



# Line Separation Request Under Safe Connections Act

The Safe Connections Act, (SCA) has been enacted by Congress to ensure survivors of domestic and other related crimes and abuse violence can separate from abusers without losing independent access to their mobile service plan. In order to requesting relief from the pursuant to section 345 of the Communications Act and the FCC rules please provide the following information.

Survivor Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Separating From: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Service Number(s) to be moved:    Service in use by:    Should the device and any applicable freedom  
 installment agreement be moved with the line(s)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Rate Plan requested, or no change to plan:

\_\_\_\_\_

What is your preferred method of contact , (call, text, email, letter)?

\_\_\_\_\_

Information for new account, if known:

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

Address:

\_\_\_\_\_

You may qualify for a Lifeline discount. Lifeline is a government benefit program designed to reduce the cost of voice telephone service. Only eligible consumers may enroll in the program and proof of eligibility documentation is necessary for enrollment. By law, Lifeline service is only available for one phone per household, whether wireline or wireless service, but not both. Lifeline service may not be transferred, even to another eligible customer. Consumers who willfully make false statements in order to obtain lifeline service can be punished by fine or imprisonment or can be barred from the program. Visit <https://www.nex-techwireless.com/assistance-programs> for information and link to application.

In order to process this request, please send this form as well as Eligible documentation to [officeofprivacy@ntwls.com](mailto:officeofprivacy@ntwls.com). To meet the requirement for demonstrating survivor status, survivors must submit one or more of the eligibility documents prescribed by the SCA:

- (1) A copy of a signed affidavit from a licensed medical or mental health care provider, licensed military medical or mental health care provider, licensed social worker, victim services provider, licensed military victim services provider, or an employee of a court, acting within the scope of that person's employment.
- OR
- (2) A copy of a police report, statements provided by police, including military or Tribal police, to magistrates or judges, charging documents, protective or restraining orders, military protective orders, or any other official record that documents the covered act. The documentation provided should clearly indicate a known name for the abuser and the survivor, as well as include some kind of affirmative statement that constitutes an indication that the abuser actually or allegedly committed an act that qualifies as a covered act against the survivor or an individual in the care of a survivor.

Full Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

# CPNI FORM

Please ensure all answers are printed legibly for timely processing of this form.

Account Number (if known): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Customer (Account Holder): \_\_\_\_\_

Nex-Tech Wireless Account Password: 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

*Must be between 4 and 10 characters*

Choose Security Question:

*Please check only one security question*

What city is your high school in?

What is the model of your first car?

What is the name of your favorite pet?

What is your favorite sports team?

What street did you grow up on?

Where did you spend your honeymoon?

Answer to Security Question: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*An Account Holder signature and date is required to process this form.*

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Authorized Users:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

Will Authorized Users Have a Different Password?  Yes  No

If Yes, Enter Separate Password Here: 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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*Must be between 4 and 10 characters*