



AT&T California  
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August 10, 2015

U 1001 C  
Advice Letter No. 44736

Public Utilities Commission of the State of California

We attach for filing this Tier I advice letter to make the following changes in tariff sheets:

SCHEDULE CAL.P.U.C. NO. A2.

|                    |   |   |         |
|--------------------|---|---|---------|
| 15th Revised Sheet |   |   | 177     |
| 9th                | " | " | 181     |
| 7th                | " | " | 188.6   |
| 3rd                | " | " | 188.6.1 |
| 5th                | " | " | 192     |
| 3rd                | " | " | 193     |
| 3rd                | " | " | 194     |
| 3rd                | " | " | 195     |
| 2nd                | " | " | 195.1   |
| 2nd                | " | " | 195.2   |
| 2nd                | " | " | 195.3   |
| 2nd                | " | " | 195.4   |
| 4th                | " | " | 196     |
| 4th                | " | " | 197     |
| 2nd                | " | " | 220     |
| 2nd                | " | " | 221     |

This filing revises Schedule Cal.P.U.C. No. A2. General Regulations, 2.3 FORMS, to remove several obsolete letters and add updated letters for customers seeking exemptions from Directory and Operator Assistance charges due to a disability.

In compliance with General Order 96-B, we are serving a copy of this advice letter and related tariff sheets to interested parties who have requested. This advice letter with attachments may be viewed on AT&T California's Web-Site at <https://ebiznet.att.com/calreg/>. If there are any questions regarding the distribution of this advice letter, call 415.778.1299.

This filing will not increase any rate or charge, cause the withdrawal of service, nor conflict with other schedules or rules.

## AT&amp;T CALIFORNIA

Anyone may object to this advice letter, which was filed August 10, 2015, by sending a written protest to: Telecommunications Advice Letter Coordinator, Communications Division, 505 Van Ness Avenue, 3rd Floor, San Francisco, CA 94102-3298. The protest must state specifically the grounds on which it is based. The protest must be received by the Telecommunications Advice Letter Coordinator no later than 20 days after the date that the advice letter was filed. On or before the day that the protest is sent to the Telecommunications Advice Letter Coordinator, the protestant must send a copy of the protest to Eric Batongbacal, 430 Bush Street, 1<sup>st</sup> Floor, San Francisco, CA 94108 (fax number 214.486.1580). If this advice letter was served via e-mail, the protest must be served to AT&T California via e-mail at [regtss@att.com](mailto:regtss@att.com). To obtain information about the Commission's procedures for advice letters and protests, go to the Commission's Internet site ([www.cpuc.ca.gov](http://www.cpuc.ca.gov)) and look for document links to General Order 96-B.

This filing is effective August 10, 2015.

Yours truly,

AT&T California

A handwritten signature in black ink that reads "E. Batongbacal". The signature is written in a cursive, flowing style.

Executive Director

Attachments

NETWORK AND EXCHANGE SERVICES

A2. GENERAL REGULATIONS

2.3 FORMS (Cont'd)  
 2.3.1 GENERAL (Cont'd)

B. APPLICATION FOR SERVICE AND RELATED FORMS

| <u>TYPE OF FORM</u>                               | <u>FORM NUMBER</u> | <u>SHEET NUMBER</u> |            |
|---|--------------------|---------------------|------------|
| Directory and Operator Assistance Exemptions      |                    |                     | (C)        |
| Initial Letter and Application                    |                    |                     |            |
| - Residence                                       | NA                 | 192                 |            |
| - Business  | NA                 | 195.1               |            |
| Acceptance Letter                                 |                    |                     |            |
| - Residence                                       | NA                 | 196                 |            |
| - Business  | NA                 | 197                 | (C)<br>(D) |
| Application for Street Address Telephone          |                    |                     |            |
| Directory Service                                 | D 1239             | 239                 |            |
| Application to Participate in Shared Key          |                    |                     |            |
| Telephone System Service                          | CO 3077            | 238                 |            |
| Authorization to Transfer Billing Responsibility- |                    |                     |            |
| Business  | K 2160-B           | 263                 |            |
| Request for Telephone Number Assignment           | K 2417             | 266                 |            |

C. BILL AND STATEMENT FORMS

| <u>TYPE OF FORM</u>                  | <u>FORM NUMBER</u> | <u>SHEET NUMBER</u> |
|--------------------------------------|--------------------|---------------------|
| Free Form Exchange Service Bill      | NA                 | 188.1               |
| Part I - Summary Page                |                    |                     |
| Free Form Exchange Service Bill      | NA                 |                     |
| Part II - Terms and Conditions       |                    |                     |
| Residence                            |                    | 188.2               |
| Business                             |                    | 187                 |
| Statement Forms:                     |                    |                     |
| Miscellaneous Bill - Remittance Page | FARPO1             | 239.1               |
| Miscellaneous Bill - Detail Page     | FADPO2             | 239.2               |
| Special Advance Toll Bill            | NA                 | 274.1               |

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NETWORK AND EXCHANGE SERVICES

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A2. GENERAL REGULATIONS

2.3 FORMS (Cont'd)

2.3.1 GENERAL (Cont'd)

G. FORMS LISTED BY FORM NUMBER (Cont'd)

| FORM NUMBER | TYPE OF FORM |
|-------------|--------------|
|-------------|--------------|

(D)

(D)

CO 1663

Advance Payment - Special Billing

Continued

NETWORK AND EXCHANGE SERVICES

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A2. GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)

(D)

(D)

Continued

NETWORK AND EXCHANGE SERVICES

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A2 GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)
- H. SAMPLE FORMS (Cont'd)

(D)

(D)

Continued



NETWORK AND EXCHANGE SERVICES

A2. GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)
- H. SAMPLE FORMS (Cont'd)

Directory and Operator Assistance Exemptions - Application - Residence  
(Cont'd)  
Page 1 of 3

**DIRECTIONS FOR RETURNING COMPLETED APPLICATION** (choose one method):

Fax to: 866.945.4721  
Mail to: AT&T  
2150 Webster Street  
Room 401  
Oakland, CA 94612

For questions, please call us at **800.772.3140** or **TTY users 800.651.5111**.

Sincerely,  
AT&T

Enclosures

(N)

(N)

NOTE 1: Description - Multi-part, computer generated.

(N)

Continued

Advice Letter No. 44736

Issued by

Date Filed: August 10, 2015

Decision No.

Eric Batongbacal

Effective: August 10, 2015

Executive Director

Resolution No.

NETWORK AND EXCHANGE SERVICES

A2. GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)
- H. SAMPLE FORMS (Cont'd)

Directory and Operator Assistance Exemptions - Application - Residence (N)  
(Cont'd)  
Page 2 of 3

**Disability Eligibility Requirements for  
Operator Assistance and Local Directory Assistance Exemptions**

**Who is eligible?**

Persons with the following disabilities may qualify for exemptions from OA and Local DA:

- Visual Disabilities** (e.g., blindness, low vision, unable to read standard print with correction, etc.)
- Physical Disabilities** (e.g., limited dexterity, loss of hands or use of/or control of hands; severe tremors, paralysis, etc.)
- Cognitive Disabilities** (e.g., difficulty with short term memory, inability to sequence numbers, traumatic brain injury, etc.)
- Hearing Disabilities** (e.g., a permanent loss or decrease in hearing)
- Speech Disabilities** (e.g., difficulty pronouncing sounds and words, stuttering, etc.)

**IMPORTANT INFORMATION**

- Enrollment in this program is not automatic. Incomplete applications will not be reviewed. Applications that do not have the signature of the doctor or certifying agent\* will not be reviewed.

\*A certifying agent must be a qualified health care professional or a representative of an institution, agency or non-profit 501c3 organization actively engaged in work in the disability area specified by the applicant. A certifying agent must have direct knowledge or documentation of the applicant's condition or functional limitation. Examples of certifying agents include licensed physicians and/or surgeons operating in the scope of their licenses, Vocational Rehabilitation Agency Counselors, Teachers, Audiologists, Optometrists, Credentialed Therapists, Directors of independent living centers, local, state, or national chapter presidents of associations of/for persons with disabilities, or verification from qualified state agencies such as commissions for the blind, state departments of rehabilitation, or the National Library Service for the Blind and Physically Disabled.

- AT&T is NOT responsible for any charges that you may receive to obtain certification.
- This is a voluntary program of AT&T that may be terminated at any time.
- You are required to notify AT&T if this exemption is no longer needed. Use of this exemption will be monitored by AT&T and is subject to review. Customer abuse of the exemption may result in its removal.

NOTE 1: Description - Multi-part, computer generated.

Continued

NETWORK AND EXCHANGE SERVICES

A2. GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)
- H. SAMPLE FORMS (Cont'd)

Directory and Operator Assistance Exemptions - Application - Residence  
(Cont'd)  
Page 3 of 3

(N)

**AT&T Application or Renewal Form for  
Operator Assistance and Local Directory Assistance Exemptions**

PRINT CLEARLY OR TYPE:

**Account Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Area Code/Telephone Number\*:** \_\_\_\_\_

*\*Note: The exemption will only be applied to the Telephone Number listed above.*

**Check One:** \_\_\_\_\_ Home \_\_\_\_\_ Business

**Billing Name:** \_\_\_\_\_

**Home Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Name of customer with disability:** \_\_\_\_\_  
(First Name) (MI) (Last Name)

**Relationship to person billed for service:**  
\_\_\_\_\_ Self \_\_\_\_\_ Parent \_\_\_\_\_ Spouse \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Signature of customer with disability:** \_\_\_\_\_

**Signature of person responsible for billing:** \_\_\_\_\_

**To be completed by Physician or Certifying Agent only:**

I, \_\_\_\_\_, certify that it is my professional opinion that  
Print Name Clearly

the applicant has one or more of the disabilities checked below that prevents or seriously limits use of telephone directories or impairs the individual's ability to complete calls using a standard keypad:

\_\_\_\_\_ Visual \_\_\_\_\_ Physical \_\_\_\_\_ Cognitive  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_ Tennessee only: 65 or Older  
(Proof of Age Required)

|                              |  |
|------------------------------|--|
| License #                    |  |
| Office Phone                 |  |
| Street Address               |  |
| City, ST, Zip                |  |
| Signature of Physician/Agent |  |

NOTE 1: Description - Multi-part, computer generated.

(N)

Continued

NETWORK AND EXCHANGE SERVICES

A2. GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)
- H. SAMPLE FORMS (Cont'd)

Directory and Operator Assistance Exemptions - Application - Business (N)  
Page 1 of 3

[Customer Name] DATE  
[Address 1]  
[Address 2] RE: [ACCOUNT NUMBER]  
[City], [State][ZIP + 4]

**AT&T Application or Renewal Form for Operator Assistance  
and Local Directory Assistance Exemptions**

Dear [Customer name],

Your request for AT&T Operator Assistance (OA) and Local Directory Assistance (DA)\* exemptions has been received or it is time for your two-year renewal.

AT&T will not charge you the surcharge for Operator Assistance if you need an Operator to assist you in placing a call due to a disability. AT&T will not charge you for using Local Directory Assistance if you cannot use a telephone directory. You must meet the enclosed disability rules. Your disability must be confirmed in writing by a doctor or certifying agent. Use of OA and Local DA exemptions will be monitored by AT&T and is subject to review. Misuse of the exemptions may result in removal.

\*Local Directory Assistance (DA) exemption applies to local listings only.  
The exemption does not include National DA, Reverse DA, or Business Category Search.

**Operator Assistance Exemption**

If you are unable to place a call due to a disability, an AT&T Operator will place the call for you and you will not be charged a surcharge. Follow the steps to receive the exemption:

- Step 1: Dial "0".
- Step 2: Say your name and that you are disabled.
- Step 3: Give the Operator the number that you would like dialed.

**Local Directory Assistance Exemption**

If you have a disability, AT&T will not charge you for calls to Local DA made from your approved telephone number. Calls to Local DA made from your approved telephone number will be automatically removed from your bill.

**Applying for or Renewing the Exemptions**

To receive the OA and Local DA exemptions or to renew them, please complete the enclosed form and return it as directed below. This form for OA and Local DA Exemptions is good for a two-year period. The doctor's or certifying agent's signature and license number must be on the form. If you do not return the completed form, your account will be billed for future OA and Local DA calls.

Renewals of OA and Local DA exemptions must be returned within 45 days of this letter. Please allow seven (7) to ten (10) business days to process your application. If approved, the exemption will appear on your bill within two bill cycles.

NOTE 1: Description - Multi-part, computer generated, continues on next sheet. (N)  
Continued

NETWORK AND EXCHANGE SERVICES

A2. GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)
- H. SAMPLE FORMS (Cont'd)

Directory and Operator Assistance Exemptions - Application - Business (N)  
(Cont'd)  
Page 1 of 3

**DIRECTIONS FOR RETURNING COMPLETED APPLICATION** (choose one method):

Fax to: \_\_\_\_\_

Mail to: **AT&T**  
**P. O. Box** \_\_\_\_\_  
\_\_\_\_\_

For questions, please call us at \_\_\_\_\_ (TTY 800.651.5111).

Sincerely,  
**AT&T**

Enclosures

(N)

NOTE 1: Description - Multi-part, computer generated. (N)

Continued

NETWORK AND EXCHANGE SERVICES

A2. GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)
- H. SAMPLE FORMS (Cont'd)

Directory and Operator Assistance Exemptions - Application - Business (N)  
(Cont'd)  
Page 2 of 3

**Disability Eligibility Requirements for  
Operator Assistance and Local Directory Assistance Exemptions**

**Who is eligible?**

Persons with the following disabilities may qualify for exemptions from OA and Local DA:

- Visual Disabilities** (e.g., blindness, low vision, unable to read standard print with correction, etc.)
- Physical Disabilities** (e.g., limited dexterity, loss of hands or use of/or control of hands; severe tremors, paralysis, etc.)
- Cognitive Disabilities** (e.g., difficulty with short term memory, inability to sequence numbers, traumatic brain injury, etc.)
- Hearing Disabilities** (e.g., a permanent loss or decrease in hearing)
- Speech Disabilities** (e.g., difficulty pronouncing sounds and words, stuttering, etc.)

**IMPORTANT INFORMATION**

- Enrollment in this program is not automatic. Incomplete applications will not be reviewed. Applications that do not have the signature of the doctor or certifying agent\* will not be reviewed.

\*A certifying agent must be a qualified health care professional or a representative of an institution, agency or non-profit 501c3 organization actively engaged in work in the disability area specified by the applicant. A certifying agent must have direct knowledge or documentation of the applicant's condition or functional limitation. Examples of certifying agents include licensed physicians and/or surgeons operating in the scope of their licenses, Vocational Rehabilitation Agency Counselors, Teachers, Audiologists, Optometrists, Credentialed Therapists, Directors of independent living centers, local, state, or national chapter presidents of associations of/for persons with disabilities, or verification from qualified state agencies such as commissions for the blind, state departments of rehabilitation, or the National Library Service for the Blind and Physically Disabled.

- AT&T is NOT responsible for any charges that you may receive to obtain certification.
- This is a voluntary program of AT&T that may be terminated at any time.
- You are required to notify AT&T if this exemption is no longer needed. Use of this exemption will be monitored by AT&T and is subject to review. Customer abuse of the exemption may result in its removal.

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(N)

Continued

NETWORK AND EXCHANGE SERVICES

A2. GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)
- H. SAMPLE FORMS (Cont'd)

Directory and Operator Assistance Exemptions - Application - Business (Cont'd)  
Page 3 of 3

(N)

**AT&T Application or Renewal Form for  
Operator Assistance and Local Directory Assistance Exemptions**

PRINT CLEARLY OR TYPE:

**Account Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Area Code/Telephone Number\*:** \_\_\_\_\_

*\*Note: The exemption will only be applied to the Telephone Number listed above.*

**Check One:** \_\_\_\_\_ Home \_\_\_\_\_ Business

**Billing Name:** \_\_\_\_\_

**Home Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Name of customer with disability:** \_\_\_\_\_  
(First Name) (MI) (Last Name)

**Relationship to person billed for service:**  
\_\_\_\_\_ Self \_\_\_\_\_ Parent \_\_\_\_\_ Spouse \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Signature of customer with disability:** \_\_\_\_\_

**Signature of person responsible for billing:** \_\_\_\_\_

**To be completed by Physician or Certifying Agent only:**

I, \_\_\_\_\_, certify that it is my professional opinion that  
Print Name Clearly

the applicant has one or more of the disabilities checked below that prevents or seriously limits use of telephone directories or impairs the individual's ability to complete calls using a standard keypad:

\_\_\_\_\_ Visual \_\_\_\_\_ Physical \_\_\_\_\_ Cognitive  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_ Tennessee only: 65 or Older  
(Proof of Age Required)

|                              |  |
|------------------------------|--|
| License #                    |  |
| Office Phone                 |  |
| Street Address               |  |
| City, ST, Zip                |  |
| Signature of Physician/Agent |  |

NOTE 1: Description - Multi-part, computer generated.

(N)

Continued

NETWORK AND EXCHANGE SERVICES

A2. GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)
- H. SAMPLE FORMS (Cont'd)

Directory and Operator Assistance Exemption - Acceptance Letter - Residence (N)

[Customer Name]  
[Address 1]  
[Address 2]  
[City], [State][ZIP + 4]

DATE

RE: [BTN]

Dear [Customer name],

Your AT&T Operator Assistance and Local Directory Assistance exemptions have been approved as of [Date]. These exemptions must be renewed every two years.

For questions, please call us at **800.772.3140** or **TTY users 800.651.5111**.

Thank you for choosing AT&T.

Sincerely,

AT&T

(N)

Note 1: Description - Single Sheet - Computer generated (N)

Continued

NETWORK AND EXCHANGE SERVICES

A2. GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)
- H. SAMPLE FORMS (Cont'd)

Directory and Operator Assistance Exemptions - Acceptance Letter - Business (N)

[Customer Name]  
[Address 1]  
[Address 2]  
[City], [State][ZIP + 4]

DATE

RE: [BTN]

Dear [Customer name],

Your AT&T Operator Assistance and Local Directory Assistance exemptions have been approved as of [Date]. These exemptions must be renewed every two years.

For questions, please call us at \_\_\_\_\_ (TTY 800.651.5111).

Thank you for choosing AT&T.

Sincerely,

AT&T

(N)

Note 1: Description - Single Sheet - Computer generated. (N)

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NETWORK AND EXCHANGE SERVICES

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A2. GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)
- H. SAMPLE FORMS (Cont'd)

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NETWORK AND EXCHANGE SERVICES

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A2. GENERAL REGULATIONS

- 2.3 FORMS (Cont'd)
- 2.3.1 GENERAL (Cont'd)
- H. SAMPLE FORMS (Cont'd)

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