

**MODIFICATION # 8  
TO  
CONTRACT NUMBER VA-171023-CELL  
BETWEEN  
THE COMMONWEALTH OF VIRGINIA  
AND  
CELLCO PARTNERSHIP D/B/A VERIZON WIRELESS**

This MODIFICATION No. 8 (the "**Eighth Modification**") is an agreement between the Virginia Information Technologies Agency ("**VITA**"), pursuant to § 2.2-2012 of the *Code of Virginia* and on behalf of the Commonwealth of Virginia ("**Commonwealth**"), and Cellco Partnership, a Delaware general partnership d/b/a Verizon Wireless (hereinafter referred to as "**Supplier**" or "**Verizon Wireless**"). Once executed by both parties, this Eighth Modification is hereby incorporated into and made part of Contract VA-171023-CELL (the "**Contract**").

**1. Add a new subsection under Section 11 - RATES, ORDERS AND COMPENSATION**

**P. Transfer of Lines of Service**

To document transfers of Lines of Service, or Mobile Telephone Numbers (MTN) from, or to, any Commonwealth of Virginia Account, the Supplier agrees to utilize a hardcopy, two-party agreement, commonly referred to as an Assumption of Liability (AOL) form, signed by authorized individuals from all affected accounts.

Copies of the Assumption of Liability and the VITA issued Work Order referencing the MTN shall document both parties agreement to effect transfer.

The Assumption of Liability that is appropriate for the parties involved in the transfer:

- Agency to Agency
- Government to Personal
- Individual to Government

**2. Change - EXHIBIT E – INDIVIDUALS AUTHORIZED TO ORDER SERVICES**

Delete **Pamela Wood-Henry** as an Ordering Officer.

The foregoing is the complete and final expression of the parties' agreement to modify Contract VA-171023-CELL and cannot be modified, except by writing signed by duly authorized representatives of both parties.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

PERSONS SIGNING THIS CONTRACT ARE AUTHORIZED REPRESENTATIVES OF EACH PARTY TO THIS CONTRACT AND ACKNOWLEDGE THAT EACH PARTY AGREES TO BE BOUND BY THE TERMS AND CONDITIONS OF THE CONTRACT.

CELLCO PARTNERSHIP D/B/A  
VERIZON WIRELESS

BY: 

NAME: Clifton Miller Jr.

TITLE: Director - Contract Management

DATE: September 20, 2019 \_\_\_\_\_

VITA, on behalf of the  
COMMONWEALTH OF VIRGINIA

BY: 

NAME: J.B. Edmonds Jr.

TITLE: Telecommunications Manager - SCM

DATE: 9/20/19

## Transfer Your Service Authorization Agency to Agency Liability rev. 03.15.2017

Agency A ("Assignor") hereby agrees to assign liability for certain mobile number(s) (single number identified below, multiple numbers identified in the attached spreadsheet titled "Attachment A") to Agency B ("Assignee"), and Assignee hereby agrees to assume liability for said mobile number(s) from Assignor.

The following conditions apply to this Transfer Your Service request:

- Assignee must submit to Government Contract eligibility verification and submit a purchase order to Verizon Wireless, if not previously in existence. If Purchase Order is not in existence, wireless number will not be assigned.
- Assignor's account on each of the applicable mobile numbers to be transferred must be current.
- Liability for billing and all other rights in each mobile number will not transfer from Assignor to Assignee until processing by Verizon Wireless is complete. (Normal processing time is 72 business hours). Assignor remains liable for all charges associated with each mobile number until transfer of service is completed.
- Once the Transfer Your Service request described herein is completed, Assignor shall have no further responsibility for any obligations associated with the assigned mobile numbers.
- Once the Transfer Your Service request described herein is completed, Assignee shall be solely responsible for all obligations associated with the assumed mobile numbers subject to the terms and conditions of its existing agreement with Verizon Wireless.
- Signatures on this document must be from an authorized government representative or contracting officer.

Acknowledged and agreed:

### AGENCY A (ASSIGNOR)

Agency Name: _____  Agency Address: _____  City: _____ State: _____ Zip: _____  Fed Tax ID: _____  Wireless Number to be assigned: <i>Note: Multiple numbers should be provided on spreadsheet titled Attachment A</i>	Signed (Authorized POC): _____ Date: _____  Name: _____  Title: _____  Contact Number: _____  Account Number of Wireless Number to be assigned: _____
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### Agency B (ASSIGNEE)

Agency Name: _____  Agency Address: _____  City: _____ State: _____ Zip: _____  Fed Tax ID: _____  Account Number(s): _____  Feature: _____ MB/GB: _____ Cost: _____	Signed (Authorized POC): _____ Date: _____  Name: _____  Title: _____  Contact Number: _____  Price Plan Name: _____  Price Plan Cost and Allowance: _____
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Scan and email completed form to [federalaccountsupport@VerizonWireless.com](mailto:federalaccountsupport@VerizonWireless.com)

## Transfer Your Service Authorization Agency to Non-Government Funded Entity rev. 03.15.2017

Agency A ("Assignor") hereby agrees to assign liability for certain mobile number(s) (single number identified below, multiple numbers identified in the attached spreadsheet titled "Attachment A") to Agency B ("Assignee"), and Assignee hereby agrees to assume liability for said mobile number(s) from Assignor.

The following conditions apply to this Transfer Your Service request:

- Assignee must submit to Government Contract eligibility verification and submit a purchase order to Verizon Wireless, if not previously in existence.
- Assignor's account on each of the applicable mobile numbers to be transferred must be current.
- Liability for billing and all other rights in each mobile number will not transfer from Assignor to Assignee until processing by Verizon Wireless is complete. (Normal processing time is 72 business hours). Assignor remains liable for all charges associated with each mobile number until transfer of service is completed.
- Once the Transfer Your Service request described herein is completed, Assignor shall have no further responsibility for any obligations associated with the assigned mobile numbers.
- Once the Transfer Your Service request described herein is completed, Assignee shall be solely responsible for all obligations associated with the assumed mobile numbers subject to the terms and conditions of its existing agreement with Verizon Wireless.
- Signatures on this document must be from an authorized government representative or contracting officer.

Acknowledged and agreed:

### AGENCY (ASSIGNOR)

Agency Name: _____	Signed (Authorized POC): _____	Date: _____
Agency Address: _____	Name: _____	
City: _____ State: _____ Zip: _____	Title: _____	
Fed Tax ID: _____	Contact Number: _____	
Wireless Number to be assigned: <i>Note: Multiple numbers should be provided on spreadsheet titled Attachment A</i>	Account Number of Wireless Number to be assigned: _____	

### Non-Government Funded Entity (ASSIGNEE)

Billing Name: _____	Signed (Authorized POC): _____	Date: _____
Billing Address: _____	Name: _____	
City: _____ State: _____ Zip: _____	Title: _____	
Fed Tax ID: _____	Contact Number: _____	
Account Number(s): _____	Price Plan Name: _____	
Account Number(s): _____	Price Plan Cost and Allowance: _____	
Feature: _____ MB/GB: _____ Cost: _____		

Email the completed form to: [Federalaccountsupport@verizonwireless.com](mailto:Federalaccountsupport@verizonwireless.com)

**Transfer Your Service Request Form**  
**Personal/Employee to Government Agency rev. 03152017**

**verizon**✓

This form will allow you to transfer service for a Verizon Wireless mobile number currently held by you to your employer

- 1) Complete all the applicable fields below.
- 2) For calling plan changes, please review the available calling plans on the Verizon Wireless website at [verizonwireless.com](http://verizonwireless.com), and complete the fields in the Calling Plan Change section below.
- 3) Read the terms and conditions of this Transfer Your Service Request Form.
- 4) E-mail this form, by clicking the box to the left of the appropriate signature line, save a copy and email it to [federalaccountsupport@VerizonWireless.com](mailto:federalaccountsupport@VerizonWireless.com). E-mails will only be accepted from your Organization's email domain. Once the form is received, a confirmation e-mail notice will be sent to the requester's e-mail box.

**Note:** Completion timelines for the Transfer Your Service request is 48 business hours.

**Account Information (Relinquishing Customer)**

Wireless Number to be Transferred:		Existing Account Number:	
Relinquishing Customer's Name:		Relinquishing Customer's e-mail Address:	
Relinquishing Customer's Billing Address: (No PO Boxes)		City:	State: Zip Code:
Billing Address (Cont):		Relinquishing Customer's Phone Number:	

**Personal/Employee Release of Liability (Relinquishing Customer)**

- The account identified must be current (no past due balances) before Verizon Wireless can transfer it to another party.
- Upon completion of the transfer of service, Verizon Wireless will send you a final bill for all charges due through the date of the transfer of service. You will be responsible for the payment of this final bill subject to the terms and conditions of your Customer Agreement and it will serve as your only notice of the transfer of service.
- In addition to assigning all billing responsibilities to your Organization, all calling information associated with this mobile telephone number will become the property of Organization.
- By signing this form, or checking the box below, you agree to release liability for the mobile number indicated above.

If returning via e-mail, please check the box to the left to acknowledge your electronic acceptance of these terms. Both relinquishing and assuming parties must provide approval in the email to be accepted.

Signed:	Date:
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**Organization Assumption of Liability (Assuming Customer)**

- The individual signing this Transfer Your Service request on behalf of Organization represents that they have the legal capacity to bind Organization.
- By signing this form, or checking the box below, Organization agrees to assume liability for the mobile telephone number indicated above. (If returning via email, the Organization representative must include their name and date.)
- Upon processing of the transfer your service request, Organization will be solely responsible for all financial responsibility for this mobile number.
- This Transfer Your Service request is subject to Organization's Agreement with Verizon Wireless.

If returning via e-mail, please check the box to the left to acknowledge your electronic acceptance of these terms. Both relinquishing and assuming parties must provide approval in the email to be accepted.

Signed (Authorized POC):		Date:	
Organization Name:		Title:	
Billing Address: (No PO Boxes)		Billing Address (Cont):	
City:	State:	Zip Code:	
E-mail Address:		Phone Number:	
Assuming Organization Tax ID #:		Number of Years in Business:	
Create New Billing Account Number:	Add to existing Billing Account:	Existing Account Number: (If applicable):	

**Plan Change - If Required (Assuming Customer)**

Plan Name:	Monthly Access Fee:	Data allowance:
Feature Name:		Feature Monthly Access Fee: