



**8. SUPPLEMENTAL INFORMATION** (Provide: (1) circuit specification(s) for provisioning priority only; (2) justification for requested priority level if higher than qualified for; or (3) justification for disapproval or priority level change in sponsorship disposition field (12e).)

**9. SERVICE USER** (Enter applicable code)

**A FEDERAL GOVERNMENT**    **C LOCAL GOVERNMENT**    **E FOREIGN GOVERNMENT**    **G U.S. MILITARY**  
**B STATE GOVERNMENT**    **D PRIVATE SECTOR**    **F OTHER**

**10. SERVICE USER ORGANIZATION** (If Federal Dept/Agency, provide FIPS Code)

**11. SERVICE USER POINT-OF-CONTACT** (For correspondence regarding this service)

<b>a. NAME AND TITLE</b>		<b>b. ORGANIZATION</b>		
<b>c. (1) MAILING ADDRESS</b>		<b>(2) CITY</b>	<b>(3) STATE</b>	<b>(4) ZIP CODE</b>
<b>d. TELEPHONE NUMBER</b> (Area Code/Number/Extension)		<b>e. FACSIMILE NUMBER</b> (Area Code/Number/Extension)		
<b>f. 24-HOUR TELEPHONE NUMBER</b> (Area Code/Number/Extension)		<b>g. ELECTRONIC MAILING ADDRESS</b>		
<b>h. SIGNATURE AND DATE: I confirm this is a National Security and Emergency Preparedness (NS/EP) service.</b>				

**12. SPONSORSHIP INFORMATION FOR NON-FEDERAL SERVICE** (To be completed by sponsor)

<b>a. FEDERAL SPONSORING AGENCY AND FIPS CODE</b>		<b>b. SPONSOR NAME</b>			
<b>c. SPONSOR TITLE</b>		<b>d. TELEPHONE NUMBER</b> (Area Code/Number/Extension)			
<b>e. RECOMMENDED DISPOSITION</b> (X one)					
<input type="checkbox"/>	<b>APPROVE</b>	<input type="checkbox"/>	<b>DISAPPROVE</b>	<input type="checkbox"/>	<b>APPROVE WITH PRIORITY LEVEL CHANGE</b>

**f. SPONSOR SIGNATURE AND DATE: I confirm this is a National Security and Emergency Preparedness (NS/EP) service.**

Non-Federal users: send form to your Federal Government sponsor.

Federal users or sponsors: **send completed form to:** National Communications System  
Attn: TSP Program Office  
245 Murray Lane, Bldg 410, MS 8510  
Washington, DC 20528-8510