



Application for Exemption from Directory Assistance/ Local Operator Assistance Charges

Name of person applying for exemption (last, first, MI): _____

Address (include address, city, state and zip): _____

Telephone # to be exempted (list all to be exempted): _____

NOTE: Exemption will be effective with the first billing date following receipt of this certified application.

To be completed by Certifying Authority

Qualified Certifying Authorities include:

- Licensed doctor/nurse*
- Ophthalmologists**
- Optometrists**
- Public Welfare Agencies*
- Any person whose competence in this area is acceptable to the US Congress Librarian**
- *Directory Assistance Exemption*
- Professional hospital staff member*
- Librarian**
- Therapists**
- Institutions*

I certify that the above individual has a disability that prevents:

- Use of the telephone directory (customer qualifies for directory assistance charge exemption)
- Manually completing telephone calls (customer qualified for local operator assistance charge exemption)

The above customer is/has a:

- Legally blind
- Visual disability
- Physical disability- describe disability

Signature of Certifying Authority	Title or agency	Date
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To be completed only if the telephone number to be exempted is in the name of someone other than applicant:
I hereby certify that the applicant is a full-time resident member of my household. In the event that the applicant named herein ceases to reside full-time in my household, or if the disability described herein ceases to exist, I will promptly advise AcenTek of this fact.

Signature of person to whom service is billed	Telephone number
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For Internal (AcenTek) use only: Order number: _____	DD: _____
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