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| Project | IEEE 802.16 Registration Authority Issue |
| Title | Proposed Request Form 2 on 802.16 Operator ID for IEEE Registration Authority |
| Date: | 2006-09-28 |
| Source(s) | <p>Scott Probasco scott.probasco@nokia.com Nokia 6000 Connection Drive, Irving, TX 75039</p> <p style="text-align: right;">As Chairman of the OID Ad Hoc</p> |
| Re: | IEEE 802.16-06/016r3 (Letter to RAC regarding 802.16) |
| Abstract | This document is input to Operator ID ad hoc. |
| Purpose | As the basis of an IEEE Registration Authority to assign Operator IDs per IEEE Std 802.16. |
| Notice | This document has been prepared to assist IEEE 802.16. It is offered as a basis for discussion and is not binding on the contributing individual(s) or organization(s). The material in this document is subject to change in form and content after further study. The contributor(s) reserve(s) the right to add, amend or withdraw material contained herein. |
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Request Form for IEEE Assignment of an IEEE 802.16 Operator ID (OID)

Requestor/company hereby agrees to indemnify and hold IEEE harmless from any claim arising out of Requestor's use of assignments or misuse of any assigned number. Signor agrees to notify IEEE of any changes of address or contact information. IEEE Registration Authority is unable to process any application without acceptance of the indemnification statement.

I Accept I Do Not Accept

Request Form

You will receive your assignment within seven (7) business days of the receipt of this application and payment. If IEEE Registration Authority places the application on hold for any reason, the applicant has thirty (30) days to rectify the problem. If the problem is not rectified within thirty (30) days, the application process will be terminated and the applicant can re-apply once they have resolved the issue.

IEEE does not honor requests for applicant-specified identifiers. The OID shall not be requested for the sole purpose of resale.

Registration Information

(All fields in **bold** are **required**. Click [?](#) for more information about each field.)

Part 1*Requestor's Information***Requestor Name** [?](#)**Job Title** [?](#)**Organization Name** [?](#)**Address Line 1** [?](#)**Address Line 2** [?](#)**City** [?](#)**State/Province** [?](#)**ZIP or postal code** [?](#)**Country** [?](#)**Phone Number** [?](#)**Fax Number** [?](#)**E-mail Address** [?](#)**Part 2***Administrator's Information* Same As Requestor**Administrator's Name** [?](#)**Job Title** [?](#)**Organization Name** [?](#)**Address Line 1** [?](#)**Address Line 2** [?](#)**City** [?](#)**State/Province** [?](#)**ZIP or postal code** [?](#)**Country** [?](#)**Phone Number** [?](#)**Fax Number** [?](#)**E-mail Address** [?](#)**Part 3**

Company InformationYour company type ? Parent Subsidiary Neither*If Parent or Subsidiary is checked, please complete Part 4.*Initial corporate assignment request? Yes No

(If your answer above is No, under what company name have you requested an assignment?)

Part 4

Related Company Information ?

If the organization listed above has subsidiaries or parent companies other than your company, then you must fill in information below for up to three related organizations. If you have more than three entries, please feel free to make copies of this form before completing. Fax the completed form to +1 732-562-1571.

Related Company 1

Contact's Name

Contact's Title

Organization/Company Name

Address Line 1

Address Line 2

City

State/Province

ZIP or postal code

Country

Phone Number

Fax Number

E-mail Address

Company type Parent Subsidiary

Related Company 2

Contact's Name

Contact's Title

Organization/Company Name

Address Line 1

Address Line 2

City

State/Province

ZIP or postal code

Country

Phone Number

Fax Number

E-mail Address

Company type Parent Subsidiary

Related Company 3

Contact's Name

Contact's Title

Organization/Company Name

Address Line 1

Address Line 2

City

State/Province

ZIP or postal code

Country
Phone Number
Fax Number
E-mail Address
Company type Parent Subsidiary

Assignees are required to notify the IEEE Registration Authority (IEEE RA) of any changes to the following information: Company Name, Administrator, Company Address, Telephone Number, Fax Number, E-mail Address.

Part 5

Number of IEEE 802.16 Operator IDs being requested

My company requests [field must have fixed range of 1-100] IEEE 802.16 Operator ID(s).

Note: Multiple assignments are allocated in contiguous blocks.

Part 6

Payment Information

Payment method: ?

- Please send a ProForma Invoice.
- Company will send a check drawn on a US Bank for (US) \$[TBD].
- Company will make a wire transfer. (Click link for instructions)
- Company will send a purchase order. (Credit Application Required)
- Company will pay now by credit card.

Credit card type:

Visa

Master Card

American Express

Diners Club

Discover Card

Credit card number

Name on credit card

Expiration date (MM/YYYY format)

If there are any questions regarding this form, please e-mail ieee-registration-authority@ieee.org or call +1 732-465-6481.

To subscribe to the IEEE RAC Public Reflector, please see [Subscribing to the Standards RAC Public Reflector](#) --> Make a note of the Mailing List Name: `stds-rac-public`

Questions and Answers for OID Applications

1.Part 1

| | |
|--------------------|-------------------------------------------------------------------------|
| Requestor Name | first and last name of the individual that is requesting the assignment |
| Job Title | name of the position held within the company |
| Organization Name | name of the company |
| Address Line 1 | first line of address |
| Address Line 2 | second line of address (if applicable) |
| City | city that company is located in |
| State/Province | state or providence (whichever applies) that company is located in |
| Zip or postal code | zip code or postal code that company is located in |
| Country | country from drop down list that your company is located in |
| Phone Number | phone number of Requestor |
| Fax Number | fax number of Requestor |
| E-mail Address | e-mail address of Requestor |

2.Part 2

| | |
|--------------------|---------------------------------------------------------------------------------------------------------------------|
| Administrator Name | first and last name of the individual that is responsible for maintaining the assignment (can be same as Requestor) |
| Job Title | name of the position held within the company |
| Organization Name | name of the company |
| Address Line 1 | first line of address |
| Address Line 2 | second line of address (if applicable) |
| City | city that company is located in |
| State/Province | state or providence (whichever applies) that company is located in |
| Zip or postal code | zip code or postal code that company is located in |
| Country | country from drop down list that your company is located in |
| Phone Number | phone number of Administrator |
| Fax Number | fax number of Administrator |
| E-mail Address | e-mail address of Administrator |

3.Part 3

| | |
|------------|-------------------------------------------------------------------------------------------------------------|
| Parent | the company owns other companies (must complete part 4) |
| Subsidiary | the company is owned by another company or companies (must complete part 4 with parent company information) |
| Neither | the company is neither owned by or owns any other company |

If this is your first time requesting an OID, please choose Yes. However, if your company or any company affiliated with your company has received an OID assignment, please select No and enter the company name that was issued the assignment(s).

4.Part 4

Related companies as described in Part 3 must be included in this section. If there is no contact information, please ensure that the company name and address are listed.

5.Part 6

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| Proforma Invoice | This option is chosen if an invoice is needed prior to releasing payment. If this option is not chosen prior to clicking submit, |
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| | it will be necessary to complete another application in order to request an electronic version. |
| Check | When the company is ready to send a check, it is imperative that it is sent to the exact address in the e-mail. |
| Wire Transfer | The application will not be processed until the wire transfer confirmation of receipt from the IEEE Accounting department is received. The wire transfer receipt must be faxed if the payment is sent under a name other than the one on the application. |
| Purchase Order | The purchase order must be faxed as stated in the e-mail that will be sent upon submittal of the application. |
| Credit Card | Please ensure that the credit card number and expiration date are correct to avoid any delays in the processing of the request. |

* The public reflector can be used to voice any concerns or spark discussions regarding any Registration Authority (OID) issues.