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## Hearing Aid Compatibility Status Report

Reporting Period: **January 1, 2009 - June 30, 2009**

Filing Deadline: **July 15, 2009**

**Company Information**  [FCC 655 Paperwork Reduction Act](#)  [Quit Application](#)

You have selected to file Hearing Aid Compatibility Status Report (FCC Form 655) for the Reporting Period January 1, 2009 - June 30, 2009. The Filing Deadline for this Report is July 15, 2009.

The Form is divided into three sections: Company Information, Handset Model Information and Consumer Outreach Information. You must complete all applicable sections, and then certify the information you have provided before submitting your filing. All fields are required, unless otherwise noted.

**Note:** We see that there are previously submitted Reports associated with your FRN. You may copy Company and Handset Model information from your most recently filed Report by clicking the link below. You may add to or edit any information copied into this new Report. For each handset copied from the previous report, you must update the ending available date so that it falls within this reporting period. If the handset was not offered during this reporting period, the handset should be deleted.

 [Copy Company and Handset Model Information from previous Report](#)

### TYPE OF COMPANY



Service Provider



Device Manufacturer

### 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? [i](#)

Yes

No

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? [i](#)

Yes

No

### COMPANY INFORMATION

If you are a non-US manufacturer, please use your US office address for filing purpose. If you do not have a US office address, please use your agent's address.

Company Name:

Brand Name(s) Included (provide the brand names under which you are offering digital commercial mobile radio services):



(The information icon will have the following text: For example, if you are offering both postpaid and prepaid services under a common brand name ABC, enter ABC in the box. If you are offering a postpaid service under a brand name ABC and a prepaid service under another brand name XYZ, enter ABC and XYZ in two separate boxes. If you have more than five brand names, enter the first four names separately in the first four boxes, and enter all the remaining names in the last box using format "EDF/GHI/LMN.")

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PO Box:  (optional)

Street Address:  (optional when specifying a PO Box)

City:

State:

Zip Code:

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Contact Name:

Contact Phone:

Contact Fax:  *(optional)*

Contact Email:

### FILING AGENT

Is this report being filed by an agent on behalf of a manufacturer or service provider?

No

Yes

#### STEPS

- Company Information**
- Handset Model Information
- Consumer Outreach Information

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