

AT&T Operator and Directory Assistance Exemptions:

AT&T has received your request for an Operator Assistance (OA) and/or Local Directory Assistance (DA) exemption or it's time to renew your existing exemption. We've made updates to improve your experience and simplify renewal.

What is Exempt?

- **OA and DA charges:**
 - Our operators will assist you without extra fees if a certified, covered disability prevents you from making calls.
 - You won't be charged for local directory assistance if a certified, covered disability prevents you from using phone directories.
- **Scope:** OA and DA exemptions apply only to local listings and do not include National DA, Reverse DA, or Business Category Searches.
- **Avoid Misuse:** AT&T checks exemption usage and may revoke an exemption for misuse.

Services Eligible for Exemption

- **Traditional Landline Service Customers:** OA and DA exemptions are available to eligible customers of AT&T traditional landline telephone service.
- **Telephone Number:** The exemptions are attached to the telephone number assigned to the traditional wireline service and will apply to OA and/or DA services provided to calls from that telephone number.

Getting Started

- **Application Needed:** You must apply for OA and DA exemptions; they're not given automatically.
- **Renewal Reminder:** If it's been two years since your exemption was granted or last renewed, please renew this last time! We'll explain more below.

Who Can Apply?

- **Who:** Any person (or their representative) residing at a location with AT&T traditional landline telephone service who has a certified, covered disability, as explained below, impairing their ability to make calls or use phone directories.

- **Disability Documentation:** A doctor or certified professional must provide written confirmation of the covered disability.

How To Apply or Renew

- **Application Process:** The provided form is valid for an exemption due to a certified, covered permanent disability. Complete and return the form with a doctor's or certifying professional's written confirmation of the covered disability, signature, and license number.
- **Exemption Period:** After the exemption is approved/granted, it no longer needs to be periodically renewed if the person with the disability resides at a location with the telephone number assigned the exemption.
- **Renewal Deadline:** Submit your renewal within 45 days of receiving the notice.
- **Processing Time:** Allow 7-10 business days for processing. Expect to see exemptions on your bill within two billing cycles.

Disabilities Covered

- **Visual:** Blindness, low vision, or inability to read standard print.
- **Physical:** Limited dexterity, loss of hand use, severe tremors, or paralysis.
- **Cognitive:** Short-term memory issues, difficulty sequencing numbers, or TBI effects.
- **Hearing:** Permanent hearing loss or decreased hearing.
- **Speech:** Difficulty pronouncing sounds and words, stuttering.

Important Program Details

- **Applications Must be Complete:** Incomplete applications or those without appropriate and complete accompanying documents, like a proper doctor or certifying professional certifications, won't be processed.
- **Certification Cost:** Applicants are responsible for all fees associated with obtaining certification from a doctor or certifying professional.
- **Voluntary Program:** This is an optional AT&T program, subject to discontinuation.
- **Update Us:** Inform AT&T if you no longer need the exemption.

Where To Send Completed Applications

- **Mail To:** AT&T, P.O. Box 91319, San Antonio, TX 78209



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

Account Number: _____ Date: _____

Area Code/Telephone Number*: _____

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

Billing Name: _____

Home Street Address: _____

City, State, Zip Code: _____

Region _____ MW _____ SE _____ SW _____ W

Name of customer with disability: _____

Relationship/Bill Name: __Self __Parent __Spouse __Other _____Specify.

Applicant signature: _____

Bill Name Signature _____

Physician or Certifying Agent only (WI. Residents - Do not Complete):

I, _____, certify that it is my professional opinion that the person identified above has one or more permanent disabilities that significantly hinders their ability to use a telephone directory and keypad.

___Visual ___Physical ___Cognitive ___Other(specify)___ TN only: 65 or older*
(*Proof of age required)

Required	Answer
License #	
Office Phone	
Street address	
City, State, Zip Code	
Signature of Physician/Certified Agent	