NORTH AMERICAN
INCUMBENT COMPANY CODE REQUEST FORM

CONTACT INFORMATION

Requestor’s Name (Person)  

Voice Number  

Employer  

Fax Number  

Mailing Address  

Email Address  

Date of Request

SUBMIT $425 FOR EACH NEW CODE REQUESTED**
Make check/money order payable to “NECA” and note the company name on the memo line.
** Contact Your Regional Member Service Manager to determine the number of required codes.

COMPANY INFORMATION

Full Legal Entity/Company Name  

Address of Corporate Headquarters  

State(s) in which company code(s) are being requested

NECA MUST BE NOTIFIED OF ANY COMPANY OR CONTACT CHANGES.
Companies operating in more than one state/area may be assigned multiple codes, one code for the overall company and an additional code for each state/area in which the company operates. Companies operating in only one state/area will be assigned only one code per service that will act as an overall and state/area specific code.

RETURN:
FORM AND DOCUMENTATION TO:
NECA Regional Office – Member Service Manager
(See Page 2 for Phone and Fax Numbers)

CHECK/MONEY ORDER AND COPY OF THIS FORM SHOULD BE RETURNED TO:

ACH OR WIRE TRANSFER OR - US POSTAL SERVICE DELIVERY:

NECA Administrative Account
NECA
ABA Transit: 021407912
P.O. Box 2003
Account #7057249123
Hicksville, NY 11802
NORTH AMERICAN INCUMBENT COMPANY CODE REQUEST FORM

1. Do you desire a new company code?  YES  NO  (circle one)
(Each transaction will be handled individually and may or may not require a new company code)

2. Reason for requesting new Company Codes? (Check all that apply)
   _____Merger
   _____Acquisition (describe: ____________________________________________)
   _____Sale of Exchanges
   _____Formation of a New Company

   Please specify existing company names and company codes or study area codes involved in this transaction:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. What is the Effective Date of this Transaction?______________________________

4. Please contact your NECA Regional Member Services Manager to obtain a list of required documents to submit relative to this transaction (e.g., PUC Approval, FCC Approval, Articles of Incorporation, Issuing Carrier Contact, Listing of CLLI™ Codes and NPA/NXXs, Statement of Intent to Participate in NECA’s Pools, etc.)

   Region:        Phone Number:    Fax Number:
   Eastern Region  (800) 228-8398    (800) 228-8563
   Southern Region (800) 223-7751    (800) 551-3038
   Southwestern Region (800) 351-9033  (800) 774-2481
   Western Region   (800) 892-3322    (800) 551-1328
   North Central Region (800) 228-0180  (800) 367-5058

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1 CLLI is a registered trademark of iconectiv