

## **Application for Exemption from Directory Assistance Charges**

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Applicant (Disabled Person	n)	Person to Whom Exempt Telephone Number					
,			is Billed (if other than Applicant)				
Last Name F	irst Name	MI	Last Name	First Name	MI		
Address							
Address							
City	State	Zip Code					
Telephone Number(s) to be	Exempt (include						
			Loortify that that	Annlicant is a fulltime	rooidont		
Applicant agrees to promptly advise (or cause to be advised) Qwest Corporation if the disability described here ceases to exist.			I certify that the Applicant is a fulltime resident member of my household. If the Applicant ceases to reside fulltime in my household, I will promptly advise Qwest Corporation.				
Signature of Applicant (or person authorized to act on behalf of the Applicant):			Signature of the person billed for exempt telephone number:				
SECTION BELOW	TO BE COM	PLETED OI	NLY BY THE CE	RTIFYING AUTHOR	ITY		
SECTION BELOW TO BE COMPLETED ONLY BY THE CERTIFYING AUTHORITY  The Certifying Authority must be a reputable professional whose knowledge and competence under the specific circumstances is generally accepted and acknowledged and/or an authorized employee acting for and on behalf of a special school, institution, or other recognized entity whose knowledge and competence under the specific circumstance is generally accepted and acknowledged.							
The above Applicant is: E	Rlind		Visual	ly Disabled			
— Physically Disabled (describe belo							
<u> </u>	nysicany Disable	tu (describe bei	Readii	ig/mentally bisabled (desc	Jibe Delow)		
Description:							
I certify that the Applicant has the above disability that prevents them from using a telephone directory and/or from completing telephone calls.							
Signature of Certifying Author	ity			Date			
Printed Name		Telephone Number					
Title Agency							
The facts in this application may be reviewed periodically by Qwest Corporation.							
Determinant of the state of the							
Return completed Qwest Corporation Center for Customers with Disabilities (CCD)							

application to: P. O. Box 2670

Omaha, NE 68103

Fax: 1866 826-4839 or 402 422-5008

TTY & Voice: 1 800 223-3131

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