**Add \_\_\_\_\_ Change\_\_\_\_\_ Disconnect \_\_\_\_\_**

1. Legacy ES \_\_\_\_ Wireless \_\_\_\_ NextGen \_\_\_\_ Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Effective Date (Estimated Date of Completion): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. If applicable – ECN Billing Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. If applicable – ECN Billing End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Carrier Requesting LOA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Point of contact name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Point of contact phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Point of contract email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. List all Meet Point carriers involved on circuit path: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Detailed Description of Request (What is the purpose/need): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Is this request for circuits carrying multiple ES, Wireless or NextGen trunking within its circuit? \_\_\_\_ (If Yes, please detail below:

 **T1, DS1, PRI, ETC**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CLLI | Location A | Location Z | Circuit ID | Circuit Type  |
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1. Detail below the ES , Wireless, NextGen trunk information below that this LOA affects:

 **ES, Wireless, NextGen Trunk information (list per trunk)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| County  | End Office | Selective Router | Circuit ID/TSC \* | Billing Account # \*\* |  Charges |
|   |   |   |   |   |  CMF= CIRC TERM= CMT= Total= |
|   |   |   |   |   |   |
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|   |   |   |   |  \*\*IF ECN Billing is applicable \*Must be provided upon receipt |  |
|  |  |  |  |  |  |

 (Insert Diagram(s) Here)

Include any diagrams containing the following information:

a. Switch CLLI
b. Switch Switch Address
c. Circuit path, the path should include:
       i. Inter-carrier hand off locations
       ii. Significant locations of the CLEC inside their network
       iii. Any diversity used in the circuit design
d. Number of circuits
e. Circuit IDs for all carriers involved
f. Selective Router(s)
g. PSAPs served (designated the default)
h. Trunk Group Name
i. Trunk Group Number
j. Default ESN for each trunk group