

**Letter of Agency (LOA)**

This letter authorizes Clarity Technologies Group, LLC to initiate a port request. All information **must be entered exactly as shown** on the bill/invoice of the current carrier. In addition to completing this form, you will need to provide a copy of your latest bill/invoice.

**Account or Company Name:**

**From the Carrier Bill or Invoice**

*Use the Service Address, not the Billing Address (unless they are the same)*

Street w/ Number (Required for Toll Free #s):

City:

State/Province:

Zip/Postal Code:

**Carrier Information**

Carrier Name:

Carrier Account Number:

Billing Telephone Number (BTN):

Port Type:

PIN/Passcode: *(if applicable)*

Full

Partial

**Porting**

*Please note that Clarity Technologies Group, LLC can't guarantee that the port will occur on the desired date and time*

Desired Port Date:

Desired Port Time:

**Numbers to Be Ported:**

*Separate with commas. For ranges, use a dash (i.e. 2163215000-2163215999). Please make a note below if you are attaching a separate list of numbers.*

This Letter of Agency ("LOA") hereby authorizes release of all customer proprietary network information ("CPNI"), as defined in 47 U.S.C. §222, to Clarity Technologies Group LLC. Such CPNI shall include but not be limited to customer name and number, billing records, service records and network and equipment records for the purpose of providing telecommunications or information services. This LOA will become effective on signature date and will remain in effect unless revoked in writing prior to that date.

1. Parties acknowledge that [Your Company Name] has obtained customer proprietary network information ("CPNI") as that term is defined in 47 U.S.C. §222.
2. [Your Company Name] authorizes Clarity Technologies Group LLC to use, disclose or access such CPNI as needed for the provision of telecommunications services to [Your Company Name]'s end user customers. Such use and disclosure includes, but is not limited to, population of CNAM databases by third party providers.
3. Parties acknowledge that pursuant to 47 C.F.R. §64.2005, [Your Company Name] may use, disclose, or permit access to CPNI for the purpose of providing service without authorization from its customers.
4. [Your Company Name] agrees that it will not require Clarity Technologies Group LLC to use, disclose or access CPNI for any reason other than for the provision of telecommunications or information services, as provided in 47 C.F.R. §64.2005(a). To the extent that Clarity Technologies Group LLC's performance of this Agreement includes activities outside the scope of those permitted in 47 C.F.R. §64.2005(a), [Your Company Name] will provide Clarity Technologies Group LLC with any necessary written customer authorization for the use, disclosure or access to CPNI prior to Clarity Technologies Group LLC's performance of those activities.
5. Clarity Technologies Group LLC agrees to take all reasonable steps to protect CPNI provided to it by [Your Company Name] in compliance with 47 U.S.C. §222.

Authorized Signature:

Date:

Print Name:

Title:

**All fields must be completed. Any invalid or missing information will result in delays and/or rejected orders.**