

Dear Customer Name:

This certificate must clearly state that one of the following situations exists and which program is being requested.

1. Critical Care: A prolonged outage of service would give rise to a substantial risk of death or gravely impair the health of the customer or another permanent household resident.
2. Directory Assistance Exemption: The customer is unable to utilize a directory to locate telephone numbers or addresses.

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.

Critical Care is a program that provides priority restoral of service to customers who are at a substantial risk of death or grave impairment to health if the household is out of service for any length of time.

To apply for either of these services, 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

Critical Care or Directory Exemption Certifying Authorities

The following professionals are acceptable certifying authorities on the Application for Critical Care or 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 Critical Care or 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			<p>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 Corporation.</p> <p>Signature of the person billed for exempt telephone number:</p>		
City	State	Zip			
Telephone Number(s) to be Exempt (include area code)					
<p>Applicant agrees to promptly advise (or cause to be advised) Brightspeed Corporation if the disability described here ceases to exist.</p> <p><u>Signature of Applicant</u> (or person authorized to act on behalf of the Applicant):</p>					
SECTION BELOW TO BE COMPLETED <u>ONLY</u> BY THE CERTIFYING AUTHORITY					
<p>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.</p>					
<p>The above Applicant is: ___ Blind ___ Visually Disabled ___ Physically Disabled (describe below) ___ Reading/Mentally Disabled (describe below) Description:</p>					
<p>I certify that the Applicant has the above disability that requires priority restoration of service or prevents them from using a telephone directory and/or from completing telephone calls.</p> <p>Signature of Certifying Authority Date</p>					
<p><input type="checkbox"/> DA Exemption: Disability prevents them from using a telephone directory and/or from completing telephone calls. <input type="checkbox"/> Critical Care – Urgent restoration of service in event of an outage.</p>					
Printed Name			Telephone Number		
Title			Agency		

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

Return completed application to:

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