



#### **Table of Contents:**



TFN Porting Details



**Porting Timelines** 



Additional Attachments Guide



Resp Org Form

## Information needed for Toll-Free ports

Please provide answers for each of the following items:

#### **Account Name:**

To which account's inventory are we adding the TFN(s)?

## Product (Must choose one)

SIP Trunks	Kandy	Business Services
Microsoft Teams	Hosted PBX	Forwarding

## **Routing Information:** (Must specify unless your only product is Teams)

IP Address or Route Label, and any forwarding needed:

## **Payphone Block**

Would you like to allow payphone calls?

#### What areas are allowed to call TFN(s)?

<b>US-48</b> = Cont. US	<b>XA</b> = US 50 + Canada	XC = US 50 + Canada + Caribbean + Puerto Rico	
<b>US-50</b> = US 50 States	<b>XB</b> = US 50 + Canada + Caribbean	<b>SP</b> = Special. Provide Special Details Below:	

#### **CNAM:**

Provide name if adding CNAM to TFN(s). 15 character limit including spaces.





NO

## **Porting Timelines**

Please select when you would like to activate your numbers. Toll Free activation is available

## Monday through Friday any time between 7am Pacific and 5pm Pacific

Please select from the following options for Porting Activation:			
	Preschedule activation date and time. Please provide specific date and time if prescheduling:  Date: Time:		
	Coordinate with a companion DID order once FOC is obtained		
	Provision and activate the <b>same day upon TFN(s) release</b>		

## **Toll Free Porting timeline**

## The Toll Free team submits the order to the losing resporg(s)

This occurs once the Toll Free team has received all of the above required information

## Within 3 business days the Toll Free team will receive either a notification of release or a rejection.

Should the port request be rejected for any reason, the Toll Free team will contact you to address the rejection reason and re-submit the order.

### The TFNs are released

The Toll Free team advises you of release, initiates backend provisioning, and reconfirms your activation choice.

## **Upon activation**

The Toll Free team tests the activated TFN(s) to ensure there are no issues and notifies you that the order has completed.

If you have any questions, please email <a href="mailto:resporg@nuwave.com">resporg@nuwave.com</a>.





## **Additional Attachments**

There are a couple of forms which will need to be attached to this, including:

## Fully completed RespOrg form.

- If you're unsure of what the CURRENT CARRIER ID is for your TFN(s), the Toll Free team is more than happy to query the TFN(s) and advise.
- If your order has TFN(s) from multiple carriers (RespOrgs), the Toll Free team will need a
  form for each carrier.
- If more than 15 TFNs are porting, enter SEE ATTACHED in the TOLL FREE SERVICE
   NUMBERS field and attach an Excel spreadsheet of all TFNs to be ported.
- RespOrg forms and attached lists cannot be mixed with DIDs
- RespOrg form PDF can only be one page and have file size under 1MB.
- Signature Date must be within past 30 days

## Bill copy (if available, only optional item on list)

- Within past 60 days
- Under 1MB file size
- Shows the business name as it appears on the RespOrg form
- Shows the relevant TFN(s)





# NUWAVE RESP ORG, LLC RESP ORG CHANGE REQUEST

TODAY'S DATE:	
TODAT 3 DATE.	

As the end-user subscriber, or the authorized representative of an end-user subscriber, of certain Toll Free service numbers (the "Customer"), I hereby authorize NuWave Communications, LLC to be the Responsible Organization ("RespOrg") for the following Toll Free Service numbers, including acting on my behalf, and at my direction, to transfer the RespOrg function from the current provider.

TOLL FREE SERVICE NUMBERS:       1.     8.       2.     9.       3.     10.       4.     11.       5.     12.       6.     13.       7.     14.	Current RespOrg ID:	Release to RespOrg ID: XNW01
2.     9.       3.     10.       4.     11.       5.     12.       6.     13.       7.     14.	TOLL FREE SERVICE NUMBERS:	
2.       9.         3.       10.         4.       11.         5.       12.         6.       13.         7.       14.	1.	<del>-</del>
4.       11.         5.       12.         6.       13.         7.       14.	2.	9.
5.     12.       6.     13.       7.     14.		<del></del> -
6. 13. 7. 14.		11.
6.     13.       7.     14.	•	
7. 14.	6.	13.
	7.	14.

BILLING NAME:					
BILLING ADDRESS:	CITY:	STATE:	ZIP:		

I attest under penalty of law and as an authorized employee, or an authorized representative, of the Customer that the Customer is the exclusive end-user subscriber of the Toll Free service numbers listed above. The Customer assumes all liability for the use (including without limitation, authorized, fraudulent or misappropriate of traffic of any other end-user subscriber with regards to the Toll Free service number listed. In addition, I understand that this request for a RespOrg Change does not constitute an order for disconnect of service with my existing carrier(s). I, on behalf of the Customer, continue to accept responsibility for notifying my exiting carrier(s) of any intention to disconnect and/or change my Toll Free service after designating the above as my RespOrg for the Toll Free Numbers listed above.

Authorized Signature Printed Name Title Date