



## WNP-LSR Setup Form

**Please submit orders to VeriSign via 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.

### General Information

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

### Contact Information

2. Primary Administrative/Implementation Contact for WNP-LSR:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Primary Billing Contact for WNP-LSR (if different from above):  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
4. Primary WNP-LSR Contact (this person will be contacted for production operational issues)  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Annex 3 to Exhibit A of the SOA Services Order

5. Backup WNP-LSR contact (person to be contacted when primary contact is not available)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. List states in which LSRs will be issued

\_\_\_\_\_  
\_\_\_\_\_

7. Provide the following company codes:

Inter-Exchange Access Customer IAC Code (aka: ACNA and CCNA Carrier) \_\_\_\_\_

Identification Code (CIC) \_\_\_\_\_

Revenue Accounting Office (RAO) Code \_\_\_\_\_

Service Provider Identification (SPID) \_\_\_\_\_

Operating Company Number(s) OCN(s) \_\_\_\_\_

8. Please complete the following information for each service provider with which you plan to send LSRs:

Service Provider Account Manager: \_\_\_\_\_ SPID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

Service Provider Account Manager: \_\_\_\_\_ SPID: \_\_\_\_\_

Agreement Execution Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

Annex 3 to Exhibit A of the SOA Services Order

Service Provider Account Manager: \_\_\_\_\_ SPID: \_\_\_\_\_

Agreement Execution Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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