



## Wireless Number Portability (WNP) ICP Setup Form

**Please submit orders using the email address or fax number below.** Questions regarding the initial implementation of this service may be directed to Chris Elijah at (360) 493-6189.

**Email:** [wcs\\_orders@verisign.com](mailto:wcs_orders@verisign.com) or Fax to 360-923-3459

### Reason for submitting this form

1. \_\_\_\_\_ New \_\_\_\_\_ Change

### General Information

2. Today's Date: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_  
Customer Name: \_\_\_\_\_ SPID: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Contact Information

3. Primary Administrative/Implementation Contact for WNP ICP:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
4. Primary Billing Contact for ICP (if different from above):  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Note: Please allow up to 30 days to configure your SPID in the ICP system.

**Trading Partner Information**

5. Please complete the following information for each service provider with which you will be testing

Service Provider Name: \_\_\_\_\_ SPID: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Production Start Date: \_\_\_\_\_

Service Provider Name: \_\_\_\_\_ SPID: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Production Start Date: \_\_\_\_\_

Service Provider Name: \_\_\_\_\_ SPID: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Production Start Date: \_\_\_\_\_

Service Provider Name: \_\_\_\_\_ SPID: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Production Start Date: \_\_\_\_\_

Service Provider Name: \_\_\_\_\_ SPID: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Production Start Date: \_\_\_\_\_

**Instructions for completing the ICP Setup Form**

**Reason for submitting this form**

1. Please indicate if this is a **new** setup or a **change** to previously submitted information.

**General Information**

2. Today's Date: The date you completed the form.

Subscriber ID: Your VeriSign Communication Services (VCS) assigned Subscriber ID. If you do not have an ID assigned, leave it blank.

Customer Name: The name of your company.

SPID: The unique 4-digit Service Provider Identification Number

Mailing Address, Phone and Fax: The main address, phone and fax for your company

**Contact Information:**

3. Primary Administrative/Implementation Contact for WNP ICP: This person will be the primary contact for VeriSign during the implementation and training of WNP-ICP
4. Primary Billing Contact for WNP ICP: Indicate the person responsible for handling your billing. Include your billing address (if different from general company address), the phone and e-mail address of the individual.
5. Trading Partner Information Provide the requested information for each Trading Partner