REQUEST FOR ASSIGNMENT OF AN ORGANIZATION NAME

Initial Request for Numeric Name		
Initial Request for Numeric and Alphanumeric Name Requested Alphanumeric Name		
Requesting Organization:		
Address:		
Address 2:		
City, State and Zip:		
Name of Requester:		
Title of Requester:		
Name of Contact:		
Title of Contact:		
Address:		
Address 2:		
City, State and Zip:		
Telephone:Facsimil	le:	
Email:		
For the following, please circle YES or NO:		
Do you wish the information supplied in this request YES	to remain confidential? NO	
Do you wish to have your organization Name registe Registration Authority?	red with the U.S. GOSIP NO	
Is your organization an organization of the Federal G YES	Government? NO	

PLEASE READ AND SIGN REVERSE SIDE OF THIS FORM

GOSIP Users Please Note: Registration with ANSI does not guarantee that the alphanumeric name registered will be accepted by the U.S. GOSIP Registration Authority. The U.S. GOSIP Registration Services "Instructions to Applicants" document can be obtained from the address below:

General Services Administration Office of Telecommunications services Registration Services, Room 1221-L KBA 18th and F Streets, N.W. Washington, DC 20405

ANSI is a not-for-profit corporation. By reason thereof and in further consideration of the services rendered by ANSI hereunder, applicant agrees that (i) any claim it may have against ANSI arising out of this program shall be resolved exclusively through arbitration in the City of New York before the American Arbitration Association and (ii) damages in such proceedings awarded against ANSI shall be strictly limited so as not to exceed the total amount of payments made by applicant to ANSI under this program. By signing below, the applicant agrees to these terms and represents that the person/organization submitting the application claims the rights to the name registered.

Signature of Requester	Date	

Please Note: Applications for Alphanumeric Names will be rejected if not signed.