

TOLL FREE NUMBER PORTING GUIDELINES



The required porting documents are provided below. Please read this form before filling out the required documents.

Required on Port form:

- If your request has TFN(s) from multiple Resp Orgs, you will need a form for each carrier.
- If you are unsure of the ID for the current carrier, our Resp Org team will query and advise. You can email resporg@nuwave.com with your inquiry.
- If porting more than 15 TFNs at a time; please put "SEE ATTACHED" in the Toll Free Numbers field, and provide the list of TFNs in an Excel spreadsheet
- The signature must be either hand signed or a certified digital signature
- The LOA and Signature Date must be within 30 days

Bill copy (optional/not required) If providing, must:

- Not be older than 60 Days
- Show the business name as it appears on the port form
- Provide the relevant TFN(s)
- Be under 1MB in size

Other Information:

- Toll Free Resp Org forms and DID Porting forms are noninterchangeable, ensure you use the correct form.
- The Resp Org Port form must be submitted as a 1 page document with a file size of 1MB or less.



**Please provide the required information
below when emailing your request:**

Forms:

- Fully Completed Resp Org Form
- Bill Copy (if available)
- Excel spreadsheet if porting more than 15 TFNs

Routing and Activation information:

- Is coordination required:
- Requested activation date/time:
- Product and Routing Information (ex. TEAMS; TEAMS_CUSTOMERLABEL):
- CNAM if adding:
- Area of service (AOS):

US-48 = Cont. US

US-50 = US 50 States

XA = US 50 + Canada

XB = US 50 + Canada + Caribbean

XC = US 50 + Canada + Caribbean + Puerto Rico

SP = Special. Provide Special Details



Status Timeline

Submittal of the Porting Documents:

This occurs once all of the required information has been provided.

Status notification:

The losing Resp Org has 3 business days to release or provide a valid reason to reject.

Should the port request be rejected, the Resp Org team will contact you to address the rejection and plan the next course of action.

Release of TFN(s)

The Toll Free team will advise when released, initiate provisioning on the backend, and confirm your activation choice.

Upon Activation:

The Resp Org team will test the activated line(s) to ensure there are no issues and will notify you of the activation and any errors if received.

If you have any questions, please email resporg@nuwave.com



Information needed for Toll Free ports

Please provide answers for each of the following items:

NUWAVE Account Name:	Parent Account Name: (If applicable)

Product (Must choose one)

SIP Trunks	Microsoft Teams	Zoom
KANDY	Business Services	Other

Route Label:

Area of Service (AOS)

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

CNAM:

Provide name if adding CNAM to TFN(s). 15 character limit including spaces.	
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Activation 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 same day upon TFN(s) release



NUWAVE RESP ORG, LLC

RESP ORG CHANGE REQUEST

TODAY'S 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.

Current RespOrg ID:

Release to RespOrg ID: **XNW01**

TOLL FREE SERVICE NUMBERS:

- | | |
|----|-----|
| 1. | 8. |
| 2. | 9. |
| 3. | 10. |
| 4. | 11. |
| 5. | 12. |
| 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