



ATT26999

(3-2017)

[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.

DIRECTIONS FOR RETURNING COMPLETED APPLICATION:

Mail to: AT&T
P.O. Box 91319
San Antonio, TX 78209

For questions, please call us at 800.772.3140 or TTY users 800.651.5111. Sincerely,
AT&T

Enclosures

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.

AT&T Application or Renewal Form for
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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: WI. Residents do not need to complete this portion

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	