

**Dear Customer:**

Brightspeed offers Directory Assistance at no charge for our qualifying disabled customers. This service allows you to use Local Directory Assistance at no charge. If you are a Brightspeed Long Distance subscriber you will also be able to use National Directory Assistance at no charge.

To apply for **this** service, complete the attached application and have your doctor review and sign it. Return the application to the address on the form. Upon receipt and approval of your application we will add this service to your account and send you a confirmation letter.

If you have any questions concerning this service, please feel free to call us at 833-692-7773.

Sincerely,

Center for Customers with Disabilities

**Directory Exemption Certifying Authorities**

The following professionals are acceptable certifying authorities on the Application for Exemption from Directory Assistance Charges form:

- Nurse
- Ophthalmologist
- Optometrist
- Physician
- Professional hospital staff member
- Professional librarian – MN only
- Psychologist
- Social workers (state and local)
- Staff of agency/center for the blind
- Therapist
- Welfare case workers (state and local)

## Application for Exemption from Directory Assistance Charges

<b>Applicant (Disabled Person)</b>			<b>Person to Whom Exempt Telephone Number is Billed (if other than Applicant)</b>		
Last Name	First Name	MI	Last Name	First Name	MI
Address			<b>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 Brightspeed.</b>  <b>Signature of the person billed for exempt telephone number:</b>		
City	State	Zip			
Telephone Number(s) to be Exempt (include area code)					
<b>Applicant agrees to promptly advise (or cause to be advised) Brightspeed if the disability described here ceases to exist.</b>  <b>Signature of Applicant (or person authorized to act on behalf of the Applicant):</b>					
<b>SECTION BELOW TO BE COMPLETED ONLY BY THE CERTIFYING AUTHORITY</b>					
The <b>Certifying Authority</b> 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.  <b>Signature of Certifying Authority</b> <b>Date</b>					
<input type="checkbox"/> DA Exemption: Disability prevents them from using a telephone directory and/or from completing telephone calls.					
<b>Printed Name</b>			<b>Telephone Number</b>		
<b>Title</b>			<b>Agency</b>		

**The facts in this application may be reviewed periodically by Brightspeed.**

Return completed application to:

Brightspeed  
 717 McGilvery Street  
 Fayetteville, NC 28301  
 TTY & Voice: 833-692-7773