

CHECK OFF LIST FOR TELEPHONE OR INTERNET SERVICE

TELEPHONE CHECK OFF LIST

_____ APPLICATION MUST BE FILLED OUT IN FULL AND MUST INCLUDE: SS# AND DOB

_____ COPY OF A VALID DRIVERS LICENSE

_____ CERTIFICATE OF RESIDENCY (**PHYSICAL ADDRESS**) FROM THE MORA PLANING & ZONING OFFICE: 575-387-5393

_____ LETTER OF CREDIT FROM A CURENT UTILITY COMPANY. SHOWING GOOD CREDIT STANDING FOR ONE YEAR. (**IT WILL WAVE \$155.00 DEPOSIT**)

_____ EASEMENT (MUST BE NOTARIZED) ALONG WITH THE SPECIAL CONSTRUCTION SHEET. (ADDITIONAL EASEMENT FROM NEIGHBORING PROPERTIES IF NEEDED.)

_____ BACKUP POWER SOURCE FORM

_____ CPNI FORM (**CUSTOMER PROPERTARY NETWORK INFORMATION**) PASSWORD FOR ACCOUNT.

_____ CUSTOMER SELECTION SHEET (FRONT AND BACK) LONG DISTANCE FORM.

_____ PIC FREEZE FORM (FREEZES THE SELECTION MADE ON THE CUSTOMER SELECTION SHEET)

INTERNET CHECK OFF LIST

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La Jicarita Rural Telephone Cooperative
P.O. Box 269 Mora, NM 87732-0269
Phone: 575.387.2216 | Fax: 575.387.9010

APPLICATION FOR MEMBERSHIP AND SERVICE
(THIS APPLICATION WILL BE RETURNED IF NOT COMPLETED IN FULL)

The undersigned hereby applies for membership and service with the La Jicarita Rural Telephone Cooperative, Inc., a corporation organized under the laws of the State of New Mexico for the purpose of telephone service. A deposit may be required if Applicant's credit rating is not satisfactory. **When telephone service becomes available, the Applicant will take service to be used on the premises described below within 30 days from the date service is made available by the Cooperative to the Applicant and in accordance with the Cooperative's Bylaws and rules and regulations established by State and Federal agencies.** Initial here: _____

MEMBERSHIP APPLICATION

DATE: _____

Business Name: _____ Federal TIN _____

Name: _____ SS No. _____ DL No. _____

Spouse: _____ SS No. _____ DL No. _____

Alternate Phone Number: _____

Email: _____

Mailing Address: _____ City _____ State _____ Zip _____

LOCATION OF PROPERTY

911 Address (Physical) _____ Landowner _____

Location (directions): _____

Neighbors: _____

Gates locked? _____ Gate combination: _____ Is this a new home? _____

Is this a mobile home? _____ Has there been service before at this location? _____

Description (color, etc..) of home _____

Who was the previous resident? _____

DIRECTORY INFORMATION

Name: _____ City: _____

Extra Listing(s) _____

DO YOU WANT TO BLOCK?

Collect Calls: Yes ____ No ____, 3RD Party Calls: Yes ____ No ____, 900/976 Calls: Yes ____ No ____

Signature of Applicant

Date

IF YOU HAVE QUESTIONS, PLEASE CALL 575-387-2216

WORKSHEET

CUSTOM CALLING FEATURES	USP	USP	Residence	USP	Business	
Call Forwarding		316	\$1.50	305	\$ 1.50	
Call Waiting		315	\$2.00	304	\$ 2.00	
Call Waiting w/Caller ID (On Copper)		340	\$4.95	340	\$ 4.95	
Distinctive Ringing/Call Waiting	384	\$1.00	332	\$2.00	332	\$ 2.00
Three-Way Calling		310	\$1.50	310	\$ 1.50	
Speed Dialing – 8 Numbers		321	\$1.50	323	\$ 1.50	
Speed Dialing – 30 Numbers		322	\$2.00	324	\$ 2.00	
Anonymous Call Rejection	329	\$0.50	381	\$1.00	381	\$ 1.00
Automatic Call Back	382	\$1.00	330	\$2.00	330	\$ 2.00
Automatic Recall	383	\$1.00	331	\$2.00	331	\$ 2.00
Calling Number & Name Delivery*		346	\$4.95	346	\$ 4.95	
Selective Call Acceptance	385	\$1.00	343	\$2.00	343	\$ 2.00
Selective Call Rejection	387	\$1.00	345	\$2.00	345	\$ 2.00
Selective Forwarding	386	\$1.00	344	\$2.00	344	\$ 2.00
Class Pkg-CW,CF,3WY,SC8		318	\$5.00	307	\$ 5.00	
Class Pkg-CW,CF,3WY,SC30		318	\$5.00	307	\$ 5.00	
Voice Mail 1 Mail Box (Upon Request)		402	\$0.00	404	\$ 0.00	
Voice Mail 5 Mail Boxes		403	\$9.95	405	\$16.95	

Total Monthly Charge: \$ _____

MONTHLY RECURRING CHARGES	USP	USP	
Local Service TD	113	\$19.00	108 \$27.58
Key System Line Access		-	103 \$23.00
NM USF	518	\$0.95	518 \$0.95 .95
Trunk Access Service		-	N/A \$35.00
FCC – End User Common Line	504	\$6.50	502 \$6.50 6.50
FCC – End User Common Line Multi Line Bus		-	501 \$9.20
Interstate – Access Recovery Charge	516	\$3.00	518 \$300 3.00
Federal Universal Service Charge (subject to change)	511		514
ST – End User Common Line	505	\$1.30	503 \$1.30 1.30
E911 Network Data Base	833	\$0.26	833 \$0.26 .26
E911 Emergency Surcharge	831	\$0.25	831 \$0.25 .25
LITAP Voice Only	205	(\$ 8.75)	
LITAP Bundled	200	(\$12.75)	
Off Premise Extension	220	\$2.00	213 \$2.50
Unpublished	313	\$0.50	303 \$0.75
Unlisted	312	\$0.50	302 \$0.75
Additional Directory Listing	311	\$0.50	301 \$0.75
Inside Wire Maintenance	319	\$0.25	308 \$0.25

Total Monthly Charge with no telephone features: \$ _____

TOTAL MONTHLY RECURRING CHARGES (does not include taxes and long distance charges) \$ _____

INSTALLATION CHARGES (non-recurring)	MEMBERSHIP FEE	\$10.00
USP	USP	
198 Link Up Disc Opt 2 (\$-11.00) \$	815 Service Order (\$12.00)	\$12.00
199 Link Up Disc Opt 1 (\$-18.50) \$	816 Line Connection (\$10.00)	\$10.00
839 Class Feature NRC (\$5.00) \$	873 Premise Visit (\$15.00)	\$15.00
829 Other Feature NRC (\$2.50) \$	818 Jack Charge (\$10.00) ea. _____ Qty	\$ _____
	817 Inside Wiring (\$10.00) ea. _____ Qty	\$ _____
	Sales Tax	\$ _____
	Deposit (If Applicable)	\$ _____
	TOTAL INSTALLATION CHARGES	\$ _____

\$155.00 DEPOSIT OR A LETTER OF CREDIT

Membership Status: _____ Single _____ Married

Signature of Applicant

Date



Ensuring Continuity Of 911 Communications

AVAILABILITY OF BACKUP POWER SOURCES

CUSTOMER FORM

I, _____ (Member),

acknowledge that La Jicarita Rural Telephone Cooperative has made me Aware that voice service will be unavailable during a power outage without backup power, and that this backup power will be required at the subscriber premises - such as to maintain continuity of access to 911. The Battery Backup Unit should always remain plugged in to a power source.

La Jicarita Rural Telephone Cooperative; shall offer at least one option with a minimum of eight hours of standby backup power (not talk time).

Report and Order FCC 15-98 PS Docket Nos. 14-174 Report and Order Effective August 11, 2016

Signature: _____

Date: _____

Name (Print): _____

Address: _____

Plant Superintendent: _____



Customer Proprietary Network Information (CPNI)

In order to comply with the FCC rules governing the use and protection of customer proprietary network information (CPNI) we are required to authenticate any person accessing account information. For your security, there are only two ways for you to access your account information.

- 1) By visiting the office and requesting the information in person at the LJRTC/NNMT office. A valid form of identification or password may be required in order to confirm that information is being released to an authorized party.
- 2) By calling the LJRTC/NNMT office and requesting the information. Account Information will not be released over the phone without a valid password. A password can be set up by either completing this form or visiting our office.

Please complete the following information:

Customer Name _____

Billing Account or Telephone Number _____

Your New Password (4-8 letters/numbers) _____

In the event you forget your password we can provide you with a back-up question that we can use to help identify you. Please answer ONE of the following questions. **PLEASE ONLY CHOOSE ONE.**

What was the color of your first car? _____

What is the name of your pet? _____

What community did you grow up in? _____

What is your favorite food? _____

Only persons listed on your account will be able to receive or change information related to your account unless specific authorization is given to allow others access to the information. If you would like to authorize anyone that is not currently on the account to access the account information, then please list up to **four (4) authorized persons in line below.** It is your responsibility to make sure they have the password you provided in order to access/change account information.

Please check one of the following:

_____ I give my consent for LJRTC/NNMT to use CPNI to tailor its service offerings.

_____ I do not consent to LJRTC/NNMT to using CPNI data except where required by law.

Signature: _____ Date: _____



PIC FREEZE AUTHORIZATION FORM

Membership Name: _____

Telephone Number: _____

Mailing Address: _____

(Please be sure that the name and address on this form match the name and address for the telephone number.)

I hereby authorize La Jicarita Rural Telephone Cooperative, Inc. to implement, effective immediately, a freeze of my provider for the service or services indicated by my signature or signatures below. I understand that I will be unable to make a change in provider for any of the services on which I place a freeze, unless I first instruct La Jicarita Rural Telephone Cooperative, Inc. to remove the freeze.

Freeze my IntraLATA long distance carrier (Your IntraLATA carrier provides your long distance service within the New Mexico LATA).

IntraLATA Carrier: _____

Signature

Date

Freeze my InterLATA long distance carrier (Your InterLATA carrier provides your long distance service outside the New Mexico LATA).

InterLATA Carrier: _____

Signature

Date

Should you choose, in the future, to orally instruct us to remove your freeze, the Federal Communications Commission requires that we confirm your identity before we remove your freeze. Please provide a password on the Customer Proprietary Network Information (CPNI) form so that will be able to comply.

**La Jicarita Rural Telephone Coop.
INTRALATA - Customer Selection Sheet**

Please select one company to provide your 1+ Intralata long distance service. For more information **regarding the services of these companies, please call the toll free number listed with each company name.** To insure proper billing of your 1+ long distance service you must notify the Intralata long distance provider you have chosen.

**CARRIER NAMES AND CONTACT NUMBERS
Residence and Business**

_____ 0000 La Jicarita Rural Telephone Coop.
Res: 1-800-742-7232
Bus: 1-800-742-7232

_____ 0432 Centurylink Communications
Res: 1-800-860-2255
Bus: 1-800-860-1020

_____ 0288 AT&T Long Distance Service
Res: 1-800-222-0300
Bus: 1-800-222-0400

_____ 0457 Excel Communications / Lingo
Res: 1-800-962-4631
Bus: 1-800-871-0999

_____ 5483 Verizon Select Services
Res: 1-800-343-2092
Bus: 1-800-343-2092

_____ 0752 Excel Communications
Res: 1-800-875-9235
Bus: 1-800-209-8133

_____ AT&T Customers
0288 Direct Billing
888-795-2717

_____ NONE (NO 1+ Calling Access)

_____ 1-800 ONLY

When you have chosen your Intralata long distance provider, you must return this form to La Jicarita Rural Telep Coop., Inc. The order in which the companies are listed does not indicate a preference nor a recommendation.
FAILURE TO CONTACT YOUR CARRIER DIRECTLY COULD RESULT IN SURCHARGES AND HIGHER TOLL RATES.

Telephone Number : _____

Signature : _____

Date : _____

**La Jicarita Rural Telephone Coop.
INTERLATA - Customer Selection Sheet**

Please select one company to provide your 1+ Interlata long distance service. For more information **regarding the services of these companies, please call the toll free number listed with each company name.** To insure proper billing of your 1+ long distance service you must notify the Interlata long distance provider you have chosen.

**CARRIER NAMES AND CONTACT NUMBERS
Residence and Business**

_____ 0432 Centurylink Communications
Res: 1-800-860-2255
Bus: 1-800-860-1020

_____ 0288 AT&T Long Distance Service
Res: 1-800-222-0300
Bus: 1-800-222-0400

_____ 0288 AT&T Direct Billing
888-795-2717

_____ 0457 Excel Communications/Lingo
Res: 1-800-962-4631
Bus: 1-800-871-0999

_____ 5483 Verizon Select Services
Res: 1-800-343-2092
Bus: 1-800-343-2092

_____ 0752 Excel Communications
Res: 1-800-875-9235
Bus: 1-800-209-8133

_____ NONE

_____ 1-800 ONLY

When you have chosen your Interlata long distance provider, you must return this form to La Jicarita Rural Telep Coop., Inc. The order in which the companies are listed does not indicate a preference nor a recommendation. **FAILURE TO CONTACT YOUR CARRIER DIRECTLY COULD RESULT IN SURCHARGES AND HIGHER TOLL RATES.**

Telephone Number : _____

Signature : _____

Date : _____



TELEPHONE LINE RIGHT-OF-WAY EASEMENT

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned:

Applicant's Name: _____

Address: _____

Landlord's Name: _____

Address: _____

for a good and valuable consideration, the receipt whereof is hereby acknowledged, do hereby grant unto LA JICARITA RURAL TELEPHONE COOPERATIVE, (hereinafter called "the Cooperative"), whose address is P.O. Box 269, Mora, New Mexico 87732, and to its successors or assigns, an easement and the right to enter upon the lands of the undersigned, situated in the County of Mora, State of New Mexico, and being more particularly described as follows:

A track of land approximately _____ acres in area, and being in Township _____

Range _____ Section _____ or as otherwise described see attached:

To construct, reconstruct, operate and maintain on or under the above described lands and/or in, upon, or under all streets, roads or highways abutting said lands, a telephone line or system, to cut and trim trees and shrubbery that may interfere with or threaten to endanger the operation and maintenance of said line or system and to license, permit or otherwise agree to the joint use of occupancy of said line or system by any other persons, firm or corporation for telephone or electrification purposes.

The undersigned agree(s) that all poles, wire and other facilities, including all telephone equipment, installed on the above-described premises at the Cooperative's expense, shall remain the property of the Cooperative, removable at the option of the cooperative.

The undersigned agree that Rights-of -Way and Easements, within the subdivision or property, satisfactory to the Cooperative, must be furnished by the applicant in reasonable time to meet construction and service requirements before the Cooperative shall be required to commence its installation. Such rights-of-way and easements must be cleared of trees, tree stumps and other obstructions and graded to within six inches of final grade, by applicant at no charge to the Cooperative. Such clearance and grading must be maintained by the applicant during construction by the Cooperative.

The undersigned covenant that they are the owners of the aforementioned lands and that the said lands are free and clear of encumbrances and liens of whatsoever character except those held by the following persons:

IN WITNESS WHEREOF, the undersigned have set their hands and seals

this _____ day of _____, 20_____.

(Owner) _____

(Owner) _____

ACKNOWLEDGEMENT

STATE OF NEW MEXICO)
) ss.
COUNTY OF MORA)

On this _____ day of _____, 20____, before my personally appeared _____;
and _____, to me known to be the person(s) described in and who executed the foregoing
instrument and acknowledged that they executed the same as their free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the date in this certificate first above written. My commission expires: _____.

Notary Public

STATE OF NEW MEXICO)
) ss.
COUNTY OF MORA)

I hereby certify that this instrument was filed for record on the _____ day of _____ A.D. ;
_____ at _____ o'clock _____ m. and was duly recorded in Book _____ of the records
of _____ page _____.

Witness my Hand and Seal of Office

County Clerk, Mora County, N.M.

Deputy

SPECIAL CONSTRUCTION

7.3 Installations of Telephone Lines Within Subdivision or Private Property

7.3.2.2 Rights-of-way and easements, within the subdivision or property, satisfactory to the Cooperative, must be furnished by the applicant in reasonable time to meet construction and service requirements before the Cooperative shall be required to commence its installation. Such rights-of-way and easements must be cleared of trees, tree stumps, and other obstructions and graded to within six inches of final grade, by applicant, at no charge to the Cooperative. **Such clearance and grading must be maintained by the applicant during construction by the Cooperative.**

Furthermore, the undersigned jointly and severally agree to indemnify and save harmless La Jicarita Rural Telephone Cooperative from any claim, liability, or damage arising from the construction of installing and/or repairs of telephone lines within the private property of the applicant. [Stick drawing, as demonstrated below, shall indicate the right-of-way by the applicant].

Applicant Name:(Print)_____ (Signature)_____

Home Phone Number:_____ (Additional Number):_____

LJRTC Employee:_____ RDM _____

[STICK DRAWING]

PLEASE INCLUDE ALL BURIED UTILITIES: (ELECTIC, GAS, SEPTIC, WATER, ETC.)