



**Application for Discount for Minnesota Customers on
Speed Dial 8 Charges**

Applicant (Disabled Person)			Person to Whom Telephone Number is Billed, if other than Applicant		
Last Name	First Name	MI	Last Name	First Name	MI
Address			<p>I certify that the Applicant is a fulltime resident member of my household. If the Applicant ceases to reside fulltime in my household, I will promptly advise Qwest Corporation.</p> <p><u>Signature of Person Whom Telephone Number is Billed, if other than the applicant:</u></p>		
City	State	Zip Code			
Telephone Number(s) to be Exempt (include area code)					
<p>Applicant agrees to promptly advise (or cause to be advised) Qwest Corporation if the disability described here ceases to exist.</p> <p><u>Signature of Applicant</u> (or person authorized to act on behalf of the Applicant):</p>					

SECTION BELOW TO BE COMPLETED ONLY BY THE CERTIFYING AUTHORITY

<u>Qualified Certifying Authorities include:</u>		
Minnesota (MN) ONLY:		
<ul style="list-style-type: none"> • Licensed Doctor/Nurse, Ophthalmologist or Optometrist • Professional Hospital Staff Member • Therapist • Institutions and public welfare agencies • Professional librarian or any person acceptable to the U.S. Librarian of Congress as having the competence in identifying physical disability that is sufficiently severe to prevent reading or using conventional reading materials. 		
<p>The Applicant is: (See second page for information)</p> <p><input type="checkbox"/> Blind <input type="checkbox"/> Physically Disabled (describe below)</p> <p><input type="checkbox"/> Visually Disabled <input type="checkbox"/> Reading/Mentally Disabled (describe below)</p> <p>Disability Description: _____</p>		
I certify that the Applicant has the above disability that significantly impairs their ability to telephone calls.		
<u>Signature of Certifying Authority</u>	Title and Agency	Date

The facts in this application may be reviewed periodically by Qwest Corporation

For Company Use Only	Order Number	DD
	Issued By	

**Definitions of Visual, Physical and Mental Disabilities
(Based on 36 C.F.R. 701.10)**

The Certifying Authority must certify one or more of the following:

Blind --- The applicant is “Blind” if the Applicant’s visual acuity is 20/200 or less in the better eye, with correcting glasses, or if the Applicant’s widest diameter where visual field subtends angular distance no greater than 20 degrees.

Visually Disabled --- The Applicant is “Visually Disabled” if even with correction and regardless of optical measurements, the Applicant is unable to read standard printed materials.

Physical Disabled --- The Applicant is “Physically Disabled” if the Applicant is unable to read or unable to use standard printed materials, due to physical limitations, such as but not limited to, loss of or inability to use limbs, tremors, paralysis, confinement, etc.

Reading/Mentally Disabled --- The Applicant is “Reading/Mentally Disabled” if the Applicant is unable to read or unable to use standard printed materials, due to organic dysfunction, failure of intellectual development, or accepted mental or behavioral disability.



Return completed Application to Qwest via one of the following methods:

- **Mail** ---
Qwest Center for Customers with Disabilities
Qwest Corporation
P. O. Box 2670
Omaha, NE 68103
- **TTY** ---
1 800 223-3131
- **Fax** ---
1 866 826-4839 or 402 422-5008