



Federal Communications Commission  
Washington, D.C. 20554

Approved by OMB  
XXXX-XX  
Expires: [DATE]  
Estimated time per response:  
XX hours

**Public Safety Answering Point (PSAP) Text-to-911 Registration Form**

Instructions: please enter information in each text box. Please add extra fields to the tables as necessary if submitting information for multiple PSAPs.

**1. Date of Submission**

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**2. Name and Contact Information of Person Submitting Form**

Name	
Primary Contact Information	



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**3. PSAP Facility Information**

In the table below, list each PSAP that is requesting delivery of emergency texts pursuant to 47 CFR 20.18(n)(10)(iii), defining a Valid Request from the requesting PSAP(s). For each PSAP listed, enter the FCC-assigned PSAP identification number, PSAP name, and PSAP Physical Address, including Street, City, State, Zip Code, and County. Please add extra fields to the table as necessary if submitting information for multiple PSAPs.

*Note: For PSAP Facility Information, the public registry will list only PSAP ID, PSAP Name, State, Zip Code, and County level information for each registered PSAP. The PSAP physical address will not be publicly listed.*

PSAP ID	PSAP Name	PSAP Physical Address (include street, city, state)	Zip Code	County

**4. PSAP Point of Contact Information for Text-to-911 Coordination**

For each PSAP listed in response to Question 3, please provide the full name, title, and phone and email contact information of the person or entity that will serve as the PSAP's point of contact with covered text providers that must coordinate text-to-911 service delivery. This information will be made publicly available in the FCC PSAP Text-to-911 Registration Database.

PSAP ID	Name of Contact	Title	Organization	Phone Number	Email Address



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**5. PSAP Method to Receive Texts**

For each PSAP listed in response to Question 3, please indicate which technological method the PSAP has selected to receive texts (only one method may be selected for each PSAP). Please add extra fields to the table as necessary if submitting information for multiple PSAPs.

PSAP ID	Text to TTY	Web Browser	Direct IP	Other (additional information required below)

If applicable, for each PSAP for which you indicated “Other,” please describe the requested method of delivery. Please add extra fields to the table as necessary if submitting information for multiple PSAPs.

PSAP ID	Other Method of Delivery



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**6. Authorizing State or Local Entity**

For submission of this Form to constitute a Valid PSAP Request for Text-to-911 service and to provide sufficient notification that the PSAPs listed in response to Questions 3-5 are technically ready to receive 911 text messages, provide the name of the applicable 911 governing authority (*e.g.*, local or state agency or official) that has specifically authorized the named PSAPs to accept text-to-911 service.

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**7. Certification**

<b><i>Check the Box:</i></b>	By checking this box, the person and/or entity named in Question 2 certifies that as of the date of the submission of this form, the PSAPs listed in response to Questions 3-5 are technically ready to receive 911 emergency text messages in the format indicated in response to Question 5.