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

(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

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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, M/S 0615, Washington, DC 20528-8500. 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.) S Ρ Т 5. SERVICE PROFILE (List all profile elements that describe the user's level of support for the service.) 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. PROVISIONING PRIORITY INFORMATION (Complete ONLY if requesting a provisioning priority) a. CATEGORY UNDER WHICH SERVICE QUALIFIES FOR PRIORITY TREATMENT (A, B, C, D, or E) b. CATEGORY CRITERIA UNDER WHICH SERVICE QUALIFIES c. PROVISIONING PRIORITY REQUESTED (5, 4, 3, 2, 1, or E) d. INVOCATION OFFICIAL'S NAME e. INVOCATION OFFICIAL'S TITLE g. HAS THE INVOCATION OFFICIAL AUTHORIZED f. TELEPHONE NUMBER (Area Code/Number/Extension) 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. PRIME VENDOR POINT-OF-CONTACT FOR PROVISIONING (Point of Contact Name, Telephone Number, and Company)

8. SUPPLEMENTAL INFORMATION level if higher than qualified for; or (priority	
9. SERVICE USER (Enter applicable of A FEDERAL GOVERNMENT B STATE GOVERNMENT	Ć	LOCAL GOVERNMENT PRIVATE SECTOR	E F0		U.S. MILITARY		
10. SERVICE USER ORGANIZATION	l (If Fe	deral Dept/Agency, provide FII	PS Cod	(e)		'	_
11. SERVICE USER POINT-OF-CON	TACT	(For correspondence regarding to	his serv	ice)			_
a. NAME AND TITLE			b. ORGANIZATION				
c. (1) MAILING ADDRESS			(2) CI	тү	(3) STATE	(4) ZIP CODE	
d. TELEPHONE NUMBER (Area Code/Number/Extension)			e. FACSIMILE NUMBER (Area Code/Number/Extension)				
f. 24-HOUR TELEPHONE NUMBER (Area Code/Number/Extension)			g. ELECTRONIC MAILING ADDRESS				
h. SIGNATURE AND DATE: I confi	rm this	s is a National Security and I	Emerg	ency Preparedness (NS/EP) se	ervice.	•	
12. SPONSORSHIP INFORMATION I	FOR N	ON-FEDERAL SERVICE (To I	be com	pleted by sponsor)			
a. FEDERAL SPONSORING AGENCY AND FIPS CODE			b. SPONSOR NAME				
c. SPONSOR TITLE			d. TELEPHONE NUMBER (Area Code/Number/Extension)				
e. RECOMMENDED DISPOSITION ()	(one)	ı		1			
APPROVE DISAPPROVE		APPROVE WITH PRIORITY LEVEL CHANGE					
f. SPONSOR SIGNATURE AND DA	TE: I	confirm this is a National Sec	curity a	nd Emergency Preparedness	(NS/EP) service	4	
Non-Federal users: send form to y Federal users or sponsors: send of		leted form to: DHS, NPPI (Attn: TSP 245 Murray M/S 0615.	D/CS& Progra Lane	am Office).			
Authority: This information of	collec	Privacy A tion is authorized by 5 U			01.		
Purpose: DHS will use this i with information relating to T		-			•	id vendors	
Pouting Hoose The informat	ion o	alloated may be disalose	d 00 6	ionorally parmitted under	E1100 SEE	(2a/b) of the	

Routine Uses: The information collected may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information, as necessary and authorized by the routine uses published in DHS/ALL 002 Department of Homeland Security Mailing and Other Lists System.

Disclosure: Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent your registration or verification for continued use of service.