

## TIA SS7 SSN Repository Assignment Notification Form

### ***About Filling Out This Form:***

You have several options when submitting this form to provide information:

Complete the following form and submit contribution during TIA TR-45.8 meeting for action; **OR**  
Complete the following form and e-mail it to: ATTN: Chairman, TIA TR-45.8

Information updates to tables will typically be introduced at the next meeting of TIA TR-45.8. You can check the schedule for future TIA TR-45.8 meetings at <http://www.tiaonline.org/all-standards/committees/tr-45> or by contacting the TIA TR-45.8 Chair.

If you have questions about this process or need additional information, please contact the TR-45.8 Chair or the office of the TIA Standards Secretariat at [standards@tiaonline.org](mailto:standards@tiaonline.org) .

Company	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State / Country	<input type="text"/>
Zip	<input type="text"/>
	<input type="checkbox"/> ADD
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> CHANGE
Table Information	<input type="text"/> <u>SSN Value ( Table #2 numeric value)</u>
	<input type="text"/> <u>Application</u> (Description or Proprietary assignment)
	<input type="text"/> <u>Source</u> (i.e., Company, Unknown -field assigned or Reference document)

Additional descriptive information if available

Signature: Your Name and Title

Signature here states that the person is certifying to the best of their knowledge that the information they are providing is accurate and complete.

Company Contact  
(if different than above)

Today's Date

Contacts' Phone Number

Contacts' Email

Address (if different than above)

City (if different than above)

State / Country (if different than above)

Zip (if different than above)