

**TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM  
REVALIDATION FOR SERVICE USERS**

*(See Instructions on back before completion.)*

*Form Approved  
OMB No. 1630-0002  
Expires July 31, 2007*

The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (1630-0002), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO ADDRESS BELOW.**

**1. SERVICE USER ORGANIZATION**

**2. TSP SERVICE INFORMATION**

a. ITEM NO.	b. TSP AUTHORIZATION CODE	c. SERVICE USER SERVICE ID	d. PRIME SERVICE VENDOR NAME
1.	TSP	—	
2.	TSP	—	
3.	TSP	—	
4.	TSP	—	
5.	TSP	—	
6.	TSP	—	
7.	TSP	—	
8.	TSP	—	
9.	TSP	—	
10.	TSP	—	
11.	TSP	—	
12.	TSP	—	
13.	TSP	—	
14.	TSP	—	
15.	TSP	—	
16.	TSP	—	
17.	TSP	—	
18.	TSP	—	
19.	TSP	—	
20.	TSP	—	

**3. POINT OF CONTACT**

a. NAME		b. TITLE	
c.(1) STREET ADDRESS		(2) CITY	(3) STATE (4) ZIP CODE
d. TELEPHONE NUMBER <i>(Area Code/Number/Extension)</i>		e. ELECTRONIC MAILING ADDRESS	
4. NUMBER OF ITEMS REPORTED		5. DATE DATA COMPILED <i>(MMDDYYYY)</i>	

**6. SIGNATURE AND DATE.** I confirm these are National Security and Emergency Preparedness (NS/EP) services and should be revalidated for TSP.

**SEND COMPLETED FORM TO:** Manager, National Communications System  
Attention: Office of Priority Telecommunications  
701 South Court House Road  
Arlington, VA 22204-2198

**INSTRUCTIONS FOR TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM  
REVALIDATION FOR SERVICE USERS**

Complete this form only if the Office of Priority Telecommunications (OPT) has requested revalidation information from your organization.

If you are revalidating information on more than 20 TSP services, attach additional TSP Service Revalidation Forms (SF 314) or sheets of paper the same size and format as the printed forms.

Complete Items 3 through 6 on the first form only.

**Item 1. Service User Organization.** Enter full organization name, exactly as previously submitted to the OPT by your organization.

**Item 2. TSP Service Information.** For each TSP service which you are revalidating, provide:

b. TSP Authorization Code. The TSP Control ID (positions 1-9) and the TSP Priority Levels (positions 11 and 12), e.g. TSP00B34EG-33.

c. Service User Service ID. Enter the Service ID from the SF 315.

d. Prime Service Vendor Name. Identify the prime service vendor that provides the service.

**Item 3. Point of Contact.** The point of contact is the representative of the user organization who will be called if there are any questions regarding information on this form. Enter name, title, full business address and telephone number. Include electronic mailing address if available.

**Item 4. Number of Items Reported.** Enter the total number of items including those on attached TSP Revalidation Forms (SF 314) or sheets of paper.

**Item 5. Date Data Compiled.** Enter the month, day, and year when data was compiled.

**Item 6. Signature and Date.** The point of contact must sign and date the form.