



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:

Signature of Certifying Authority _____	Title and Agency _____	Date _____
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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**