

**Name of Institution/Organization:** **CPUC Application No.:**

(Exactly as provided on CPUC Application/Website)

**Billing Address:** **City:** **State: CA Zip Code:**

**Service Address:       City:       State: CA Zip Code:**

**Qualifying Organization (Check one of the following):**

**School** **Library Community College  Community Based Organization, or Technology Center**

**County/Municipal owned and operated, or District Owned Hospital/Health Clinic**

* List each eligible account in **Section A** below by identifying the main Account Identification numbers, i.e., Billing Telephone Number (BTN), Bill Account Number (BAN), or Account Number (AN).
* If all Working Telephone Numbers (WTNs) associated with the Account Identification number are eligible to receive discounts, check **Box C** below.
* If all WTNs are not eligible, list both the main account number (BTN, BAN, or AN) and eligible Working Telephone Numbers in **Section B**.

Check **Box D** if you have included attachments

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| **Section A**  **Account Identification**  Billing Telephone Number (BTN)  Bill Account Number (BAN)  Account Number  **OR the identifier on the bill that represents your account** | **Section B**  **Eligible Account Identification**  **Working Telephone Number (WTN)**  **Cellular Telephone Number (CTN)**  **Circuit ID**  **OR the identifier on the bill that represents the eligible service(s) you are requesting CTF discounts on** |
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| ***Please use additional page for more than 10 accounts*** | |

**Box C** **Check this Box if:** ALL eligible billed items, for Account Identification Number listed above are to be discounted.

**Box D  Check this Box if:** You have attached an additional sheet(s). Remember to include Account Identification Number and ALL eligible billed items, or indicate ALL by checking Box C.

**Total pages attached including form**:



**Name of Preparer:** **Preparer Contact Tel #-   -   -     Ext:**

**Applicant Contact** **Name:       Applicant Contact Tel #   -   -     Ext:**

**Applicant Contact Title:** **Date:**

**Applicant Email** **address:**

**When you have completed this form, submit to appropriate AT&T CTF Center below:**

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| **CTF Services Billed:** | **Eligible Service Category** | **National E-Rate Center of Excellence (NECOE)/CTF Center of Excellence Contact** |
| **AT&T California** - AT&T Dedicated Ethernet (ADE)  - AT&T Switched Ethernet Services, (ASE)  - AT&T Switched Ethernet Services (ASE) with Network on Demand (NoD)  - Customized Switched Metro Ethernet (CSME)  - DecaMAN®,  - Dedicated SONET Ring Service  - DS0, DS1, DS3 Circuit,  - Fiber Broadband Bundle (FBB)  - Frame Relay Service  - GigaMAN®  - HI-CAP  - ISDN  - OC192, OC3, OC48 Circuit  - OPT-E-MAN®  - Switched 56 | Data Transmission | Voice: 800-333-9519  Email: [CTFNEWAPPS@att.com](file:///C:\Users\lr1239\Documents\CTFNEWAPPS@att.com) |
| **AT&T California**  - AT&T Business Fiber  - AT&T Internet for Business  - AT&T High Speed Internet – Business Edition, Digital Subscriber Line (DSL) | Internet Access |
| **AT&T Corp.**  - AT&T Dedicated Internet (ADI)  - AT&T Dedicated Internet Voice Bundle  - Ethernet access to Managed Internet Service (EaMIS)  - Fiber Broadband Bundle | Internet Access | Voice: 877-804-8185  Email: [necoe.ctf@att.com](mailto:necoe.ctf@att.com) |
| **AT&T Corp.** - ABN VPN Value Bundle  - Advanced Digital Network (ADN)  - AT&T Virtual Private Network (AVPN)  - MPLS Private Network Transport (MPLS PNT)  - OPT-E-WAN | Data Transmission |
| **AT&T Mobility\***  - Data plans for wireless devices (e.g. tablets, smart phones, wireless cards, etc.). | Wireless Internet Access | Voice: 866-829-8184  Email: NECOE [Mobility@att.com](mailto:Mobility@att.com) |

\* Mobility products (data plans and aircards) are eligible for discount only when E-rate has an approved funding exception for E-rate participants and CPUC explicit approval for Non-E-rate participants.

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