



AOCN Service Contract

Call Routing and Rating / AOCN Services

Please mail the completed AOCN Service Contract along with the completed Release Authorization Form to:

NECA Headquarters
Attn: Product Manager – AOCN Services
60 Columbia Road
Building A - 2nd floor
Morristown, NJ 07960

We will invoice you for the one-time Administration Fee* upon receipt of your signed Service Contract and Release Authorization Form. **Expedited enrollment may be done with credit card payment by contacting the AOCN Product Manager – Call Routing & Rating at 973-884-8387.**

* *The one-time administration fee is non-refundable. Contract term is for a minimum of one year, with automatic renewal. Thirty days written notice is required for cancellation of contract.*

Company Name _____

Company Code(s) / OCN(s) associated with Company Name _____

Company Billing

Address _____ City _____ State ____ Zip Code _____

Phone _____ Fax _____ Email Address (optional) _____

Attention _____

Authorized Company Routing & Rating Contact

Name _____

Address _____ City _____ State ____ Zip Code _____

Phone _____ Fax _____ Email Address _____

AOCN Subscriber Authorized Signature _____ Date _____

NECA¹ Authorized Signature _____ Date _____

All rates subject to change

¹ NECA is a private corporation and not an arm of the US government. NECA members, please note the purchase of this service will not confer an advantage to the purchaser in Category I activities.



Customer Responsibilities for Updating Call Routing & Rating Information

- It is the customer's responsibility to notify NECA a **minimum of 50 days** prior to the effective date of any change affecting call routing and/or rating. This advance notice is based on industry standards and allows for a five-day notification period to the contracted AOCN plus a 45-day industry notification period for all newly opened NXXs and switches. In the case of a newly assigned NXX, NECA should be notified of the new code as soon as the assignment has been confirmed by NANPA via a Part 3 form. Code holders are notified by NANPA directly of the status of their request.

Items that would cause a change to data include, but are not limited to:

- New or additional NXX code(s) and/or thousand block(s)
 - New CLLI assignments
 - NXX code(s) thousand block(s) re-homing to a different switch
 - Switch re-homing to different tandem or host
 - Stand alone to remote switch change-out
 - Changes or additions to office functionality (e.g., SS7, LNP Capable)
- Documents to assist in the submission of data include:
 - **Central Office Code (NXX) Assignment Guidelines (COCAG) Central Office Code (NXX) / Thousands Block Pooling Assignment Guidelines (TBPAG) Assignment Request – Part 3 Administrators Response/Confirmation** – The COCAG/TBPAG Part 3 form is issued by the CO Code Administrator (for NXX assignments) or Pooling Administrator (for thousands block assignments) and serves to notify the Code Applicant as to the disposition of their CO Code (NXX) or Thousand Block Assignment Request form (e.g., code assignment, suspension, denial, etc.).
 - **COCAG Part 2 Job/Aid Forms** – (Traffic Routing Administration – TRA) This group of forms is used to capture new and/or changed data that will be submitted to a customer's elected AOCN for entry into the Call Routing & Rating databases. These forms can be obtained by visiting the website:
www.trainfo.com/products_services/tra/documents.html *

** These are Word documents and can be printed and/or saved to your PC.*

- All new and changed data must be submitted to NECA on the COCAG Part 2 forms.
- Completed Part 2 forms should be emailed to aocn@neca.org. Those without access to email may fax the completed forms to NECA at: 973-993-1063 and label: **"For Immediate Attention: Call Routing & Rating"**
- Questions may be directed to aocn@neca.org



AOCN Release Authorization Form

Effective _____, _____ operating under
Date *Your Company Name*

Company Codes/OCNs _____
Please list all - attach separate sheet if necessary

hereby RELEASES our previous AOCN (if applicable), _____ from
Previous AOCN Company Name

their AOCN responsibilities. In addition, this form authorizes **NECA**² to act as our AOCN.

Your Authorized Company Representative *Date* *Telephone Number*

Authorized NECA Representative *Date* *Telephone Number*

To expedite the setting up of your records please fax the completed Release Authorization Form to the attention of product manager – AOCN Services at **973-993-1063** or email it to AOCN@neca.org.

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