6			
	·		
Tallahassee TLHSFLATBMD 1			

Customer Contact Information

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