



**APPENDIX A  
User Profile Form  
ePort User Profile**

Carrier Name \_\_\_\_\_

CCNA (3 alpha/numeric identifier): \_\_\_\_\_

SPID (4 alpha/numeric identifier): \_\_\_\_\_

*\*\*\*\*\* Please complete a separate User Profile form for each CCNA and SPID combination. \*\*\*\*\**

**Please check all that is applicable to your Company:**

Local Service Provider       Clearinghouse

**Carrier ePort Communication Point of Contact (i.e. updates & availability)**

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PLEASE E-MAIL COMPLETED FORM TO PORTOUTESC@ONECOMMUNICATIONS.COM  
OR  
FAX TO 585-530-2925