
Responsible Organization Letter of Authorization (Local)

A Letter of Authorization (LOA) must be completed by the end-user and supplied to INVOCA upon request. The LOA must contain the name and current service address of the end-user and the numbers that will be ported to INVOCA from the end-user's current carrier. The LOA used must comply with FCC regulations and must be dated and signed by the end-user or a person who has the authority to act as a legal agent.

Dear Customer,

Your prior service provider requires this letter as proof that you have explicitly authorized and requested that your service and current telephone number be transferred to another service provider. By filling in all the information requested below, and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to INVOCA

Please ensure the following information is completed accurately which will help prevent possible delays.

End-User Name (Business or Residential):

Person authorized to make this request if a business:

Service Street Address:

Suite or Apartment No:

City:

State:

ZIP Code:

Current Service Provider:

**Note that all Telephone Numbers listed below must be associated with this Name.*

Beginning Range TN

End Range TN

Billing (main acct) TN for porting TNs

- 1
- 2
- 3
- 4
- 5
- 6

(If large port, please attach spreadsheet - click here for [template](#)):

PLEASE REMOVE ANY FEATURES (i.e., Hunt Group) ASSOCIATED WITH THESE NUMBERS PRIOR TO SUBMITTING THIS LOA. ADDITIONALLY, PLEASE DO NOT PLACE ANY NEW SERVICE ORDERS OR DISCONNECTS WITH YOUR CURRENT SERVICE PROVIDER ON THIS ACCOUNT, AS THIS WILL CAUSE A DELAY IN PORTING YOUR NUMBERS.

By signing below, I designate INVOCA to transfer my service from my current provider to INVOCA. By signing below, I also authorize INVOCA to obtain billing information, customer service records and other network information required to provide me with INVOCA Service. I understand that I may consult with INVOCA as to whether a fee will apply to the change.

Print Name: _____ Date: _____

Signature: _____

If available, please include a scanned summary copy of a bill or Customer Service Record containing the company name and a scanned version of this completed form.