



*This document should be sent to CenturyLink3 at least seven business days in advance of the intended effective date of porting.*

**Customer Information / Company**

Phone Number(s) to be ported: \_\_\_\_\_

Name of Current Local Operator (CLO) \_\_\_\_\_

Company Name registered with CLO: \_\_\_\_\_

Tax ID registered with CLO: \_\_\_\_\_

CLO customer installation address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Office address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DID Ranges**

Local Area and Prefix: [ ] [ ]

Initial Range: [ ]

Final Range: [ ]

Effective Date of Porting (DD/MM/YYYY): \_\_\_\_\_

**Portability Window Options:**

**Monday - Friday**

08h as 10h     12h – 14h     16h – 18h     20h – 22h     22h – 00h

Porting Request Form Date of Delivery (DD/MM/YYYY): \_\_\_\_\_

Signature of Requestor's Legal Representative: \_\_\_\_\_