## Verizon - New York Wholesale Quality Assurance Plan

## Re: Annual Wholesale Metric Results Quality Assurance Plan Certification

As Director for the (Center Name), I have responsibility for (Organization). I attest to my work center's compliance with the prescribed methods and procedures described in the Verizon – New York Wholesale Quality Assurance Plan (the Plan).

I certify that during the plan year January 1, 200X through December 31, 200X, I had the responsibilities to ensure the (Responsibility). Checklists indicating roots cause analysis, referral to other work groups, and documentation of review completion, were summarized monthly and submitted to the Wholesale Quality Assurance Team (WQAT) for its review of the required (Department).

I certify that the (Department) has complied with, and has fully adhered to, the requirements set forth under the Plan.

Date:	
	Name
	Director
	(Organization)
I concur in the above certification:	
Date:	
	Name
	Vice President
	(Organization)