Application for Exemption from Directory Assistance Charges

Applicant (Disabled Person)	Person to Whom Exempt Telephone Number is Billed (if other than Applicant)
Last Name First Name MI	Last Name First Name MI
Address	
City State Zip	
Telephone Number(s) to be Exempt (include area code)	I certify that the Applicant is a fulltime resident Member of my household. If the Applicant ceases to reside fulltime in my household, I will promptly advise CenturyLink Corporation
Applicant agrees to promptly advise (or cause to be advised) CenturyLink Corporation if the disability described here ceases to exist. Signature of Applicant (or person authorized to act on behalf of the Applicant): _____	Signature of the person billed for exempt telephone number: _____

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