



Solusur LLC

Telephone: 646-233-1200

Email: [mbiadmin@solusur.com](mailto:mbiadmin@solusur.com)

website: <https://mbiadmin.com>

## MBI Management – New MBI Application

### Requester Information

Company Number:	<input type="text"/>	Company Name:	<input type="text"/>
Requester's User ID:	<input type="text"/>	Phone:	<input type="text"/>

### Application Data

Account ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Name:	<input type="text"/>		
Range Requested:	<input type="checkbox"/> Whole <input type="checkbox"/> Partial    Partial ranges can only be approved if you have met the requirements in Annex G of the <i>MBI Assignment Guidelines</i> and an issue contribution has been approved by the MOC. Please include the MOC Issue Contribution Number in the Comments field.		
Specified MBI Number:	<input type="text"/>	Or <input type="checkbox"/> Check here to select next available MBI	
Requested Range (if requesting a partial range):	<input type="text"/>	<input type="text"/>	<input type="text"/>
MBI Implementation Date:	<input type="text"/>		

#### Will This MBI be used in a Non-LNP environment?

- Yes – If you answer "Yes," you must supply a "Specified MBI Number" above to match the assigned NPA-NXX.  
 No

#### Has this account reached 60% utilization per Section 6.3 of the *MBI Assignment Guidelines and Procedures*?

- Yes  
 No – If you answer "No," please attach a utilization exception per Section 6.4 of the *MBI Assignment Guidelines and Procedures* and any supporting information.

### Comments

### Payment Information

Payment Amount = \$35+ \$5 (if manual application)

- For each new MBI there is a non-refundable/non-recurring application fee.



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Enclosed Check – Number:

**Please make checks payable to: Solusur LLC**

Credit Card – Check card type and complete information below:  MasterCard  Visa  AmEx

Credit Card Number:	<input type="text"/>	Expiration Date:	<input type="text"/>
Card Holder's Name:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
	<input type="text"/>	Zip:	<input type="text"/>

**Certification**

**I am the authorized user to which the Requester's User ID (entered above) was assigned and I certify that the information provided on this form is accurate. If provided, I also authorize the above credit card payment information.**

Authorized Name (printed):	<input type="text"/>
Authorized Signature:	<input type="text"/>
Date Signed:	<input type="text"/>