



**RESPONSIBLE ORGANIZATION DESIGNATION AND CHANGE REQUEST
AGREEMENT OF AGENCY AND LETTER OF AUTHORIZATION**

Appointment of Agent

The undersigned Customer hereby authorizes DCT Telecom Group, Inc. (DCT) to act as its authorized agent for the appointment of responsible organization for the toll free numbers listed below. The authorization includes the ordering or rearrangement of toll free services, disconnection of service and any other changes deemed necessary by *DCT Telecom Group, Inc. to implement the toll-free services ordered.* The undersigned represents and warrants that it is the exclusive end-using subscriber of the toll free (8XX) number(s) listed herein and agrees to indemnify, defend and hold DCT harmless for all liability and expenses for any breach of that representation.

Toll Free Number	SWI	DED	Ring to Number/ DNIS	Coverage							
	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	50	<input type="checkbox"/>	CAN	<input type="checkbox"/>	PR	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	50	<input type="checkbox"/>	CAN	<input type="checkbox"/>	PR	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	50	<input type="checkbox"/>	CAN	<input type="checkbox"/>	PR	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	50	<input type="checkbox"/>	CAN	<input type="checkbox"/>	PR	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	50	<input type="checkbox"/>	CAN	<input type="checkbox"/>	PR	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	50	<input type="checkbox"/>	CAN	<input type="checkbox"/>	PR	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	50	<input type="checkbox"/>	CAN	<input type="checkbox"/>	PR	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	50	<input type="checkbox"/>	CAN	<input type="checkbox"/>	PR	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	50	<input type="checkbox"/>	CAN	<input type="checkbox"/>	PR	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	50	<input type="checkbox"/>	CAN	<input type="checkbox"/>	PR	<input type="checkbox"/>

Holder Information	
Current RespOrg ID:	
Holder Name:	
Address:	
City, State, Zip:	
Telephone:	
Authorized Signature:	
Printed Name:	
Title:	
Date:	