

**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: 800-333-9519Email: [CTFNEWAPPS@att.com](file:///C%3A%5CUsers%5Clr1239%5CDocuments%5CCTFNEWAPPS%40att.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: 877-804-8185Email: 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: 866-829-8184Email: NECOE 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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