



The Standard Letter of Authorization Document

A Letter of Authorization (LOA) must be completed by the end-user and supplied to Lumen upon request. The LOA must contain the name and current service address of the end-user and the numbers that will be ported to Lumen from the end-user's current carrier. The LOA used must comply with FCC regulations and must be dated and signed by the end-user or a person who has the authority to act as a legal agent.

Dear Customer,

Thank you for choosing **Lumen** as your network carrier. As you are aware, you may continue to use your existing telephone number with Lumen. In order to transition your current telephone number(s) to the **Lumen** network, **Lumen** must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your prior service provider requires this letter as proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another service provider. By filling in all the information requested below and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to **Lumen**. You will then be able to use your old number with the **Lumen** network.

Please ensure the following information is completed accurately to prevent possible delays.

End-User Name (Business or Residential): _____

Person authorized to make this request if a business: _____

Service Street Address: _____ Suite or Apartment No: _____

City: _____ State: _____ ZIP Code: _____

Current Service Provider: _____

***Note: All Telephone Numbers listed below must be associated with this Name. Some carriers require a BTN (Billing Telephone Number) to pull the initial CSR while others may require the Account Number upon the port request submission. Please include all available account information to aid in meeting these varied requirements.**

<u>Beginning Range TN</u>	<u>End Range TN</u>	<u>Billing TN / Account Number</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

Check this box to include an additional record of additional associated telephone numbers (or physical addresses) related to this order as an attachment. (Included alongside this order documentation)

PLEASE REMOVE ANY FEATURES (i.e., Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS OR DISCONNECTS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

If you wish to select **Lumen** as your new service provider for the telephone number listed on this form, you will need to sign your initials on the THREE (3) lines below, as applicable:

I select _____ (initials) Lumen as the network carrier for all local calls for this number.

I select _____ (initials) Lumen as the network carrier for all intrastate toll calls for this number.

I select _____ (initials) Lumen as the network carrier for all interstate toll and international calls for this number.

If you want to receive service on the Lumen network, you will need to select **Lumen** in ALL THREE (3) spaces above. You may not have more than one carrier for each TYPE of service above.

By signing below, I designate **Lumen** to transfer my service from my current provider to **Lumen**. By signing below, I also authorize **Lumen** to transfer my current telephone number used to provide service so that Lumen may provide its network service to me. By signing below, I also authorize **Lumen** to obtain billing information, customer service records, and other information required to provide me with service on the **Lumen** network. I understand that I may consult with **Lumen** as to whether a fee will apply to the change.

Printed End-User Name: _____ Date: _____

Signature: _____