



Mail: Frontier OSC
P.O. Box 5166
Tampa, FL 33675
Fax: 844.387.2500
Email: CustomerID@ftr.com

Positive Identification Form

Customer/Business Name
Order/Quote #: Telephone #:
Service Address:
City: State: Zip:
Email Address:

A COPY OF YOUR VALID IDENTIFICATION NEEDS TO BE INCLUDED FOR THIS FORM TO BE ACCEPTED

DEPOSIT MAY BE REQUIRED

INSTRUCTIONS:

- 1. Fill in all blanks on this form and check-off the appropriate ID that will be presented for identification.
2. Submit the completed form and copy of Identification to the applicable email/ mailing address or fax number shown above.
3. If emailing the form, make sure you include your name, the order /quote number in the subject line of the email
4. Make a copy of this form for your records if you mail the originals to the applicable address shown above.
5. We will make necessary changes or updates to your account. If you have any questions, regarding this form, please contact Frontier at 800-921-8101 (Residential Orders) 877-312-3812 (Residential Quotes) or 800-921-8102 (Business Orders)

SPECIFY FORMS OF IDENTIFICATION PRESENTED TO FRONTIER

One form of Non-Expired Government Issued Photo ID is acceptable. Otherwise, two separate forms of Positive Identifications 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 Last 4 of 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, declare under penalty of law, that the identification (Print your name)

Presented to Frontier, to the best of my knowledge authentic.

Signature

Date

IDENTIFICATIONS MAY BE COPIED HERE