



**PORTING AUTHORIZATION**

I, (Name) \_\_\_\_\_ certify that I am an authorized representative of (Company Name) \_\_\_\_\_ and hereby authorize Pacific Bell Inc to act on my behalf and to take the necessary steps in order to port my telephone number(s) to the Pacific Bell Inc. By signing below, I understand that I am granting Pacific Bell Inc the authority to communicate with my current telephone service provider(s) as well as complete any and all paperwork on my behalf in order to port my phone number(s) away from my current telephone service provider(s) to Pacific Bell Inc. I understand that either my electronic or written signature of this request may be accepted. I agree to send Pacific Bell Inc a current telephone bill copy as described at the top of this form.

I further understand that my current telephone service provider may charge for changing service providers and that I will be responsible for any such charge(s). I understand that I will be informed if my number is not portable to the Pacific Bell Inc. I understand that the standard porting time is fourteen (14) to sixty (60) days, and that porting of my number is dependent upon release of my number(s) from my current carrier.

	PHONE NUMBER(S)	PORT DATE REQUESTED		PHONE NUMBER(S)	PORT DATE REQUESTED
1			6		
2			7		
3			8		
4			9		
5			10		

*\*Please attach an excel sheet for additional numbers*

*\*Do not include Toll-Free numbers in this form*

**ADDITIONAL PORTING INFORMATION**

Account Number:		Billing Telephone Number:	
*PIN/SSN:		**New BTN:	

*\*Please provide the PIN or the last 4 digits of the Social Security Number (SSN) when porting a wireless number*

*\*\*Partial Ports - If you are porting the BTN, please identify a new BTN for the numbers being left behind.*

**IMPORTANT: Do not cancel service with your current phone service provider until you receive notice that your number has been successfully ported and is active on Pacific Bell Inc. To do so will cause you to lose your phone number(s). Cancellation of a LNP request incur cancellation fees. Refer to your Terms of Service Agreement for information on these fees.**

**CUSTOMER INFORMATION**

Company Name:		Service Address:				
Authorized Name:		Email Address:				
Authorized Signature:		Title:		Date:		Recv'd



### RESPORG CHANGE REQUEST

The undersigned Toll-Free number holder does hereby appoint BluWyre as the Responsible Organization for toll-free numbers.

Today's Date: \_\_\_\_\_

Toll Free Numbers:


NEW RESPORG	<b>WLS27</b>	CURRENT RESPORG	_____
New RespOrg Contact:	EASTERN REP		
New RespOrg Telephone #:	<u>(541) 593-2900</u>		
New RespOrg Fax #:	<u>(541) 593-2090</u>		

Customer Information:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

Authorized Customer Contact: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Authorized Customer Tel #: \_\_\_\_\_

Authorized Customer Fax #: \_\_\_\_\_

Authorized Customer Signature: _____	Date _____
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