



# APPLICATION FOR EXEMPTION FROM DIRECTORY ASSISTANCE / LOCAL OPERATOR ASSISTANCE CHARGES

(Directory Assistance Includes Associated Local Operator Assistance Charges)

Date: \_\_\_\_\_

Customer Phone Number: \_\_\_\_\_

Name of Disabled Person Applying for Exemption (print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Area Code & Telephone Number: \_\_\_\_\_

Area Code & Telephone Number: \_\_\_\_\_

**To be completed if the telephone number to be exempt is in the name of someone other than the applicant.**

I hereby certify that the applicant is a full-time resident member of my household. In the event that the applicant named herein ceases to reside full-time in my household, or if the disability described herein ceases to exist, I will promptly advise Gardonville Cooperative Telephone Association of this fact.

\_\_\_\_\_

Signature of Person to Whom Service is Billed

\_\_\_\_\_

Telephone Number

## THIS SECTION TO BE COMPLETED ONLY BY THE CERTIFYING AUTHORITY

**Qualified Certifying Authorities Included:**

- Licensed Doctor/Nurse
- Ophthalmologists\*
- Public Welfare Agencies
- Institutions
- Professional Hospital Staff Member
- Librarian\*
- Any person whose competence in this area is acceptable to the US Congress Librarian

\*Directory Assistance Exemption

I certify that the above individual has a disability which prevents:

- Use of the Telephone Directory (Customer qualifies for Directory Assistance charge exemption)
- Manually Completing Telephone Calls (Customer qualifies for Local Operator Assistance charge exemption)

The above individual is / has a: (See page 2 for legal definitions of the following terms)

- Legally Blind
- Physical Disability (describe below)
- Visual Disability
- Other \_\_\_\_\_ (describe below)

DESCRIPTION:

\_\_\_\_\_

<b>Signature of Certifying Authority</b>  _____	<b>Title and Agency</b>  _____	<b>Date</b>  _____
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## **LEGAL DEFINITIONS OF VISUAL, PHYSICAL AND MENTAL DISABILITIES**

- LEGALLY BLIND** Those whose visual acuity is 20/200 or less in the better eye with corrective glasses or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
- 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 materials.
- PHYSICALLY DISABLED** Those who are certified by a competent authority as unable to read or use ordinary printed materials, as a result of physical limitation, such as loss of hands, or use and control of hands, constant severe tremor; spasticity or paralysis; uncorrectable double or tripe vision; incapacitating confinement, as in an iron lung; severe debilitating conditions such as found in advanced Parkinson’s disease, cancer, and the aftermath of a stroke.
- MENTAL LIMITATION** Any person who has been diagnosed as having significantly subaverage intellectual functioning existing concurrently with demonstrated defects in adaptive behavior and manifested during the development period.

**Return completed application to: Gardonville Cooperative Telephone Association  
800 Central Avenue North  
Brandon, MN 56315  
Phone: 320-524-2211  
Toll Free: 888-236-3574**