RNA Tracking Number: _____

Type of Application: ☐New ☐Modification ☐Return

1.1 Applicant Contact Information:

p-ANI Applicant:

Company Name: _____

Doing Business As (DBA)
Name(s) if any: _____

NENA Company ID[i] _____

Contact Name: _____

Contact Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Routing Number Administrator (RNA):

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

1.2 PSAP Information:

PSAP Name: _____

PSAP State: _____

PSAP County or
Municipality: _____

PSAP Coordinator: _____

PSAP Coordinator Tel #: _____

PSAP Coordinator E-Mail: _____

1.3 p-ANI Request Information

Preferred Order of Usable
NPA Assignment: _____

OCN[ii]: _____

Total Number of p-ANI(s)
requested: _____

p-ANI(s) (NXX-XXXX) assignment preference (optional): _____

1.4 Type of Request

☐ Initial (Attach Evidence of Certification/Authority)

☐ Growth (incremental growth of existing p-ANI range)

☐ Modification (check all that apply)

  If checked, provide the p-ANI (low/high range): _____

    ☐ OCN ☐ NENA ID ☐ PSAP Consolidation ☐p-ANI Assignee Merger/Acquisition

    ☐ Other (please specify):_____

☐ Return

  If checked, provide the p-ANI (low/high range): _____

Comments

_____

_____

_____

_____

_____

By applying for this resource, the applicant hereby certifies that it has obtained approval from the appropriate 9-1-1 Governing Authority to provide routing or data retrieval for E9-1-1 traffic to the applicable PSAP. Additionally, the applicant certifies that it has the technical and functional capability to route traffic or provide routing instructions to enable emergency call delivery to a PSAP.

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge and that this application has been prepared in accordance with the p-ANI Administration Guidelines (ATIS-0300089).[iii]

Signature of p-ANI Applicant	Printed Name	Date of Application

Below are the following instructions to assist the p-ANI Applicant with completing each section of this form:

Type of Application For requests for new p-ANI resources, the p-ANI Applicant shall check off "New"; for requests to modify existing p-ANI resources, the p-ANI Applicant shall check off "Modification"; or for requests to return existing p-ANI resources, the p-ANI Applicant shall check off "Return".

Section 1.1   The p-ANI Applicant submitting the request shall provide their Company Name, DBA Name(s) if applicable, the company's NENA Company ID and contact information.

Section 1.2   The p-ANI Applicant shall enter the PSAP information and the PSAP Coordinator contact information.

Section 1.3   For requests for new p-ANI resources, the p-ANI Applicant shall enter the valid NPA's in which the p-ANI resources are being sought in the order of preference, the OCN the p-ANI resources will be assigned to, and the total number of p-ANIs requested. If a specific p-ANI range is preferred, the p-ANI Applicant shall enter the requested p-ANI range. For requests for returns and modifications to existing p-ANI resources, the p-ANI Applicant shall enter the affected p-ANI range(s) and OCN of the p-ANI resources being returned or involved in the change. If any information is changing, the p-ANI Applicant shall enter the new information in the form and the old information in the Comments.

Section 1.4   When requesting new or incremental p-ANI ranges, the p-ANI Applicant shall check the appropriate box to indicate whether the request is for an "Initial" range of p-ANIs associated with first time deployment or whether the request represents a "Growth" increment of a previously assigned initial p-ANI range. Any request exceeding an aggregate total of 50 p-ANIs, see Section 4.1 d) of the p-ANI Administration Guidelines.   For requests to modify assignments of previously acquired p-ANI resources, the p-ANI Applicant shall check the "Modification" box, and enter the p-ANI range(s) affected by the change and check the box most closely related to the reason for the modifications. For requests to return previously assigned p-ANI resources, the p-ANI Applicant shall check the "Return" box and enter the p-ANI range(s) to which the return applies.

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[i] NENA Company Identifier (ID) #1 - A 3-5 character identifier that distinguishes the entity providing voice service (e.g., Wireline, Wireless, VoIP, PBX, etc.) to the end user. The company identifier registry is maintained by NENA in a nationally accessible data base.

NENA Company-ID #2 - A 3-5 character identifier, that distinguishes the source of the ALI record information (e.g., service provider/reseller/private switch owner)

Dependent on 9-1-1 service provider and/or PSAP capabilities either only company-ID #1 or both #1 and #2 display at the PSAP in the delivered ALI record.

A company-ID can be requested on-line at www.nena.org – follow company-ID section link and then choose 'sign up for new company ID' option.

[ii] An Operating Company Number (OCN) is a four place alphanumeric code that uniquely identifies providers of local telecommunications service. OCN assignments are required of all SPs in their submission of utilization and forecast data (FCC 00-104 ¶ 41 and Public Notice DA 00-1549). Relative to CO Code assignments, NECA-assigned Company Codes may be used as OCNs. Companies with no prior CO Code or Company Code assignments contact NECA (800 524-1020) to be assigned a Company Code(s). Since multiple OCNs and/or Company Codes may be associated with a given company, companies with prior assignments should direct questions regarding appropriate OCN usage to Telcordia™ Routing Administration TRA on 732-699-6700.

[iii] An incomplete form may result in delays in processing this request.