TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM TSP REQUEST FOR SERVICE USERS

OMB No. 1670-0005 Expires: Dec 31, 2010

(See NCS Manual 3-1-1 for instructions before completion.)

The Public reporting burden for this collection of information is estimated to average 15 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 to any other aspect of this collection of information, including suggestions for reducing the burden, to DHS, NPPD/CS&C/NCS, (Attn: TSP Program Office), 245 Murray Lane, Bldg 410, MS 8510, Washington, DC 20528-8510. 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.																			
1. ACTION REQUESTED (Enter applicable code) (If "C" or "D", complete Items 4, 9, 10, 11, and 12 at a minimum.) A ASSIGN INITIAL PRIORITY FOR A SERVICE C CHANGE TO A SERVICE, SERVICE PRIORITY, OR INFORMATION ABOUT A SERVICE D DELETE/REVOKE A SERVICE'S PRIORITY																			
2. DATE SERVICE REQUIRED (MMDDYYYY)								3. SERVICE USER SERVICE ID											
4. TSP AUTHORIZATION CODE (Complete below only if Action Requested in Item 1 is C or D.)																			
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5. SE	RVICE	PROF	ILE (Li	ist all pi	rofile el	ements	s that c	lescribe	e the u	ser's le	vel of s	support	for the	e service.)					
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6. RESTORATION PRIORITY INFORMATION (Complete ONLY if requesting a restoration priority)																			
a. CATEGORY UNDER WHICH SERVICE QUALIFIES FOR PRIORITY TREATMENT (A, B, C or D)																			
b. CATEGORY CRITERIA UNDER WHICH SERVICE QUALIFIES																			
c. RESTORATION PRIORITY REQUESTED (5, 4, 3, 2, or 1)																			
d. PRIME VENDOR (Company Name)																			
7. PR(OVISIO	NING F	PRIORI	TY INFO	ORMAT	TION (C	omple	te ONL	Y if rec	questin	g a pro	ovisioni	ng prio	ority)					
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c. PR	ovisio	NING	PRIOF	RITY RI	EQUES	STED (5, 4, 3,	2, 1, 0	r E)										
d. INVOCATION OFFICIAL'S NAME e. INVOCATION OFFICIAL'S TITLE																			
f. TELEPHONE NUMBER (Area Code/Number/Extension)								g. HAS THE INVOCATION OFFICIAL AUTHORIZED THIS ACTION? (Y or N)											
h. SERVICE LOCATIONS (Street Address, Building Number, Room Number, etc.) AND 24-HOUR POINT OF CONTACT FOR EACH END SERVICE LOCATION																			
i. PRI		NDOR	POIN	T-OF-C		CT FOI		VISION		(Point a	of Cont	act Na	ne. Te	elephone N	umber. ar	nd Com	panv)		
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