



Hamilton Telecommunications
Application for Exemption from
Directory Assistance / Local Operator Assistance Charges
 (Directory Assistance includes associated Local Operator Assistance Charges)

			To Be Completed if the Telephone Number to Be Exempted is in the Name of Someone Other Than Applicant I hereby certify that the applicant is a full-time resident member of my household. In the event that the applicant named herein ceases to reside full time in my household, or if the disability described herein ceases to exist, I will promptly advise Hamilton Telecommunications of this fact.
Name of Disabled Person Applying for Exemption (Last, First, M.I.)			
Address			
City	State	ZIP Code	
Area Code / Telephone Number (s)			Signature of Person to Whom Service is Billed

Note: Exemption will be effective with the first billing date following the processing of this application

To Be Completed By the Certifying Authority

Qualified Certifying Authorities Include:	
<ul style="list-style-type: none"> • Licensed Doctor / Nurse • Ophthalmologists ** • Therapists ** • Public Welfare Agencies • Institutions 	<ul style="list-style-type: none"> • Professional Hospital Staff Member • Librarian ** • Any person whose competence in this area is acceptable to the U.S. Congress Librarian **

I certify that the above individual has a disability which prevents:

- | | |
|---|---|
| <input type="checkbox"/> Use of the Telephone Directory
(Customer qualifies for Directory Assistance charge exemption) | <input type="checkbox"/> Manually Completing Telephone Calls
(Customer qualifies for Local Operator Assistance charge exemption) |
|---|---|

The above individual is / has a:

- | | |
|--|---|
| <input type="checkbox"/> Legally Blind * | <input type="checkbox"/> Physical Disability * (Describe below) |
| <input type="checkbox"/> Visual Disability * | <input type="checkbox"/> Other: _____ (Describe below) |

** See reverse for Legal Definitions of these terms.*

Description:

Signature	Title or Agency	Date
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* Each line to be exempted must be identified.** Directory Assistance Exemption The status of this application will be checked periodically by Hamilton Telecommunications.

For Company Use Only	Order Number	Date
	Issued By	

**Legal Definitions
Of
Visual and Physical Disabilities**

1. **Legally Blind**—those whose visual acuity is 20/200 or less in the better eye with correcting glasses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
2. **Visually Disabled**—those whose visual disability, with correction and regardless of optical measurement with respect to “legal blindness” are certified as unable to read normal printed material, such as the identity of telephone book size characters.
3. **Physically Disabled**—those who are certified by competent authority as unable to read or use ordinary printed materials, such as the identity of telephone book size characters, as a result of physical limitations, such as loss of hand, or use or control of hands; constant severe tremor, spasticity or paralysis; uncorrectable double or triple vision; incapacitating confinement as in an iron lung; severely debilitating conditions such as found in advanced Parkinson’s disease, cancer and the aftermath of stroke.

* Adapted from 38 C.F.R. 701.10(b) (1), (2), and (3) (1974)