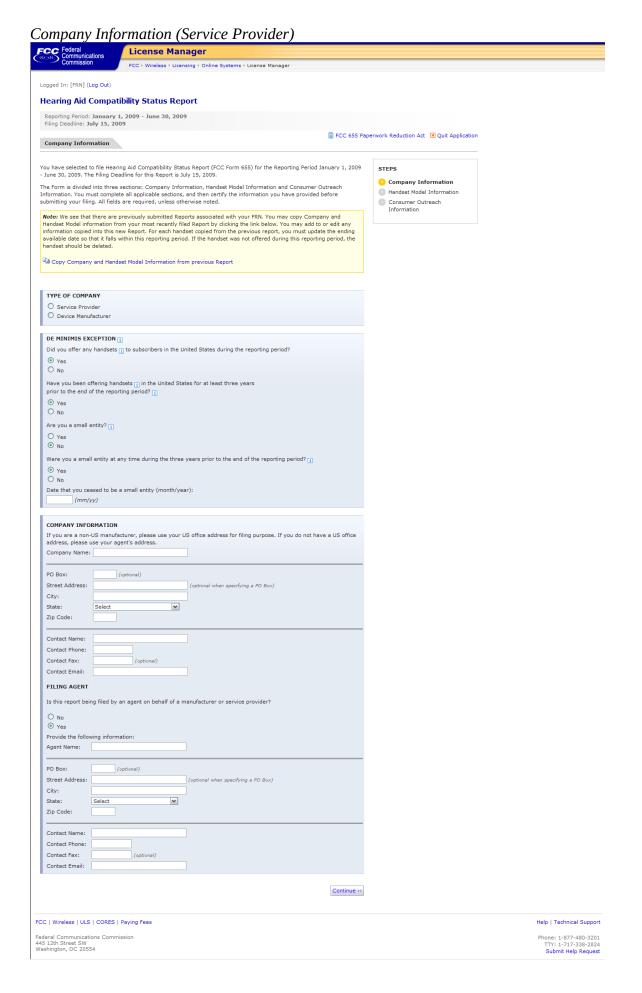
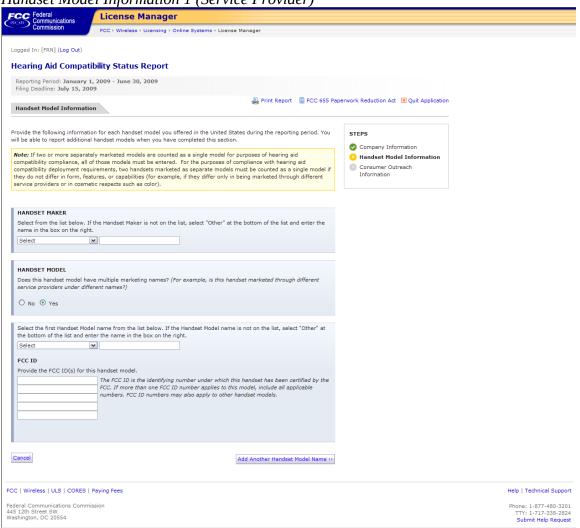
#### **Hearing Aid Compatibility—Application Workflow**

- 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

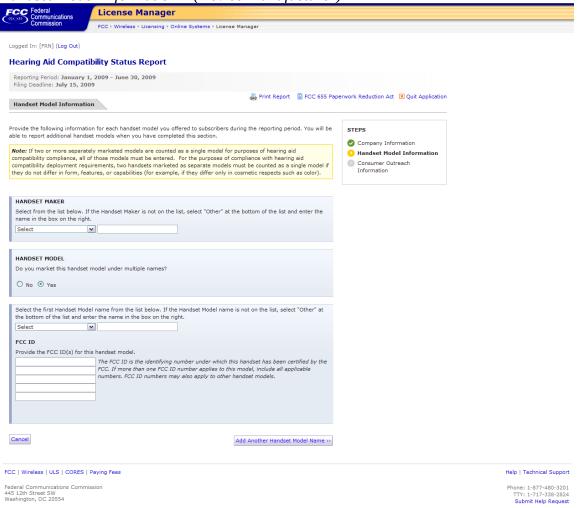


Commission	License Manager	
and the female of	FCC > Wireless > Licensing > Online Systems > License Manager	
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Reporting Period: Janua	ary 1, 2009 - June 30, 2009	
Filing Deadline: July 15		655 Paperwork Reduction Act 🗷 Quit Application
Company Information	п	
nune 30, 2009. The Filing the Form is divided into the formation. You must control to the the the tote: We see that there landset Model information formation copied into the invaliable date so that it landset should be deleted.	Hearing Aid Compatibility Status Report (FCC Form 655) for the Reporting Period January 1, 2 Deadline for this Report is July 15, 2009.  Three sections: Company Information, Handset Model Information and Consumer Outreach mplete all applicable sections, and then certify the information you have provided before fields are required, unless otherwise noted.  are previously submitted Reports associated with your FRN. You may copy Company and not from your most recently flield Report by clicking the link below. You may add to or edit any his new Report. For each handset copied from the previous report, you must update the endir alls within this reporting period. If the handset was not offered during this reporting period, tid.  Handset Model Information from previous Report	Company Information Handset Model Information Consumer Outreach Information
a copy company and r	landset model Information from previous Report	
TYPE OF COMPANY  O Service Provider  O Device Manufacture	ar	
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No     Date that you began of (mm/yy)	fering handsets in the United States (month/year)	
Are you a small entity?  O Yes  No		
Were you a small entity  Yes  No	$\gamma$ at any time during the three years prior to the end of the reporting period? $\Box$	
Data that is		
Date that you ceased to (mm/yy)	be a small entity (month/year)	
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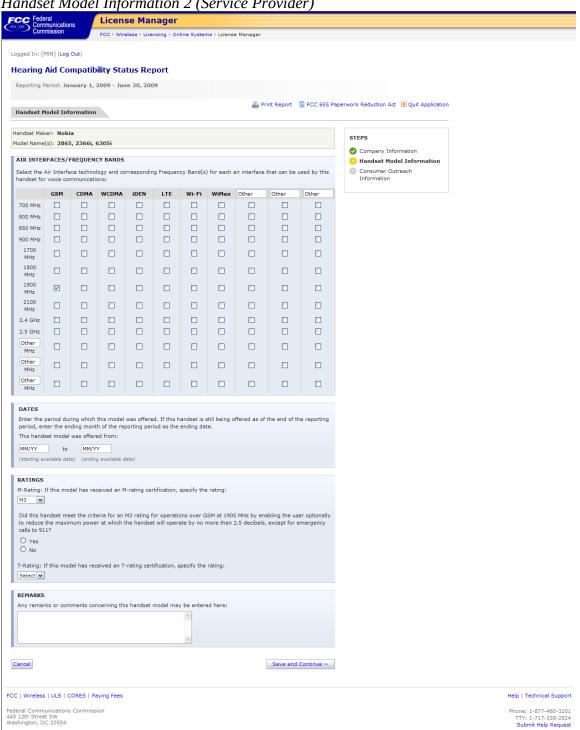
# Handset Model Information 1 (Service Provider)



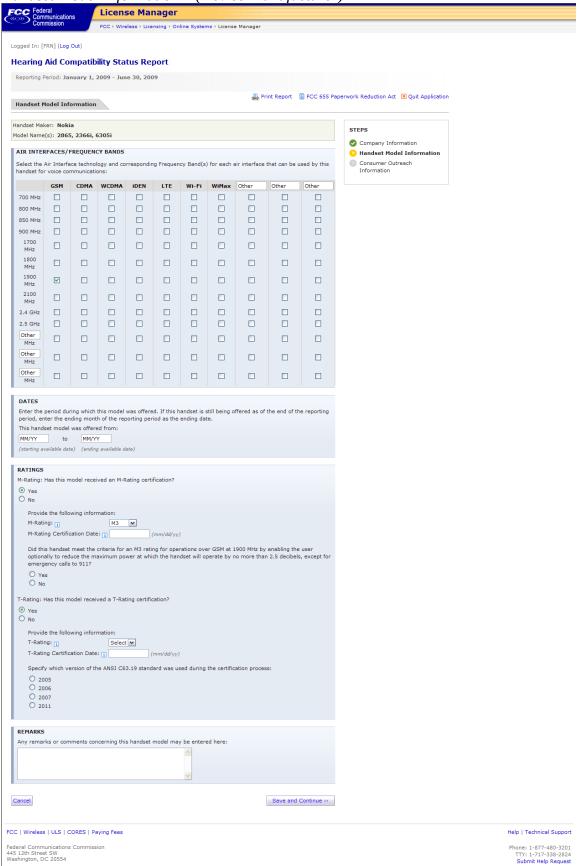
# Handset Model Information 1 (Device Manufacturer)



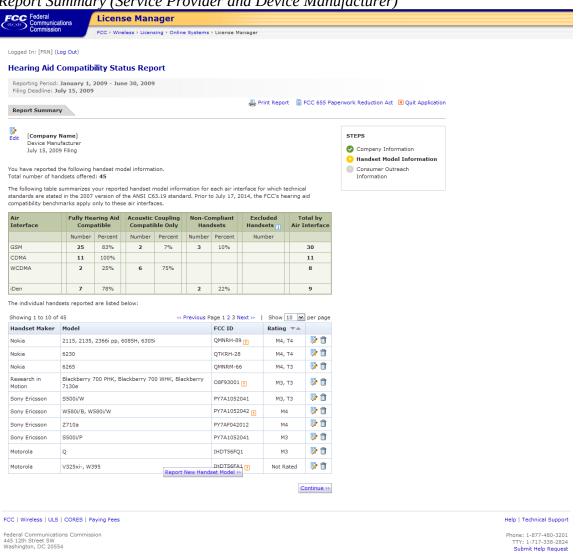
# Handset Model Information 2 (Service Provider)



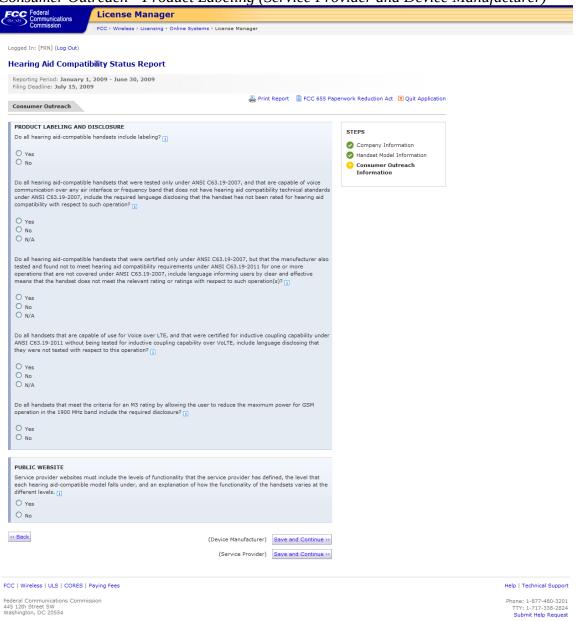
# Handset Model Information 2 (Device Manufacturer)



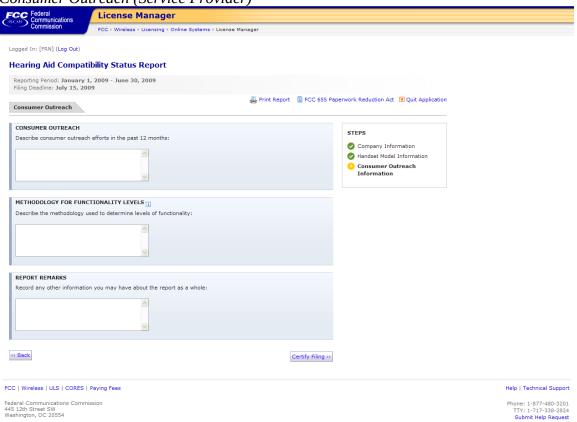
# Report Summary (Service Provider and Device Manufacturer)



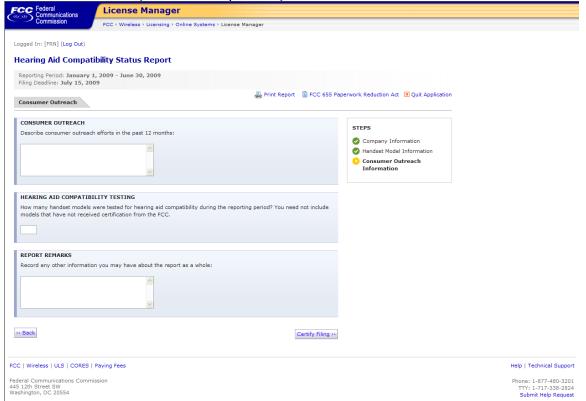
# Consumer Outreach—Product Labeling (Service Provider and Device Manufacturer)



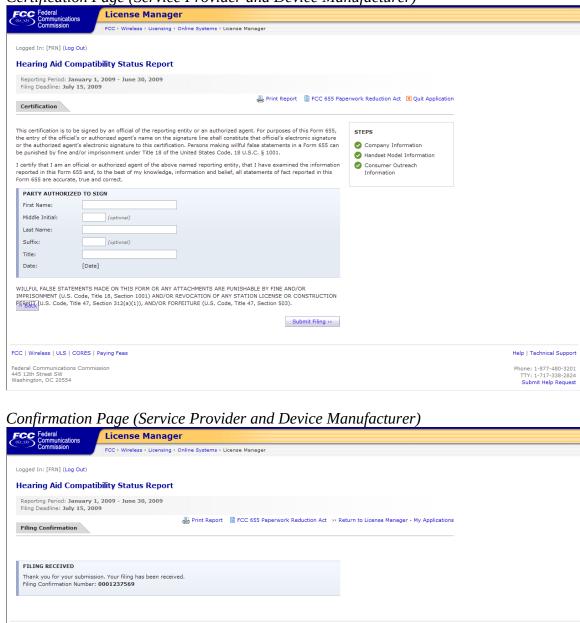
# Consumer Outreach (Service Provider)



Consumer Outreach (Device Manufacturer)



Certification Page (Service Provider and Device Manufacturer)



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