



**Directory Assistance Exempt Application**

I hereby request that my residential telephone service be exempt from directory assistance charges and/or local Operator Assistance charges based on the below certification.

I hereby certify that the applicant is full-time member of my household. In the event that the applicant name herein, ceases to reside in my household, or if the disability described herein ceases to exist, I will promptly advise Blackfoot Telecommunications Group of this fact. Annual Certification is required to maintain exemption.

**Name of Disabled Party:**

**Phone:**

Address:

City/State:

Zip:

Name of Party to be Billed

Signature:

Address:

City/State:

Zip:

**To be completed by a Certifying Authority:**

Qualified Certifying Authorities include a Licensed Doctor/Nurse, Professional Hospital Staff Member, Institutions, Therapists, Ophthalmologists, Optometrists, or Public Assistance Agencies.

I certify that the above individual has a disability which prevents: *(each line to be exempted must be identified)*

\_\_\_\_\_ The use of the Telephone Directory (Customer qualifies for Directory Assistance Charge Exemption)

\_\_\_\_\_ Manually Completing Telephone Calls (Customer qualifies for Directory Assistance Charge Exemption)

The above individual is /or has a:

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

Description: \_\_\_\_\_

Signature of Person Certifying: \_\_\_\_\_ Date: \_\_\_\_\_

Title and/or Organization: \_\_\_\_\_

**\*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 hands, 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.

The status of this application will be checked annually by Blackfoot Communications Group.