

Hearing Aid Compatibility—Application Workflow

- This document is a visual representation of the application steps that a Service Provider or Device Manufacturer follows when submitting a HAC report.
- This document does not include the login process to License Manager or steps to begin/continue a HAC report. These screens are only those questions found on FCC Form 655.
- The application steps which a Service Provider or Device Manufacturer follow are the same, although the screen display may vary depending on the company type. In cases where the screen display is different, both screens are provided and clearly labeled.
- Application Workflow Steps and Screen Outline:
 - o Company Information
 - Company Information (Service Provider)
 - Company Information (Device Manufacturer)
 - o Handset Model Information
 - Handset Model Information 1 (Service Provider)
 - Handset Model Information 1 (Device Manufacturer)
 - Handset Model Information 2 (Service Provider)
 - Handset Model Information 2 (Device Manufacturer)
 - Report Summary
 - o Consumer Outreach Information
 - Consumer Outreach—Product Labeling
 - Consumer Outreach (Service Provider)
 - Consumer Outreach (Device Manufacturer)
 - o Certification Page
 - o Confirmation Page

Company Information (Service Provider)



License Manager

FCC > Wireless > Licensing > Online Systems > License Manager

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Hearing Aid Compatibility Status Report

Reporting Period: January 1, 2009 - June 30, 2009
Filing Deadline: July 15, 2009

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

Company Information

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](#)

STEPS

- 1 **Company Information**
- 2 Handset Model Information
- 3 Consumer Outreach Information

TYPE OF COMPANY

- Service Provider
 Device Manufacturer

DE MINIMIS EXCEPTION

Did you offer any handsets to subscribers in the United States during the reporting period?

- Yes
 No

Have you been offering handsets in the United States for at least three years prior to the end of the reporting period?

- Yes
 No

Are you a small entity?

- Yes
 No

Were you a small entity at any time during the three years prior to the end of the reporting period?

- Yes
 No

Date that you ceased to be a small entity (month/year):

(mm/yy)

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:

PO Box: (optional)

Street Address: (optional when specifying a PO Box)

City:

State: Select

Zip Code:

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

Provide the following information:

Agent Name:

PO Box: (optional)

Street Address: (optional when specifying a PO Box)

City:

State: Select

Zip Code:

Contact Name:

Contact Phone:

Contact Fax: (optional)

Contact Email:

[Continue >>](#)

Logged In: [FRN] (Log Out)

Hearing Aid Compatibility Status Report

Reporting Period: January 1, 2009 - June 30, 2009
Filing Deadline: July 15, 2009[FCC 655 Paperwork Reduction Act](#) [Quit Application](#)**Company Information**

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

- 1 **Company Information**
- 2 Handset Model Information
- 3 Consumer Outreach Information

TYPE OF COMPANY

- Service Provider
 Device Manufacturer

DE MINIMIS EXCEPTION

Have you been offering handsets in the United States for at least three years prior to the end of the reporting period?

- Yes
 No

Date that you began offering handsets in the United States (month/year)

 (mm/yy)

Are you a small entity?

- Yes
 No

Were you a small entity at any time during the three years prior to the end of the reporting period?

- Yes
 No

Date that you ceased to be a small entity (month/year)

 (mm/yy)**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: PO Box: (optional)Street Address: (optional when specifying a PO Box)City: State: SelectZip Code: 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

Provide the following information:

Agent Name: PO Box: (optional)Street Address: (optional when specifying a PO Box)City: State: SelectZip Code: Contact Name: Contact Phone: Contact Fax: (optional)Contact Email: [Continue >>](#)

Handset Model Information 1 (Service Provider)



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Hearing Aid Compatibility Status Report

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Handset Model Information

Provide the following information for each handset model you offered in the United States during the reporting period. You will be able to report additional handset models when you have completed this section.

Note: If two or more separately marketed models are counted as a single model for purposes of hearing aid compatibility compliance, all of those models must be entered. For the purposes of compliance with hearing aid compatibility deployment requirements, two handsets marketed as separate models must be counted as a single model if they do not differ in form, features, or capabilities (for example, if they differ only in being marketed through different service providers or in cosmetic respects such as color).

STEPS

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

HANDSET MAKER
Select from the list below. If the Handset Maker is not on the list, select "Other" at the bottom of the list and enter the name in the box on the right.

Select

HANDSET MODEL
Does this handset model have multiple marketing names? (For example, is this handset marketed through different service providers under different names?)

No Yes

Select the first Handset Model name from the list below. If the Handset Model name is not on the list, select "Other" at the bottom of the list and enter the name in the box on the right.

Select

FCC ID
Provide the FCC ID(s) for this handset model.

The FCC ID is the identifying number under which this handset has been certified by the FCC. If more than one FCC ID number applies to this model, include all applicable numbers. FCC ID numbers may also apply to other handset models.

[Cancel](#) [Add Another Handset Model Name >>](#)

Handset Model Information 1 (Device Manufacturer)



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Handset Model Information

Provide the following information for each handset model you offered to subscribers during the reporting period. You will be able to report additional handset models when you have completed this section.

Note: If two or more separately marketed models are counted as a single model for purposes of hearing aid compatibility compliance, all of those models must be entered. For the purposes of compliance with hearing aid compatibility deployment requirements, two handsets marketed as separate models must be counted as a single model if they do not differ in form, features, or capabilities (for example, if they differ only in cosmetic respects such as color).

STEPS

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

HANDSET MAKER

Select from the list below. If the Handset Maker is not on the list, select "Other" at the bottom of the list and enter the name in the box on the right.

Select

HANDSET MODEL

Do you market this handset model under multiple names?

No Yes

Select the first Handset Model name from the list below. If the Handset Model name is not on the list, select "Other" at the bottom of the list and enter the name in the box on the right.

Select

FCC ID

Provide the FCC ID(s) for this handset model.

<input type="text"/>	<i>The FCC ID is the identifying number under which this handset has been certified by the FCC. If more than one FCC ID number applies to this model, include all applicable numbers. FCC ID numbers may also apply to other handset models.</i>
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

[Cancel](#)

[Add Another Handset Model Name >>](#)

Handset Model Information 2 (Service Provider)



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Hearing Aid Compatibility Status Report

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

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Handset Model Information

Handset Maker: **Nokia**
 Model Name(s): **2865, 2366i, 6305i**

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

AIR INTERFACES/FREQUENCY BANDS

Select the Air Interface technology and corresponding Frequency Band(s) for each air interface that can be used by this handset for voice communications:

	GSM	CDMA	WCDMA	IDEN	LTE	Wi-Fi	WiMax	Other	Other	Other
700 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
800 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
850 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
900 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1700 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1800 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1900 MHz	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2100 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 GHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 GHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATES

Enter the period during which this model was offered. If this handset is still being offered as of the end of the reporting period, enter the ending month of the reporting period as the ending date.

This handset model was offered from:

MM/YY to MM/YY

(starting available date) (ending available date)

RATINGS

M-Rating: If this model has received an M-rating certification, specify the rating:

M3

Did this handset meet the criteria for an M3 rating for operations over GSM at 1900 MHz by enabling the user optionally to reduce the maximum power at which the handset will operate by no more than 2.5 decibels, except for emergency calls to 911?

- Yes
 No

T-Rating: If this model has received an T-rating certification, specify the rating:

Select

REMARKS

Any remarks or comments concerning this handset model may be entered here:

[Cancel](#)

[Save and Continue >>](#)

Handset Model Information 2 (Device Manufacturer)



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Hearing Aid Compatibility Status Report

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Handset Model Information

Handset Maker: **Nokia**
Model Name(s): **2865, 2366i, 6305i**

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

AIR INTERFACES/FREQUENCY BANDS

Select the Air Interface technology and corresponding Frequency Band(s) for each air interface that can be used by this handset for voice communications:

	GSM	CDMA	WCDMA	IDEN	LTE	Wi-Fi	WiMax	Other	Other	Other
700 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
800 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
850 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
900 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1700 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1800 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1900 MHz	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2100 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 GHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 GHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATES

Enter the period during which this model was offered. If this handset is still being offered as of the end of the reporting period, enter the ending month of the reporting period as the ending date.

This handset model was offered from:

MM/YY to MM/YY

(starting available date) (ending available date)

RATINGS

M-Rating: Has this model received an M-Rating certification?

- Yes
 No

Provide the following information:

M-Rating:

M-Rating Certification Date: (mm/dd/yy)

Did this handset meet the criteria for an M3 rating for operations over GSM at 1900 MHz by enabling the user optionally to reduce the maximum power at which the handset will operate by no more than 2.5 decibels, except for emergency calls to 911?

- Yes
 No

T-Rating: Has this model received a T-Rating certification?

- Yes
 No

Provide the following information:

T-Rating:

T-Rating Certification Date: (mm/dd/yy)

Specify which version of the ANSI C63.19 standard was used during the certification process:

- 2005
 2006
 2007
 2011

REMARKS

Any remarks or comments concerning this handset model may be entered here:

[Cancel](#)

[Save and Continue >>](#)

Report Summary (Service Provider and Device Manufacturer)

Logged In: [FRN] (Log Out)

Hearing Aid Compatibility Status Report

Reporting Period: January 1, 2009 - June 30, 2009
 Filing Deadline: July 15, 2009

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Report Summary

[Edit](#) [Company Name]
 Device Manufacturer
 July 15, 2009 Filing

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

You have reported the following handset model information.
 Total number of handsets offered: **45**

The following table summarizes your reported handset model information for each air interface for which technical standards are stated in the 2007 version of the ANSI C63.19 standard. Prior to July 17, 2014, the FCC's hearing aid compatibility benchmarks apply only to these air interfaces.

Air Interface	Fully Hearing Aid Compatible		Acoustic Coupling Compatible Only		Non-Compliant Handsets		Excluded Handsets	Total by Air Interface
	Number	Percent	Number	Percent	Number	Percent	Number	
GSM	25	83%	2	7%	3	10%		30
CDMA	11	100%						11
WCDMA	2	25%	6	75%				8
iDen	7	78%			2	22%		9

The individual handsets reported are listed below:

Showing 1 to 10 of 45 [Previous](#) [Page 1](#) [2](#) [3](#) [Next](#) | Show per page

Handset Maker	Model	FCC ID	Rating	
Nokia	2115, 2135, 2366i pp, 6085H, 6305i	QMNRH-89 i	M4, T4	i d
Nokia	6230	QTKRH-28	M4, T4	i d
Nokia	6265	QMNRM-66	M4, T3	i d
Research in Motion	Blackberry 700 PHK, Blackberry 700 WHK, Blackberry 7130e	OBF93001 i	M3, T3	i d
Sony Ericsson	S500i/W	PY7A10S2041	M3, T3	i d
Sony Ericsson	W580i/B, W580i/W	PY7A10S2042 i	M4	i d
Sony Ericsson	Z710a	PY7AF042012	M4	i d
Sony Ericsson	S500i/P	PY7A10S2041	M3	i d
Motorola	Q	IHDT56FQ1	M3	i d
Motorola	V325xi-, W395	IHDT56FA1 i	Not Rated	i d

[Report New Handset Model](#) >>

[Continue](#) >>

Logged In: [FRN] (Log Out)

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Consumer Outreach

PRODUCT LABELING AND DISCLOSURE

Do all hearing aid-compatible handsets include labeling? [\[i\]](#)

- Yes
 No

Do all hearing aid-compatible handsets that were tested only under ANSI C63.19-2007, and that are capable of voice communication over any air interface or frequency band that does not have hearing aid compatibility technical standards under ANSI C63.19-2007, include the required language disclosing that the handset has not been rated for hearing aid compatibility with respect to such operation? [\[i\]](#)

- Yes
 No
 N/A

Do all hearing aid-compatible handsets that were certified only under ANSI C63.19-2007, but that the manufacturer also tested and found not to meet hearing aid compatibility requirements under ANSI C63.19-2011 for one or more operations that are not covered under ANSI C63.19-2007, include language informing users by clear and effective means that the handset does not meet the relevant rating or ratings with respect to such operation(s)? [\[i\]](#)

- Yes
 No
 N/A

Do all handsets that are capable of use for Voice over LTE, and that were certified for inductive coupling capability under ANSI C63.19-2011 without being tested for inductive coupling capability over VoLTE, include language disclosing that they were not tested with respect to this operation? [\[i\]](#)

- Yes
 No
 N/A

Do all handsets that meet the criteria for an M3 rating by allowing the user to reduce the maximum power for GSM operation in the 1900 MHz band include the required disclosure? [\[i\]](#)

- Yes
 No

STEPS

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

PUBLIC WEBSITE

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. [\[i\]](#)

- Yes
 No

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(Device Manufacturer) [Save and Continue >>](#)

(Service Provider) [Save and Continue >>](#)

Consumer Outreach (Service Provider)

FCC Federal Communications Commission **License Manager**

FCC > Wireless > Licensing > Online Systems > License Manager

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Consumer Outreach

CONSUMER OUTREACH
Describe consumer outreach efforts in the past 12 months:

METHODOLOGY FOR FUNCTIONALITY LEVELS
Describe the methodology used to determine levels of functionality:

REPORT REMARKS
Record any other information you may have about the report as a whole:

STEPS

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

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Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Phone: 1-877-480-3201
TTY: 1-717-338-2824
[Submit Help Request](#)

Consumer Outreach (Device Manufacturer)

FCC Federal Communications Commission **License Manager**

FCC > Wireless > Licensing > Online Systems > License Manager

Logged In: [FRN] (Log Out)

Hearing Aid Compatibility Status Report

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Consumer Outreach

CONSUMER OUTREACH
Describe consumer outreach efforts in the past 12 months:

HEARING AID COMPATIBILITY TESTING
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.

REPORT REMARKS
Record any other information you may have about the report as a whole:

STEPS

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

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Certification Page (Service Provider and Device Manufacturer)

FCC Federal Communications Commission
License Manager

FCC > Wireless > Licensing > Online Systems > License Manager

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Certification

This certification is to be signed by an official of the reporting entity or an authorized agent. For purposes of this Form 655, the entry of the official's or authorized agent's name on the signature line shall constitute that official's electronic signature or the authorized agent's electronic signature to this certification. Persons making willful false statements in a Form 655 can be punished by fine and/or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

I certify that I am an official or authorized agent of the above named reporting entity, that I have examined the information reported in this Form 655 and, to the best of my knowledge, information and belief, all statements of fact reported in this Form 655 are accurate, true and correct.

STEPS

- ✔ Company Information
- ✔ Handset Model Information
- ✔ Consumer Outreach Information

PARTY AUTHORIZED TO SIGN

First Name:

Middle Initial: (optional)

Last Name:

Suffix: (optional)

Title:

Date: [Date]

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

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Washington, DC 20554 Phone: 1-877-480-3201
TTY: 1-717-338-2824
[Submit Help Request](#)

Confirmation Page (Service Provider and Device Manufacturer)

FCC Federal Communications Commission
License Manager

FCC > Wireless > Licensing > Online Systems > License Manager

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Filing Confirmation

FILING RECEIVED

Thank you for your submission. Your filing has been received.
Filing Confirmation Number: **0001237569**

FCC | Wireless | ULS | CORES | Paying Fees [Help](#) | [Technical Support](#)

Federal Communications Commission
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