



Mail: Frontier OSC
P.O. Box 5166
Tampa, FL 33675
Fax: (844) 387-2500
Email: CustomerID@ftr.com

Positive Identification Form

Customer/Business Name: _____

Service Order #: _____ Telephone #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SPECIFY FORMS OF IDENTIFICATION PRESENTED TO FRONTIER.

One form of Non-Expired Government Issued Photo ID is acceptable. Otherwise, two separate forms of Positive Identification are required. The first form must be a valid picture ID. The second form must be a valid state/government issued ID.

- Social Security Card _____
(Provide SSN)
- Driver's License or State-Issued Identification Card _____
(Provide Number)
- Birth Certificate _____
- Other (i.e. Passport, Business Tax ID Form) _____
(Print type of identification and any associated number)

I, _____
(Print your name) declare under penalty of law, that the identification presented to Frontier, to the best of my knowledge, authentic.

Signature

Date

Customer Instructions

- 1) Fill in all appropriate blanks on this form.
- 2) Check off the appropriate forms of ID that will be presented for identification.
- 3) Have the form completed. Submit copies of the identifications with the completed form to the applicable address shown above or fax number.
- 4) Make a copy of this form for your records if you mail the originals to the applicable address shown above.
- 5) If emailing the form, please include POS ID and your Billing Telephone Number associated with your order in the subject line (xxx-xxx-xxxx or xxxxxxxxxx).
- 6) We will make the necessary changes or updates to your account. If you have any questions regarding this form, please contact Frontier at 800-921-8101 (residential customers) or 800-921-8102 (business customers).

IDENTIFICATIONS MAY BE COPIED HERE