



Application for Exemption from Directory Assistance Charges

Form with two columns: Applicant (Disabled Person) and Person to Whom Exempt Telephone Number is Billed (if other than Applicant). Fields include Last Name, First Name, MI, Address, City, State, Zip, Telephone Number(s) to be Exempt, and Signature of Applicant.

SECTION BELOW TO BE COMPLETED ONLY BY THE CERTIFYING AUTHORITY

The Certifying Authority must be a reputable professional whose knowledge and competence under the specific circumstances is generally accepted and acknowledged and/or an authorized employee acting for and on behalf of a special school, institution, or other recognized entity whose knowledge and competence under the specific circumstance is generally accepted and acknowledged.

The above Applicant is: \_\_\_ Blind \_\_\_ Visually Disabled \_\_\_ Physically Disabled (describe below) \_\_\_ Reading/Mentally Disabled (describe below)

Description: \_\_\_\_\_

I certify that the Applicant has the above disability that prevents them from using a telephone directory and/or from completing telephone calls.

Signature of Certifying Authority \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Title \_\_\_\_\_ Agency \_\_\_\_\_

The facts in this application may be reviewed periodically by CenturyLink Corporation.

Return completed application to: CenturyLink Corporation Center for Customers with Disabilities (CCD) P. O. Box 2670 Omaha, NE 68103 Fax: 1 866 826-4839 TTY & Voice: 1-800-244-1111