

5. CRITERIA FOR THE ASSIGNMENT AND RESERVATION OF LTFNs

- 5.1** LTFNs are intended only for providing toll-free services in Jamaica.
- 5.2** The LTFN Applicant must certify in Form-A (Local Toll-Free Number (LTFN) Application) that it is a licensed public telecommunications carrier and service provider, and a provider of the toll-free service for which an LTFN is requested, or is requesting the number on behalf of an associated Intermediate Service Provider (e.g. a Mobile Virtual Network Operator).
- 5.3** Certification alone may not provide the Office with sufficient information to make a decision regarding an LTFN assignment. Accordingly, additional dialogue between an LTFN Applicant and the Office may be required.
- 5.4** An LTFN will be assigned by the Office only upon the receipt, processing and approval of a formal application including a fully completed Form-A.
- 5.5** Consideration of requests for reservation of LTFNs will be on a case-by-case basis. In all cases, the Applicant must meet the requirements for number assignment as specified in these Guidelines and must be able to demonstrate that the reservation is necessary to accommodate technical or planning constraints that, otherwise, would either hinder or preclude effective service provision.
- 5.6** In order to reserve an LTFN, the Applicant must submit Form-A certifying that a need exists for an LTFN reservation and providing a proposed effective date for LTFN activation, which shall be within 90 days of the date of the application. The LTFN Applicant must subsequently submit a second Form A to apply for the assignment of the reserved LTFN.
- 5.7** Numbers will be reserved, when appropriate, for a maximum period of 3 months.
- 5.8** If two or more Applicants, who fulfil criteria 5.1 to 5.6, request assignment and/or reservation of the same LTFN simultaneously, (i.e., their written requests are received by the Office at the same time), one of the Applicants will be randomly selected for assignment or reservation of the requested LTFN, as the case may be. The OUR will invite the Applicants to witness the selection through an agreed procedure which shall be simple, fair and transparent.
- 5.9** The Office must be satisfied that in all circumstance there is no intention by an Applicant to hoard or warehouse an LTFN.

6. RESPONSIBILITIES OF THE OFFICE

The responsibilities of the Office relating to LTFNs are as follows:

- 6.1** The Office shall make available copies of the Guidelines and provide timely notification of changes to the industry.
- 6.2** On request, the Office shall provide information to service providers regarding the status (available; assigned; reserved) of LTFNs.
- 6.3** The Office shall keep track of LTFN applications and assign LTFNs on a first-come, first-served basis, except as noted in Section 5.8.
- 6.4** Upon receipt of the signed Form-A, the Office shall process the application for LTFNs as follows:
 - a) Determine if the request is in compliance with the Numbering Rules and the LTFN Assignment Guidelines.
 - b) Respond within 5 working days from the date of receipt of Form-A by completing Form-B (Application Disposition), notifying the Applicant of any incompleteness of and/or inaccuracies in the information submitted or confirming the assignment of the LTFN, under a cover letter.
 - c) In cases where an LTFN application is denied, provide specific reasons for the denial to the Applicant.
 - d) Notify all participating telecommunications carriers and service providers of LTFN assignments and the associated routing information (E.164 telephone numbers) to route calls to the toll-free subscribers.

7. RESPONSIBILITIES OF LTFN APPLICANTS AND HOLDERS

The responsibilities of Applicants and Resource Holders relating to LTFNs are as follows:

- 7.1** LTFN Applicants and Holders shall comply with the current version of these Guidelines, which may be obtained from the Office.
- 7.2** Application/Notification Procedure:
 - a) LTFN Applicants and Holders shall submit their LTFN applications, in-service notifications, change requests and assignments return to the Office using Forms A, C, D and F, respectively, as prescribed in Section 13 of these Guidelines.

- b) A cover letter on the LTFN Applicant's or Holder's official stationary (signed by an authorised person) must accompany the Forms. This authorization serves as a control measure for the protection of both the LTFN Applicant / Holder and the Office. The Office will only process applications/request that are submitted under this authorization.
- c) Requests for LTFN assignments shall be made no more than twenty-one (21) and at least ten (10) business days prior to the requested "Effective Date" for the activation of the LTFN.

7.3 An LTFN Holder shall place an LTFN it has been assigned, in service no later than 30 days after the Effective Date for LTFN activation, and shall submit a completed Form-C (Deployment Form), to the Office certifying that the LTFN is in service. In the event that an LTFN Holder is unable to put an LTFN in service within 30 days of the Effective Date, the LTFN Holder shall provide the Office with an acceptable explanation for the delay and may request a 30-day extension of the time permitted to place the LTFN in service.

7.4 The LTFN Holder must abide by the reclamation and appeal procedures described in Sections 8 and 9.

7.5 The information associated with an LTFN assignment may change over time. Such changes may occur, for example, because of the transfer of an LTFN—through merger, acquisition or number portability—to a different toll-free service provider. These changes may include not only a change in company name, but also a change in the location to which calls made with a given LTFN are to be routed. Accordingly, the Office shall be informed (by the transferor and transferee in the case of a merger/acquisition, and the recipient service provider in the case of number portability) formally in writing of these changes to ensure that an accurate record of the information associated with the LTFN is maintained and all calls to the LTFN are routed correctly. The LTFN transferee and the recipient service provider must submit a completed FORM-D along with the formal written notification of the information change.

7.6 An LTFN Holder must participate in any audits conducted by the Office in accordance with the Telecommunications Numbering Rules.

8. LTFN RETURN AND RECLAMATION PROCEDURES

Responsibilities of LTFN Holders

8.1 On the termination of a toll-free service provided to a subscriber by an LTFN Holder, the Office shall be informed and the associated LTFN, whether or not it was ported, returned to the Office immediately at the end of the aging interval specified in Section 10 of these Guidelines.

- 8.2 When returning an LTFN to the Office, the LTFN Holder shall complete and submit Form F (LTFN Assignment Return) to the Office to indicate that the LTFN is being returned for future assignment.

Responsibilities of the Office

- 8.3 The Office shall proceed with reclamation of an LTFN if the Office believes, on the basis of evidence sufficient to establish the conclusion, that the LTFN Holder:
- a) has not placed the assigned LTFN in service within the time frame specified in these Guidelines.
 - b) no longer requires the LTFN.
 - c) is not using the LTFN in accordance with these Guidelines.
 - d) has discontinued business operations, or been subject to a merger, acquisition or other business arrangement similarly affecting the LTFN Holder and has not arranged for the LTFN to be transferred.
- 8.4 The Office may seek clarification from the LTFN Holder regarding the alleged non-use or misuse of the LTFN. If the LTFN Holder provides an explanation satisfactory to the Office, and in conformance with the Guidelines, the LTFN shall remain assigned. If no satisfactory explanation is provided, the Office shall request the immediate return of the LTFN. The returned LTFN shall be aged in accordance with the aging process set out in Section 10 of these Guidelines.

9. APPEAL PROCESS AND ASSIGNMENTS AUDITS

Appeal Process

- 9.1 Disagreements may arise between the Office, an LTFN Applicant and an LTFN Holder, in relation to the assignment and use of LTFNs.
- 9.2 The LTFN Applicant or Holder shall make reasonable, good faith efforts to resolve such disagreements with the Office prior to making a formal appeal.
- 9.3 Formal appeals may be pursued in accordance the appeal process provided in section 7 of the Numbering Rules.

Assignment Audits

- 9.4 An LTFN Holder shall participate in any audits conducted by the Office in accordance with section 8 of the Numbering Rules and Section 10 of these Guidelines.

10. AGING AND ADMINISTRATION OF DISCONNECTED LTFNs

Aging Principles

- 10.1** Aging is the process of making a disconnected LTFN unavailable for assignment to another customer, for a specified period of time called the aging interval. An LTFN is deemed disconnected when it ceases to be used to provide service to a customer of record.
- 10.2** Aging provides LTFN Holders time to:
- fulfill their administrative requirements, e.g., billing cycle completion, service record reconciliation;
 - provide their disconnecting customers with the opportunity to request specific 'recorded announcement' treatment, e.g., referral to a new telephone number;
 - minimize misdirected calls intended for the previous customer when the disconnected telephone number has been re-assigned to a new customer; and
 - enable the disconnected customer to reconnect service during the aging interval, using the same LTFN and LTFN Holder.
- 10.3** LTFN Holders are responsible for the aging of disconnected LTFNs in their possession. The Aging Interval shall begin on the date that the LTFN is disconnected and end after the completion of the appropriate aging.
- 10.4** The LTFN Holder shall not reserve or re-assign an LTFN that is being aged, or modify the aging interval, except for the purpose of reinstating the service at the request (made before the end of the aging interval) of the disconnected customer.
- 10.5** All disconnected LTFNs which have completed the aging process shall be returned immediately to the Office.

Aging Intervals

10.6 The following Aging Intervals shall be applied by all LTFN Holders:

Aging Interval in Months	
Minimum	Maximum
1	3

* A longer maximum period may be required to accommodate high-volume call-in applications or to accommodate change of numbers associated with public service emergency applications. Aging beyond the 3 months maximum must be approved by the Office.

10.7 Audits may be required to ensure that LTFN Holders adhere to these Guidelines. The audit should at a minimum:

- 1) compare the customer's requested disconnect date with the service provider's actual disconnect date.
- 2) compare the actual aging interval applied with the applicable industry approved aging interval.
- 3) verify that if the aging interval was aborted, the telephone number was reconnected to the disconnecting customer and not to a new customer.
- 4) verify that the service provider is consistently applying the same Aging Interval to telephone numbers within their respective service class.

11. MAINTENANCE OF THESE GUIDELINES

11.1 It may be necessary to modify these Guidelines periodically to meet changing and unforeseen circumstances. The need for modification may be identified by the Office or any entity in the local telecommunications sector. When a need for modification is identified, the identifying entity shall submit the modification issue to the Office in writing. Questions or concerns regarding the maintenance of the Guidelines may be directed to the Office.

12. GLOSSARY

Active LTFN	An LTFN implemented in the PSTN or PLMN for specific service requirements.
Aging	Aging is the process of making a disconnected LTFN temporarily unavailable for re-assignment to another customer for a specified period of time called the aging interval.
Authorized Representative of LTFN Applicant/Holder	The person from the LTFN Applicant's/Holder's organization or its agent that has the legal authority to take action on behalf of that LTFN Applicant.
Business day	A business day refers to any day in Jamaica that Government offices are normally open to the public for business, but does not include Saturdays, Sundays and public holidays.
E.164	E.164 is an ITU-T Recommendation (or Standard), titled The International Public Telecommunication Numbering Plan, that defines a numbering plan for the world-wide public switched telephone network (PSTN) and some other data networks. E.164 defines a general format for international telephone numbers.
Effective Date	The date that an LTFN or supporting data changes (e.g., routing and) is/are to become effective within the Jamaican PSTN or PLMN network.
Industry Notification	The process of advising all Public Telecommunications Service Providers, users and their representatives of the assignment of an LTFN, or a change relating to or deletion of an existing LTFN.
In-Service	The disposition denoting an active LTFN which a specific subscriber or service is utilizing.
Hoarding	Deliberate retention of an LTFN that is no longer in use and not returning it to the OUR where required, with or without the intention of reusing it.
LTFN Activation	The process of opening an LTFN in the PSTN to enable routing of calls as of the Effective Date .
LTFN Applicant	An entity applying for the assignment of an LTFN in accordance with these Guidelines.
LTFN Holder	An entity which has possession of an LTFN assigned to it, directly by the OUR, or through a business merger or acquisition, or through number portability as the recipient service provider.

<p>NANP</p>	<p>The North American Numbering Plan (NANP) is the basic addressing scheme for the Public Switched Telephone Network in the United States and its territories, Canada, the, Bahamas, the Dominican Republic and 16 Caribbean countries, including Jamaica. The format of the NANP follows International Telecommunications Union (ITU) standards as detailed in Recommendation E. 164, or as amended.</p> <p>The NANP format currently consists of 10-digits in the format NXX-NXX-XXXX where N = 2 to 9 and X = 0 to 9. The digit positions in the NANP may be identified by alphabetical characters using the following format ABC-DEF-GHIJ where ABC is the Area Code or Numbering Plan Area (NPA), DEF is the Central Office Code or NXX (CO Code), and GHIJ is the Line Number.</p>
<p>NANPA</p>	<p>North American Numbering Plan Administration (NANPA) is the entity responsible for administration of the North American Numbering Plan.</p>
<p>OCN (Operating Company Number)</p>	<p>Specific to these Guidelines, the OCN is intended to uniquely identify the LTFN Holder. OCNs are used in various telecommunications industry processes primarily as a means to identify local service providers. Companies that do not have an OCN may contact the National Exchange Carriers Association (NECA) to request the assignment at 973 884-8355 or via the internet at www.neca.org</p>
<p>PLMN</p>	<p>Public Land Mobile Network. The PLMN is composed of all transmission and switching facilities and signal processors supplied and operated by all mobile telecommunications carriers for use by the public. Every station on the PLMN is capable of being accessed from every other station on the PLMN and PSTN via the use of NANP numbers.</p>
<p>PSTN</p>	<p>Public Switched Telephone Network. The PSTN is composed of all transmission and switching facilities and signal processors supplied and operated by all fixed telecommunications carriers for use by the public. Every station on the PSTN is capable of being accessed from every other station on the PSTN or PLMN via the use of NANP numbers.</p>
<p>Reserved LTFN</p>	<p>An LTFN that has been identified and set aside by the Office of Utilities Regulation, as Numbering Administrator, for some specific use or purpose.</p>

Switch Identification	The eleven-character CLLI™ Code used to identify a Switching Entity.
Warehousing	Requesting assignment of an LTFN and keeping possession of the assigned LTFN, without there being an actual operational or service need for it.

13.0 LTFN APPLICATION, ASSIGNMENT, CHANGE REQUEST AND CONFIRMATION FORMS:

Form A - LOCAL TOLL-FREE NUMBER (LTFN) APPLICATION

Form B - APPLICATION DISPOSITION RESPONSE

Form C – LTFN DEPLOYMENT NOTIFICATION

Form D - REQUEST FOR INFORMATION CHANGE

Form E - CONFIRMATION OF INFORMATION CHANGE

Form F - LTFN ASSIGNMENT RETURN

FORM-A LOCAL TOLL-FREE NUMBER (LTFN) APPLICATION

1.0 GENERAL INFORMATION

1.1 Contact information:

LTFN Applicant:

Entity Name:	_____	Telephone:	_____
Address 1:	_____	Facsimile:	_____
Address 2:	_____	E-Mail:	_____
Contact Name:	_____		

Administrator Contact Information:

Name:	<u>Office of Utilities Regulation</u>	Facsimile:	<u>(876)-929-3635</u>
Address 1:	<u>36 Trafalgar Road, P.O. Box 593</u>	E-Mail:	<u>crobinson@our.org.jm</u>
Address 2:	<u>Kingston 10, Jamaica</u>	E-Mail:	<u>gswaby@our.org.jm</u>
Telephone:	<u>(876)-968-6053</u>		

1.2 OCN: _____
Switch Identification _____
Wire Center Name _____

1.3 Date of Application _____ Requested Effective Date _____

1.4 Type of Entity Requesting the LTFN:

a) Local Exchange Carrier _____
Wireless Service Provider _____
Other (specify) _____

b) Purpose for which LTFN is being requested:

c) Is certification or authorization required to provide this type of service in the relevant geographic area?

Yes _____ No _____

(1) If no, explain:

FORM-A LOCAL TOLL-FREE NUMBER (LTFN) APPLICATION

(CONTINUED)

(2) If yes, does your company have such certification or authorization?
Yes ____ No ____

(i) If yes, indicate type and date of certification or authorization (e.g. letter of authorization, license):

2.0 ASSIGNMENT REQUEST

2.1 Type of Request (Select One):

- _____ LTFN Request for direct assignment to an end-user
- _____ LTFN request for assignment to an intermediary service provider (e.g., an MVNO)
- _____ Update information (Complete Form D) LTFN requiring update _____
- _____ LTFN Reservation only: (When the LTFN Applicant is ready to place the code in service, the LTFN Applicant should complete a new request form)

2.2 LTFN Assignment Preference _____ (optional)

2.3 LTFNs Undesirable for this Assignment, If any _____

2.4 Local Routing Number Associated with the Requested LTFN: _____

2.5 Signature Below Indicates that the Applicant:

- Certifies the accuracy of the information provided in this application.
- Commits to deploy any assigned LTFN within the time period specified by the Assignment Guidelines (Section 7.3).
- Certifies that the service to be provided with the LTFN is a domestic service.
- Certifies that any required authorization has been secured from the appropriate government ministry or regulatory body.
- Understands and agrees that the use of any assigned LTFN in a manner other than in conformance with the Assignment Guidelines may result in reclamation.

Authorized name:

Authorised Signature.....

Date:

**FORM-B APPLICATION DISPOSITION
LOCAL TOLL-FREE NUMBER (LTFN)**

LTFN Applicant:

Entity Name: _____	Telephone: _____
Address 1: _____	Facsimile: _____
Address 2: _____	E-Mail: _____
Contact Name: _____	
Date of Application: _____	Date of Receipt: _____
Date of Response: _____	Effective Date: _____

Numbering Administrator Contact Information:

Name: _____	Office of Utilities Regulation	Facsimile: _____	(876)-929-3635
Address 1: _____	36 Trafalgar Road, P.O. Box 593	E-Mail: _____	crobinson@our.org.jm
Address 2: _____	Kingston 10, Jamaica	E-Mail: _____	gswaby@our.org.jm
Telephone: _____	(876)-968-6053		

Your application dated/...../..... for assignment of an LTFN has been reviewed
Day Month Year
by the Office. The box checked below indicates the action taken:

Your application has been approved. The LTFN assigned for your use is:
.....
The assignment is effective as of:

Your application has been denied for the following reason(s):
.....
.....
.....
.....

You are entitled to appeal this denial as specified in Section 9 of the LTFN Assignment Guidelines.

**FORM-B APPLICATION DISPOSITION
LOCAL TOLL-FREE NUMBER (LTFN)**

(CONTINUED)

- The following additional information is needed to process your application:

.....
.....
.....

-
- Your application for the reservation of an LTFN has been approved.

The LTFN reserved for your use is:.....

The LTFN will be reserved until:/...../.....
Year Month Day

The reservation is effective as of:/...../.....
Year Month Day

Authorized name:

Authorized signature:

Date:

**FORM-C DEPLOYMENT FORM
LOCAL TOLL-FREE NUMBER (LTFN)**

LTFN Applicant:

Entity Name: _____
Address 1: _____
Address 2: _____
Contact Name: _____
Date of Application: _____
Date of Response: _____

Telephone: _____
Facsimile: _____
E-Mail: _____
Date of Receipt: _____
Effective Date: _____

Numbering Administrator Contact Information:

Name: Office of Utilities Regulation
Address 1: 36 Trafalgar Road, P.O. Box 593
Address 2: Kingston 10, Jamaica
Telephone: (876)-968-6053

Facsimile: (876)-929-3635
E-Mail: crobinson@our.org.jm
E-Mail: gswaby@our.org.jm

By submitting this form, I certify that

LTFN:

Assigned to:

Is deployed effective (date):

Authorized name:

Authorized signature:

Date of this notification:

**FORM-D REQUEST FOR CHANGE
LOCAL TOLL-FREE NUMBER (LTFN) ASSIGNMENT INFORMATION**

LTFN Applicant:

Entity Name: _____	Telephone: _____
Address 1: _____	Facsimile: _____
Address 2: _____	E-Mail: _____
Contact Name: _____	
Date of Application: _____	Date of Receipt: _____
Date of Response: _____	Effective Date: _____

Numbering Administrator Contact Information:

Name: _____	Office of Utilities Regulation	Facsimile: _____	(876)-929-3635
Address 1: _____	36 Trafalgar Road, P.O. Box 593	E-Mail: _____	crobinson@our.org.jm
Address 2: _____	Kingston 10, Jamaica	E-Mail _____	gswaby@our.org.jm
Telephone: _____	(876)-968-6053		

The assignment information for LTFN: should be changed. The changes and reasons are stated below:

Authorized name:

Authorized signature:

Date of this notification:

**FORM-E CONFIRMATION OF CHANGE
LOCAL TOLL-FREE NUMBER (LTFN) ASSIGNMENT INFORMATION**

LTFN Applicant:

Entity Name: _____	Telephone: _____
Address 1: _____	Facsimile: _____
Address 2: _____	E-Mail: _____
Contact Name: _____	
Date of Application: _____	Date of Receipt: _____
Date of Response: _____	Effective Date: _____

Numbering Administrator Contact Information:

Name: _____	Office of Utilities Regulation	Facsimile: _____	(876)-929-3635
Address 1: _____	36 Trafalgar Road, P.O. Box 593	E-Mail: _____	crobinson@our.org.jm
Address 2: _____	Kingston 10, Jamaica	E-Mail _____	gswaby@our.org.jm
Telephone: _____	(876)-968-6053		

Your request dated _____ for change(s) to the assignment information for LTFN _____ has been processed by the Office and the changes have been made. Please verify the revised assignment information below and report any errors or discrepancies to the Office:

Authorized name:

Authorized signature:

Date:

**FORM-F ASSIGNMENT RETURN
LOCAL TOLL-FREE NUMBER (LTFN)**

LTFN Applicant:

Entity Name: _____	Telephone: _____
Address 1: _____	Facsimile: _____
Address 2: _____	E-Mail: _____
Contact Name: _____	
Date of Application: _____	Date of Receipt: _____
Date of Response: _____	Effective Date: _____

Numbering Administrator Contact Information:

Name: _____	Office of Utilities Regulation	Facsimile: _____	(876)-929-3635
Address 1: _____	36 Trafalgar Road, P.O. Box 593	E-Mail: _____	crobinson@our.org.jm
Address 2: _____	Kingston 10, Jamaica	E-Mail _____	gswaby@our.org.jm
Telephone: _____	(876)-968-6053		

LTFN:

Currently held by:

is no longer required effective (date)

The LTFN may be returned to the pool for assignment to another entity.

The LTFN has _____ has not _____ been deployed. (Please check one.)

Authorized name:

Authorized signature:

Date of this notification: