

FCC Form 655 for Hearing Aid Compatibility Status Report

Reporting Period (MM/DD/YY) _____ to (MM/DD/YY) _____

Section 1. Company Information	<i>Service Provider</i> <input type="checkbox"/>	<i>Device Manufacturer</i> <input type="checkbox"/>
<i>Company Name:</i>		
<i>Company Address:</i>		
<i>City:</i>	<i>State:</i>	<i>ZIP Code:</i>
<i>Phone:</i>	<i>Fax:</i>	<i>E-mail:</i>
<i>Filing Agent / Law Firm:</i>		
<i>Filing Agent Contact Name:</i>		
<i>Filing Agent Address:</i>		
<i>City:</i>	<i>State:</i>	<i>ZIP Code:</i>
<i>Phone:</i>	<i>Fax:</i>	<i>E-mail:</i>

Section 1 – Continued

De Minimis Exception:

Did you offer more than two handsets over any air interface to service providers (if you are a device manufacturer) or to subscribers (if you are a service provider) during this reporting period??

Yes

No

If no, please answer the next question.

Did you offer any handsets to service providers (if you are a device manufacturer) or to subscribers (if you are a service provider) during this reporting period?

Yes

No

Section 2. Acoustic and Inductive Coupling-Compatible Handset Models (Rated At Least M3 and T3)

Index	Handset Maker	Model Name(s)	FCC ID(s)	Starting Available Date (MM/YY)	Ending Available Date (MM/YY)	Air Interface Technology(ies) (GSM,CDMA,WCDMA, etc)	Operating Frequency Bands (800, 1900, 2100, etc)	ANSI Standard C63.19 version number (manufacturer only)
2-1								
2-2								
2-3								
2-4								
more								

Index	M-Rating (M3, M4)	M-Rating Certification Date (MM/DD/YY) (manufacturer only)	T-Rating (T3, T4)	T-Rating Certification Date (MM/DD/YY) (manufacturer only)	Wi-Fi Interface (Yes / No)	Functionality Level (service provider only)	Remark
2-1							
2-2							
2-3							
2-4							
more							

Section 3. Acoustic Coupling-Compatible Handset Models (Rated At Least M3 But Not T3)								
Index	Handset Maker	Model Name(s)	FCC ID(s)	Starting Available Date (MM/YY)	Ending Available Date (MM/YY)	Air Interface Technology (GSM,CDMA,WCDMA, etc)	Operating Frequency Bands (800, 1900, 2100, etc)	ANSI Standard C63.19 version number (manufacturer only)
3-1								
3-2								
3-3								
3-4								
more								

Index	M-Rating (M3, M4)	M-Rating Certification Date (MM/DD/YY) (manufacturer only)	Wi-Fi Interface (Yes / No)	Functionality Level (service provider only)	Remark
3-1					
3-2					
3-3					
3-4					
more					

Section 4. Non-Hearing Aid-Compatible Handset Models (Rated Neither M3 Nor T3)

Index	Handset Maker	Model Name(s)	FCC ID(s)	Starting Available Date (MM/YY)	Ending Available Date (MM/YY)	Air Interface Technology (GSM,CDMA, WCDMA, etc)	Operating Frequency (700, 800, 1900, 2100, etc)	Wi-Fi Interface (Yes / No)	Functionality Level (service provider only)	Remark
4-1										
4-2										
4-3										
4-4										
more										

Section 5. How many handset models were tested for hearing aid compatibility during the reporting period? You need not include models that have not received certification from the FCC. (Manufacturer Only)

Section 6. Product Labeling Information

Do all hearing aid-compatible handsets include labeling?

Yes

No

If no, please explain.

Do all hearing aid-compatible handsets with the Wi-Fi air interface have clear and effective disclosure that the handset has not been rated for hearing aid compatibility with respect to its Wi-Fi voice operation?

Yes

No

If no, please explain.

Section 7. Public Website

Does your company maintain a public website describing all hearing aid-compatible models, the ratings of those

models, and an explanation of the rating system? Service provider websites must include the levels of functionality that the service provider has defined, the level that each hearing aid-compatible model falls under, and an explanation of how the functionality of the handsets varies at the different levels.

Yes

No

If yes, please provide the address for the public website.

If no, please explain.

Section 8. Consumer Outreach

Provide information on the reporting entity's outreach efforts with regard to hearing aid compatibility within the past twelve months:

Section 9. (Service Providers Only) Methodology for Functionality Levels

Describe the methodology used to determine levels of functionality:

BURDEN STATEMENT FOR PAPERWORK REDUCTION ACT OF 1995

The public reporting for this collection of information is estimated at 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Project (3060-0999), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection if you send an email to PRA@fcc.gov.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0999.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.