FCC FORM 655: HEARING AID COMPATIBLITY STATUS REPORTING INSTRUCTIONS FOR DEVICE MANUFACTURERS

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I. PURPOSE

The Federal Communications Commission (FCC) requires that certain digital mobile handset manufacturers electronically file FCC Form 655 reporting their compliance with the Commission's wireless hearing aid compatibility requirements. The Hearing Aid Compatibility Status Report is required to be filed by July 15 of each calendar year.¹ The use of the Commission's electronic filing system ensures that each Device Manufacturer's status report includes all of the required information in a consistent format, facilitates filing subsequent reports, and facilitates the FCC's compilation of data. The electronic system also provides the public with improved access to review the filed status reports.

II. WHO MUST FILE A FCC FORM 655 STATUS REPORT?

Certain manufacturers of wireless handsets are required to annually file a FCC Form 655 status report indicating their compliance with the Commission's hearing aid compatibility requirements. Specifically, this reporting requirement applies to manufacturers of wireless handsets used in the delivery of digital mobile service in the United States to the extent that the handsets offer terrestrial mobile service that enables two-way real-time voice communications among members of the public or a substantial portion of the public, including both interconnected and non-interconnected VoIP services, and such service is provided over frequencies in the 698 MHz to 6 GHz bands. 47 CFR § 20.19(a)(2). Entities meeting this definition are referred to herein as Device Manufacturers.

III. ACCESS TO ELECTRONIC FILING SYSTEM FOR FCC FORM 655

A. Obtaining an FCC Registration Number (FRN)

In order to access the electronic filing system for Hearing Aid Compatibility, each Device Manufacturer must use its FCC Registration Number (FRN). A Device Manufacture may choose to obtain a new FRN for the purpose of filing its Hearing Aid Compatibility Status Report or it may use an existing FRN that is assigned to it. If an agent files status reports for multiple Device Manufacturers, the agent should obtain a separate FRN for each Device Manufacturer. The same FRN can be used for the Device Manufacturer's future filings. FRNs can be obtained at https://apps.fcc.gov/coresWeb/publicHome.do (see Figure 1 in the Appendix).

B. Accessing the Hearing Aid Compatibility Reporting Site

The reporting site can be accessed at <u>http://wireless.fcc.gov/hac</u>. This web page contains a link to the License Manager Login page (see Figure 2 in the Appendix) in the FCC's Universal Licensing System (ULS). The Login page can also be accessed through the *FCC Forms* page (<u>http://www.fcc.gov/formpage.html</u>) on the main FCC website, or the *Equipment Authorization System* page (<u>http://apps.fcc.gov/oetcf/eas/</u>) on the FCC Office of Engineering and Technology (OET) website. After login, click "*My Reports*," then "*File Hearing Aid Compatibility Status Report (655) or Certifications (855)*" on the left panel to start filing your report (see Figure 3). If you want to update a submitted or saved report, click the "HAC Submitted" or "Saved" link (see Figure 4). If you do not see the "*My Reports*" link, that means you have already submitted a report for the current filing window. You must then click the "HAC Submitted" link from the "My

¹ Staring in 2018, Service Providers are no longer required to file FCC Form 655 Status Reports. Instead, on a going forward basis, covered Service Providers will file FCC Form 855 certifying compliance with the Commission's hearing aid compatibility requirements. *See* 47 CFR § 19.20(m).

Applications" summary page to update your report. This mechanism is installed to prevent a filer from submitting two reports for the same filing period (i.e., submitting a new report rather than amending the existing report).

IV. INSTRUCTIONS FOR COMPLETING THE FCC FORM 655 STATUS REPORT

Each year Device Manufacturers must electronically file Hearing Aid Compatibility Status Reports using FCC Form 655 by July 15. The report provides information for the preceding year – July 1st through June 30th. When the 15th of the month falls on a weekend or holiday, the report is due on the next business day. The electronic filing system is designed to be user-friendly with many illustrative texts and information icons. If you are a returning filer, i.e., you filed a report using the electronic filing system in a previous filing period, the system will allow you to pre-fill certain information from your previous report to the current report, update and add any necessary information. Because the electronic FCC Form 655 interface periodically changes, you must review the accuracy of all copied or pre-filled information, and update and/or complete any missing information.

A. Company Information

You should provide the requested information for the Device Manufacturer. You can edit the Device Manufacturer information while in this section (see Figure 5, **Figure 6**, and Figure 7). You also can come back to edit the Device Manufacturer information when you are on the Report Summary screen (after initiating the Handset Model Information section) by clicking the edit icon () to the left of the company name (see Figure 13). Letters, numbers and common punctuation characters may be used to enter your information. The system will accept the following characters: , . ' _ - () ? ! @ []:; # " \$ |/ &. However, common word processing software will often embed hidden characters that convey additional information, typically about formatting, and are considered 'invalid characters' by the electronic version of the form. Invalid characters are detected by our data entry system when copying text from word processing software into a data entry field. These characters may appear as a square or other symbol such as + ~ * etc. Instead of copying information from word processing software, one alternative is to copy that information from a basic text editor that does not embed hidden characters. Windows Notepad is one example of a basic text editor. Another alternative is to delete the text and re-key the information directly into the data entry field.

- Type of Company: The electronic filing system will automatically indicate whether the reporting entity is a Device Manufacturer.
- *De Minimis* Exception (see Figure 6): Under the *de minimis* exception Device Manufacturers that offer two or fewer digital wireless handsets in the U.S. for a particular air interface are under some circumstances exempt from requirements to offer hearing aid-compatible handsets over that air interface. Specifically, beginning September 8, 2012, Device Manufacturers that are not "small entities" as defined by the U.S. Small Business Administration, and that have not been "small entities" within the last two years, will not qualify for the *de minimis* exception after their first two years offering handsets over an air interface even if they offer two or fewer handsets over that air interface. A Device Manufacturer that qualifies for the *de minimis* exception is still subject to the annual reporting requirements. *See* 47 CFR §§ 20.19(e) and 20.19(i).
 - Answer the question: "Did you offer any handsets to subscribers in the United States during the reporting period?" A handset is a device used in delivery of covered services that contains a built-in speaker and is typically held to the ear in

any of its ordinary uses. ("Typically" encompasses any intended or anticipated ordinary use and does not mean "usually" or "most often.") If you answer "No" to this question, the system will use this information to take you directly to the Consumer Outreach Information section after you finish the Company Information section.

- O If you answer "Yes" to this question, then answer the question: "Have you been offering handsets in the United States for at least three years prior to the end of the reporting period?" A Device Manufacturer that offers two or fewer handsets over an air interface is eligible for the *de minimis* exception if it has been offering handsets over that air interface for less than two years. Answer this question "No" only if the Device Manufacturer has been offering handsets in the U.S. for less than three years prior to the end of the reporting period (i.e., two years prior to the beginning of the reporting period) over ALL air interfaces; otherwise answer "Yes." A "Yes" answer does not affect the applicability of the *de minimis* exception to a particular air interface if you have been offering handsets over that air interface for less than two years prior to the relevant date. If you answered "No" to this question, enter the "Date that you began offering handsets in the United States" in the relevant box in the "MM/YY" format. For example, April 2011 should be entered as 04/11, not 04/2011 or 4/11.
- Answer the question: "Are you a small entity?" A small entity is eligible for the *de minimis* exception for any air interface over which it offers two or fewer handsets. Answer "Yes" if you are a Device Manufacturer with 750 or fewer employees, including employees of a parent, subsidiary, or affiliate company under common ownership or control; otherwise, answer "No."
- O If you answered "No" to the "Are you a small entity?" question above, answer the question: "Were you a small entity at any time during the three years prior to the end of the reporting period?" A Device Manufacturer is eligible for the *de minimis* exception for any air interface over which it offers two or fewer handsets if it has been a small entity within the previous two years. Answer this question "Yes" if you have been a small entity within the last three years prior to the end of the reporting period (i.e., two years prior to the beginning of the reporting period); otherwise answer "No." If you answered "Yes" to this question, enter the "Date that you ceased to be a small entity" in the relevant box in the "MM/YY" format. For example, April 2011 should be entered as 04/11, not 04/2011 or 4/11.
- Company Information: Provide the company name for the reporting Device Manufacturer. If the reporting Device Manufacturer also has a "Doing Business As (dba)" name, include both the company name and the dba name in the Company Name box. The format can be "Company Name dba Doing Business As Name."
- Brand Name(s) Included: Provide the brand names under which you are offering handsets. For example, if you are offering all handsets under one brand name *ABC* (most likely the manufacturer's name), enter *ABC* in the box. If you are offering handsets under two brand names *ABC* and *XYZ*, enter *ABC* and *XYZ* in two different boxes. This can happen when one manufacturer acquired another manufacturer and decided to keep both brand names. 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."
- Address: Provide the company address for the reporting Device Manufacturer. If you are a non-U.S. company, please use your U.S. business office address for filing purposes. If

you do not have a U.S. business office address, please use your U.S. agent's address.

- Contact Information: Provide the name, 10-digit U.S. phone number, 10-digit U.S. FAX number, and e-mail address of the contact person for the reporting Device Manufacture. If you are a non-U.S. company, please use your U.S. business office contact information for filing purposes. If you do not have U.S. business office contact information, please use your U.S. agent's contact information. All fields are required except the U.S. FAX number. If you do not have a U.S. FAX number, leave the field blank.
- Filing Agent: If the status report is being filed by an agent (such as a law firm) in the U.S. on behalf of a Device Manufacturer, select "Yes" and provide the name, address and contact information for the agent as well.

B. Handset Model Information

You must complete a separate Handset Model Information screen submission for each handset model you offered in the United States that counts as a unique model for hearing aid compatibility purposes. A handset is a device used in delivery of covered services that contains a built-in speaker and is typically held to the ear in any of its ordinary uses ("Typically" encompasses any intended or anticipated ordinary use, and does not mean "usually" or "most often."). If you marketed the same model under more than one name, all of the names must be reported as part of the same model.

For purposes of compliance with the 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). A difference in hearing aid compatibility rating is considered a difference in form, features, or capabilities.

For example, Device Manufacturer X markets two models, the TalkMaster X1 and the Talk2Me, that are indistinguishable in form, features, and capabilities. It also produces another model, the TalkMaster X2, that offers different features from the TalkMaster X1. All of these models are certified under the same FCC ID number. The Device Manufacturer must report the TalkMaster X1 and the Talk2Me on the same Handset Model Information screen submission, and the TalkMaster X2 on a separate Handset Model Information screen submission.

B1. Fields for Handset Model Information

Specific attributes of a handset model need to be entered in this section. These attributes include handset maker, handset model name, air interfaces and frequency bands used by the handset model, hearing aid compatibility ratings, etc. Once you complete the information required for one handset model, you can add information for another handset model or continue to the next section on consumer outreach information if you have completed information for all handset models.

If you have filed a report using the electronic filing system in a previous filing period, the system will pre-fill your report with certain handset model information that you reported in your most recent filing. Because the electronic FCC Form 655 interface periodically changes, you must review the accuracy of all pre-filled information for each handset model, and update and/or complete any missing information about previously submitted handset models. For example, you will be required either to enter a new Ending Available Date that is within the current reporting period or to delete the handset model if you did not offer it during the current reporting period. In

addition, you may be prompted to enter a corrected FCC ID if the FCC ID that you previously reported is invalid or not granted. You must also review the attributes of each handset model (e.g., air interfaces and frequency bands, etc.) to make any other necessary corrections to the pre-filled information.

HANDSET MAKER: This is the manufacturer of the handset (see Figure 8).

- If the Handset Maker name is in the dropdown list in the Handset Maker box, select it from the list.
- If the Handset Maker is not on the list, select "Other" at the bottom of the list and enter the name in the box to the right of the Handset Maker box.

HANDSET MODEL: Select "No" if you marketed the Handset Model under only one name, "Yes" if you marketed the Handset Model under multiple names (see Figure 8).

- If "No" is selected:
 - Provide the Handset Model name either by selecting a name from the dropdown list in the Handset Model name box or by selecting "Other" from the dropdown list and entering a new Handset Model name in the box to the right of the Handset Model name box.
 - O Provide the associated FCC ID(s) for the Handset Model in the FCC ID boxes. If there is one FCC ID associated with the Handset Model, enter it in the first FCC ID box. If there are multiple FCC IDs associated with the Handset Model, enter each FCC ID in a separate FCC ID box. The system sometimes automatically pre-fills one or more FCC IDs if they are available. You can over-write or delete a pre-filled FCC ID if it is not correct or not relevant (see Figure 9).
 - If the system does not accept the entered FCC ID(s) because it is either invalid (such as mistyped) or not granted by the FCC, please check your FCC ID(s) for the Handset Model. If you cannot immediately find the correct FCC ID(s) for this model, you may delete the model temporarily and continue to fill out the Handset Model Information section with another handset model. You must return to this section and add the deleted handset model with the correct FCC ID(s) before certifying and filing your report.
- If "Yes" is selected:
 - Provide the first name for the Handset Model, either by selecting a name from the dropdown list in the Handset Model name box or by selecting "Other" from the dropdown list and entering a new Handset Model name in the box to the right of the Handset Model name box.
 - O Provide the associated FCC ID(s) for this Handset Model name in the FCC ID boxes. If there is one FCC ID associated with this Handset Model name, enter it in the first FCC ID box. If there are multiple FCC IDs associated with this Handset Model name, enter each FCC ID in a separate FCC ID box. The system sometimes automatically pre-fills one or more FCC IDs if they are available. You can over-write or delete a pre-filled FCC ID if it is not correct or not relevant.
 - Click "Add Another Handset Model Name" to add another marketing Handset Model name and associated FCC ID(s).
 - 0 Repeat until all marketing Handset Model names have been entered (see Figure

10).

- If you initially select "Yes" and later need to remove Handset Model names, you can do that by choosing the edit icon (>>) for the handset model on the Report Summary screen (appears after finishing each Handset Model Information submission) and selecting the delete icon () for the unneeded Handset Model name(s) on the Handset Model Information Summary screen (see Figure 13).
- If you initially select "No" and later need to add Handset Model names, you can do that by choosing the edit icon () for the handset on the Report Summary screen (appears after finishing each Handset Model Information submission) and selecting the "Add Another Handset Model Name" button on the Handset Model Information Summary screen (see Figure 13).

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 model for voice communications. Include all air interfaces over which the handset model is capable of being operated for voice communications, including any air interface or frequency band that may not currently have hearing aid compatibility deployment requirements (see Figure 11). A handset is considered capable of voice communication over an air interface or frequency band if it could be made capable of voice communication through the use of software, whether or not that software is currently available and whether or not that software is pre-installed by the device manufacturer or service provider, or at their direction. Some acronyms have been commonly used to indicate certain frequency bands, e.g., Cellular band for the 850 MHz band, PCS for the 1900 MHz band, and AWS-1 for the 1700/2100 MHz bands.

DATES: Enter "Starting Available Date" and "Ending Available Date" in the relevant boxes in the "MM/YY" format. For example, April 2008 should be entered as 04/08, not 04/2008 or 4/08. 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 available date. The current reporting period will be listed at the top of the screen for your reference (see Figure 11).

M-RATING (see Figure 12):

- Select "No" if the handset model has not received an M-Rating certification.
- Select "Yes" if the handset model has received an M-Rating certification.
 - Select the appropriate rating from the dropdown list in the M-Rating box.
 - 0 Provide the M-Rating Certification Date in the format MM/DD/YY.
 - O If either M3 or M4 is selected in the M-Rating box for a handset model with the GSM air interface and 1900 MHz frequency band box selected in the AIR INTERFACES / FREQUENCY BANDS section, then answer the question: "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?" *See* 47 CFR § 20.19(e)(1)(iii). If this question is *not* applicable to the particular handset, it does not appear in the electronic version of Form 655. However, it still appears on the printed version under each listed handset, whether GSM, CDMA, or WCDMA, etc., is selected. Please ignore the question on the printed version of the report under the listed handsets.

T-RATING (see Figure 12):

- Select "No" if the handset model has not received a T-Rating certification.
- Select "Yes" if the handset model has received a T-Rating certification.
 - Select the appropriate rating from the dropdown list in the T-Rating box.
 - Provide the T-Rating Certification Date in the format MM/DD/YY.

ANSI C63.19 STANDARD (see Figure 12): Select the "2005," "2006," "2007," or "2011" button to indicate which version of the ANSI C63.19 standard was used during the certification process for the rating(s).

REMARKS: Provide any remarks or comments concerning the handset model (see Figure 12).

B2. Editing and Deleting Handset Model Information

As you complete the information required for each handset model, the system will take you to the Report Summary screen for the Handset Model Information section (see Figure 13), where the company name and other basic information such as the handset maker name, handset model name(s), and FCC ID(s) for each submitted handset model will be on display. From this screen, you can:

- Edit Company Information by clicking the edit icon () to the left of the company name on the upper left corner of the screen (see Figure 13).
- Edit the Handset Model Information for a specific handset model by clicking the edit icon () for the handset model in the right-most column of the table showing the individual handset models reported. The system allows you to edit the Handset Model name(s) and FCC ID(s) (see Figure 14).
 - However, if the Handset Maker name needs to be changed, you need to return to the Report Summary screen (Figure 13), delete the handset model by clicking the delete icon (), and add the handset model back by selecting "Report New Handset Model" at the bottom of the screen (at which point you will be able to select the correct Handset Maker).
- Delete a handset model or a duplicated handset model by clicking the delete icon (¹) in the right-most column of the table showing the individual handset models reported (see Figure 13).
- Continue to the Consumer Outreach section by selecting "Continue" at the bottom of the screen.

C. Consumer Outreach

PRODUCT LABELING AND DISCLOSURE: Provide the requested information for the reporting Device Manufacturer.

Question 1: "Do all hearing aid-compatible handsets include labeling?"

Answer "Yes" if all of your handsets comply with this requirement. If you have handsets that do not comply with this requirement, answer "No" and explain (see Figure 15). Under Section 20.19(f) of the FCC's rules, Device Manufacturers must ensure that the rating of hearing aid-

compatible handsets is clearly displayed on the packaging material of the handset. In the event that a hearing aid-compatible handset achieves different radio frequency (RF) interference or inductive coupling capability ratings over different air interfaces or different frequency bands, the RF interference reduction and inductive coupling capability ratings displayed shall be the lowest rating assigned to that handset for any air interface or frequency band. An explanation of the ANSI C63.19 rating system must also be included in the device's user's manual or as an insert in the packaging material for the handset. If your answer is "Yes" to Question 1, then there is no "Explain" option. However, the "Explain" option still appears on the printed version of the report. Please ignore the "Explain" option on the printed version if your answer to Question 1 is "Yes." If you want to add an explanation even though you answer "Yes," please do so in the Report Remarks box at the end of the report.

Question 2: "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?"

Answer "Yes" if all of your handsets comply with this requirement. If you have handsets that do not comply with this requirement, answer "No" and explain (see Figure 15). Answer "N/A" if you did not offer any such handsets. Effective March 8, 2011, the following disclosure language is required: "This phone has been tested and rated for use with hearing aids for some of the wireless technologies that it uses. However, there may be some newer wireless technologies used in this phone that have not been tested yet for use with hearing aids. It is important to try the different features of this phone thoroughly and in different locations, using your hearing aid or cochlear implant, to determine if you hear any interfering noise. Consult your service provider or the manufacturer of this phone for information on hearing aid compatibility. If you have questions about return or exchange policies, consult your service provider or phone retailer."

Question 3: "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)?"

Answer "Yes" if all of your handsets comply with this requirement. If you have handsets that do not comply with this requirement, answer "No" and explain (see Figure 15). Answer "N/A" if you did not offer any such handsets.

Question 4: "Do all handsets that are capable of use for Voice over LTE or Wi-Fi Calling, and that were certified for inductive coupling capability under ANSI C63.19-2011 without being tested for inductive coupling capability over Voice over LTE or Wi-Fi Calling, include language disclosing that they were not tested with respect to this operation?"

Answer "Yes" if all of your handsets comply with this requirement. If you have handsets that do not comply with this requirement, answer "No" and explain (see Figure 15). Answer "N/A" if you did not offer any such handsets. The following disclosure language may be used: "This phone has been tested and rated for use with hearing aids for some of the wireless technologies that it uses. However, there may be some newer wireless technologies used in this phone that have not been tested yet for use with hearing aids. It is important to try the different features of this phone thoroughly and in different locations, using your hearing aid or cochlear implant, to determine if

you hear any interfering noise. Consult your service provider or the manufacturer of this phone for information on hearing aid compatibility. If you have questions about return or exchange policies, consult your service provider or phone retailer." Alternatively, Device Manufacturers may develop more descriptive and informative disclosure language for these handsets. Device Manufacturers are advised to consult with Wireless Telecommunications Bureau staff before using any alternative language.

Question 5 (*if applicable*): If the reporting Device Manufacturer answered "Yes" for any handset model to the Handset Model Information question "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?", then it must answer Question 5: "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?"

Answer "Yes" if all of the applicable handsets comply with this requirement. If there are handsets that do not comply with this requirement, answer "No" and explain (see Figure 15). Each Device Manufacturer shall ensure that, wherever the M rating is displayed for a handset that meets the criteria for an M3 rating for GSM operation at 1900 MHz by means of a user-controlled power reduction, it discloses to consumers, by clear and effective means (e.g., inclusion of call-out cards or other media, revisions to packaging materials, supplying of information on Web sites), that user activation of a special mode is necessary to meet the hearing aid compatibility standard. In addition, each Device Manufacturer must ensure that the device manual or a product insert explains how to activate the special mode and that doing so may result in a reduction of coverage.

As a remark, if Question 5 is *not* applicable, it does not appear in the Product Labeling section of the electronic version of Form 655. However, it still appears on the printed version of the filed report and should be ignored.

PUBLIC WEBSITE: Under Section 20.19(h) of the FCC's rules, Device Manufacturers that are subject to the hearing aid compatibility requirements of that section and which operate a publicly-accessible website must include on that website a list of all hearing aid-compatible models currently offered, the ratings of those models, and an explanation of the rating system. Answer "Yes" if you maintain such a website and provide the website address. One website address is sufficient if the information is clearly accessible from that web page, even if there are multiple sub-pages. If you do not maintain a website with this information, answer "No" and explain (e.g., the reporting Device Manufacturer does not maintain any public website) (see Figure 15).

CONSUMER OUTREACH: Provide information on the Device Manufacturer's outreach efforts with regard to hearing aid compatibility within the reporting period (see Figure 16).

HEARING AID COMPATIBILITY TESTING: Enter the number of handset models that were tested for hearing aid compatibility during the reporting period. You need not include models that have not received certification from the FCC (see Figure 16).

REPORT REMARKS: Add any other information that you may choose to provide (see Figure 16).

V. CERTIFYING, SUBMITTING, UPDATING AND PRINTING FILED FCC FORM 655 STATUS REPORTS

Certifying and Submitting Your Report: Upon finishing the Consumer Outreach Information section, you need to certify your report by selecting the "Certify Filing" button at the bottom of the Consumer Outreach Information Screen (see Figure 16). On the Certification screen, you must provide your name and title. You must then submit your report by selecting the "Submit Filing" button at the bottom of the Certification screen (see Figure 17). The system will then provide you with a Filing Confirmation Number. **Please write down this confirmation number for your future reference** (see Figure 18). You must **submit** your report on or before the filing deadline. Failure to submit your report in a timely manner may trigger FCC enforcement action.

Saving without Submitting Your Report: You can stop at any time while completing your report by selecting the "Quit Application" button at the top-right corner of the screen (see Figure 8). Whenever you select "Quit Application," your report will be saved and put into the "Saved" category (see Figure 4). A "Saved" report is not considered to be a "HAC Submitted" report. You must remember to **submit** your report on or before the filing deadline. To submit a saved report, you must update the report, certify it and submit it.

If you are accidentally timed out by the system, your report will be placed in the "Saved" category. You will need to re-login to the system and update your report (see below on updating a saved report).

Updating Your Report: You can update your saved or submitted report at any time before the filing deadline. However, you **cannot** update your report once the deadline has passed. To update your report, you need to access the electronic FCC Form 655 and go to the "Saved" category if you have a saved report or the "HAC Submitted" category if you have a submitted report (see Figure 4). After clicking on the appropriate link to your report (either "*Not Assigned*" or a File No.), select "Continue" or "Update" to update your saved or submitted report (see Figure 19 or Figure 20). The system will take you directly to the Report Summary screen (see Figure 13). From there, you can update your report. After completing your update, you must submit your report again in order for it to be considered "HAC Submitted." A submitted report that has been opened for updating but not re-submitted will be placed in the "Saved" category and not the "HAC Submitted" category.

FCC Form 655 Hearing Aid Compatibility Status Reports always have a purpose code of "HA." Knowing this will help you find your Hearing Aid Compatibility Status Report.

Printing Your Report: When you are on the Filing Confirmation screen, you can view your report by clicking the "Print Report" button () at the top of the screen (see Figure 18). The system will generate a PDF file that contains all the information you have entered into your report as well as the FRN you used for filing the report.

VI. FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995

We have estimated that each response to this collection of information will take, on average, two and a half (2.5) hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, enter the data in the Form 655 on-line template, and submit it electronically. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0999). We also will accept your comments via the Internet if you send them to PRA@fcc.gov. DO NOT SEND COMPLETED FCC FORM 655 TO THIS ADDRESS. Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0999.

Device Manufacturers failing to file FCC Form 655 Status Reports in a timely fashion may be subject to penalties under the Communications Act, including Sections 502 and 503(b).

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

APPENDIX

Figure 1 Register and Receive an FCC Registration Number

Obtain a new FCC Registration Number (FRN) for the purpose of filing Hearing Aid Compatibility status reports for each reporting entity. The same FRN can be used again to file future reports for the entity. Each reporting entity should use its own FRN.

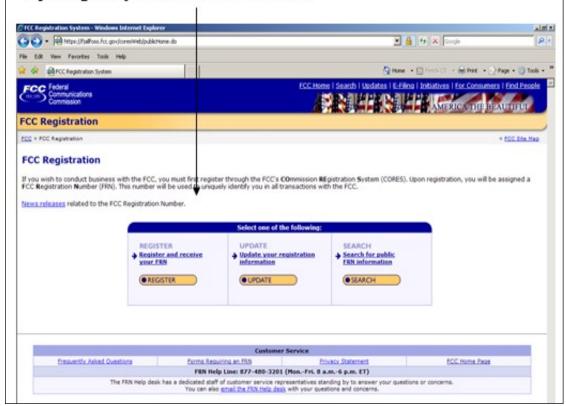


Figure 2 Login Page

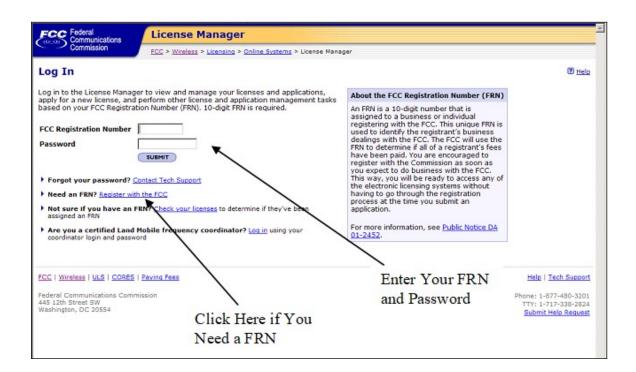


Figure 3 License Manager Page

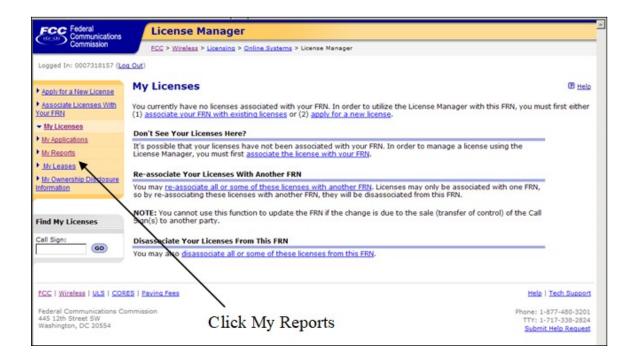


Figure 4 My Applications Page -- Summary

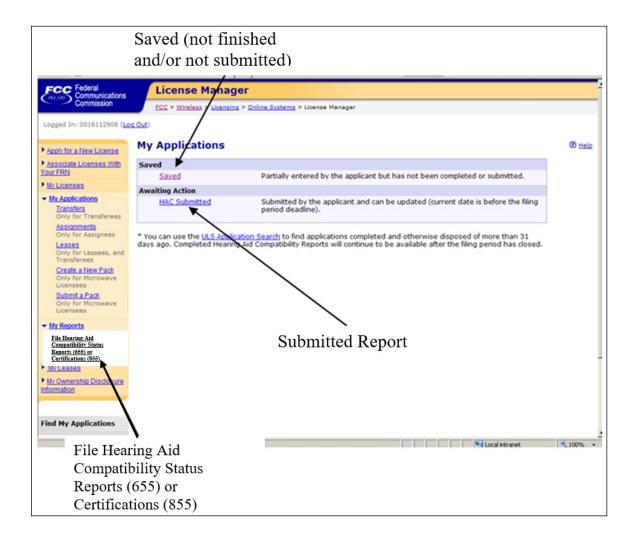


Figure 5 Company Information Page 1

| Reporting Period and Filing Deadline | | t Application aved but not s | · • |
|---|--|--|--------------------------------|
| 🖉 Hearing Aid Compatibility Status Report - Windows Interr | vet Explorer | | _0× |
| - R http://sofia.fcc.gov:8001/external/hac/html/com | pany_info.html | 💌 🐓 🗙 Googi | e 🖉 🖓 🔹 |
| File Edit View Favorites Tools Help | | | |
| 😪 🚸 🏾 🏉 Hearing Aid Compatibility Status Report | | 🚹 Home 🔹 🔝 Feeds (J) 🔹 | 🖶 Print 🔹 🔂 Page 🔹 🎯 Tools 🔹 🎽 |
| Communications Commission | - | | T |
| | sing > Online Systems > License Manager | | |
| Logged In: [FRN] (Log Out) | | | |
| Hearing Aid Compatibility Status Rep | ort | | |
| Reporting Period: January 1, 2009 - June 30, 2009 Filing Deadline: July 15, 2009 | | Ļ | |
| Company Information | Paperwork Reduction Act | Burden Statement I Ouit App | lication |
| Information. You must complete all applicable sections, submitting your filing. All fields are required, unless oth Note: We see that there are previously submitted Rep Handset Model information from your most recently fili information copied into this new Report. For each hand | mation, Handset Model Information and Consumer Outreach and then certify the information you have provided before erwise noted. orts associated with your FRN. You may copy Company and ad Report by clicking the link below. You may add to or edit any set copied from the previous report, you must update the ending d. If the handset was not offered during this reporting period, the | Company Information Handset odel Information Consumer Outreach Information | |
| DE MINIMIS EXCEPTION Did you offer more than two handsets over any air in to subscribers (if you are a service provider) during to c var Returning filers can information from th filed in the previous | copy Indica eir reports Comp | ting that you a any Informatio | are in the |

Figure 6 Company Information Page 2

| DE MINIMIS EXCEPTION | |
|---|---|
| Did you offer any handsets ፤ to subscribers in | the United States during the reporting period? |
| Yes No | Information icon for handset definition |
| Have you been offering handsets i in the Unit prior to the end of the reporting period? i | ed States for at least three years |
| © Yes | |
| No | |
| Date that you began offering handsets in the U | Inited States (month/year) |
| (mm/yy) | This Date box will appear if you click "No" above |
| 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 | This question will appear if you click "No" above |
| © No | |
| Date that you ceased to be a small entity (mor | |
| (mm/yy) | This Date box will appear if you click "Yes" above |
| | |

| | Informatio | on icon for h | nandset de | efinition | |
|--|------------------------------------|--|-------------------|------------------------|---------------|
| DE MINIMIS EXCEPTIO Did you offer more than | two handsets 🔟 over any air inter | rface to service provid reporting period? 1 | lers | | |
| C _{Yes} C _{No} | + | | De | <i>Minimis</i> que | stions |
| COMPANY INFORMATI If you are a non-US man address, please use your | ufacturer, please use your US offi | ice address for filing p | urpose. If you do | o not have a US office | |
| Company Name: | agent s'address. | | | | Company Name |
| Provide the brand names handsets | under which you are offering dig | ital commercial mobil | e | | |
| Brand Name(s) Included: | | (optional) | | | |
| | | (optional) | | Brand Nam | e(s) Included |
| | , | (optional) | | | |
| PO Box: Street Address: | (optional) | _ | | | |
| City: | | (optional when specify | ving a PO Box) | Compan | y Contact |
| State: | Select | _ | | Informa | |
| Zip Code: | | | | momu | |
| Contact Name: | | _ | | | |
| Contact Phone: | | | | | |
| Contact Fax: | (optional) | | | | |
| Contact Email: | | | | | |
| FILING AGENT | | | | | |
| Is this report being file | ed by an agent on behalf of a ma | nufacturer? | 2 | | |
| © No ← | | | Filing A | gent Informa | ation |
| C _{Yes} | | | Thing A | gent morma | |

Figure 7 Company Information Page 3

Figure 8 Handset Model Information Page 1 (Handset Maker / Handset Model)

| Handset Maker (aॖ dropdown box) | Print Report | Quit Application (report will be saved but not submitted) |
|--|--|--|
| Handset Model Information | 📇 Print Report 🛛 📗 Paper | work Reduction Act Burden Statement Reduction Act Burden Statement |
| Provide the following information for each handset mo will be able to report additional handset models when Note: If two or more separately marketed models ar compatibility compliance, all of those models must be compatibility deployment requirements, two handsets they do not differ in form, features, or capabilities (for service providers or in cosmetic respects such as color HANDSET MAKER | you have completed this section. (1) e counted as a single model for purposes of hearing e entered. For the purposes of compliance with hear smarketed as separate models must be counted as or example, if they differ only in being marketed thr | a single model if |
| Select from the list below. If the Handset Maker is n name in the box on the right. Select | | |
| Does this handset model have multiple marketing n service providers under different names?) O No O Yes | ames? (For example, is this handset marketed throu | ugh different |
| Indicate whether the mo marketed under multiple | | ndicates that you are in the andset Model Information |

Figure 9 Handset Model Information Page 2a (Single Handset Model Name / FCC ID)

| | | t Model Name down box) | FCC ID(with the | s) associated Handset | |
|--------------------------|--|--|---|-----------------------------------|---|
| 6 | Hearing Aid Compatib | ity Status Report - Windows Internet Ex | plorer | | is late |
| | - @ http://s | ha.fcc.gov/external/hac/html/handset_model_ | desta html | 💌 🔩 🗙 Google | P - |
| F | le Edit View Favor | es Tools Help | | | |
| 1 | 🔗 🍘 Hearing Aid | Compatibility Status Report | | 🟠 Home 🔹 🔄 Freeds (7) 👒 🙀 Print 🔹 | • 🕑 Page = 🍘 Tools = 🌁 |
| Ny 3 1 N COT | Anno in the box of Select HANDSET HODEL Does this handset service providers & No C Yes Select Handset Mc bottom of the list Select FCC ID | below. If the Handset Maker is not on to the right. model have multiple marketing name? Inder different name?? Inder different name?? Inder name from the list relow. If the Han and enter the name in the box on the rig Inder the name in the box on the rig Inder Coll in an enter the identifying The FCC ID is the identifying The FCC ID is the identifying The FCC ID is the identifying | the list, select "Othe" at the bottom of the list and (For example, is this handset marketed through of diset Model name is not on the list, select "Other" of ht. sg number under which this handset has been cert 10 number applies to this model, include all appli- may also apply to other handset models. | Werent at the | |
| FC As | Cancel | | Save and Con | tinue in | |
| 200 | PCC Wireless ULS redenal Communicatio 645 12th Street SW Washington, DC 2055- | | | Pt | Ip Technical Support Ione: 1-877-480-3201 TTY: 1-737-338-2824 Submittelp Request |
| | ancel (re ummary | eturn to Report page) | Save and Continu | ie Tech | nical Support |

Figure 10 Handset Model Information Page 2b (Multiple Handset Model Names / FCC ID)

| Handset Maker | Handset Model Name | Another Marketing Name for the Same Handset |
|---|--|---|
| 🖉 Hearing Aid Compatibi ity Status Report - Windows | Internet Explorer | |
| CO CO + https://bromine.fcc.gov/UlsEntry/HAC/har | ndsetModel.jsp?op=Hac&appld=3848656&prevAppId=384831 🔽 🔒 Federa Commu | nications Commission [US] + K Google |
| File Edit View Favoriles Tools Help | | |
| 🙀 🐼 🏹 Hearing Aid Compatibility Status Report | | 🚹 Home 🔹 🔂 Feeds (J) 🔹 🖶 Print 🔹 🔂 Page 🔹 🎯 Tools 🔹 |
| Communications | Manager / | Ī |
| Commission FCC > Wireless | > Licensing > Online Systems > License Manager | |
| Logged In: 0016112906 (Log Out) | | |
| Hearing Aid Compatibility Status | Report | |
| Reporting Period: January 1, 2012 - Decemb | ver 31, 2012 | |
| Handset Model Information | Print Report Paperwork Re | eduction Act Burden Statement Quit Application |
| • | | |
| Handset Maker: Xcom | | STEPS |
| Model Name(s): TalkMaster X1 | | Company Information |
| | | O Handset Model Information |
| HANDSET MODEL | | Consumer Outreach Information |
| | . If the Handset Model name is not on the list, select "Other" at the | |
| | x on the right. If you need to add another Handset Model name for this Name button when you have completed the information on this page. | |
| Other (specify): Talk2Me | * | |
| FCC ID | | |
| Provide the FCC ID(s) for this handset model. | | |
| | he identifying number under which this handset has been certified by the an one ECC ID number applies to this model, include all applicable | |
| numbers. FCC 1 | D numbers may also apply to other handset models. | |
| | | FCC ID |
| | | FCC ID |
| | | |
| | | |
| Cancel | Add Another Handset Model Name >> Save and Continue >> | |
| X | | * |
| | | Local intranet + 100% + |
| Cancel (return to | Add Another Marketing | Save and Continue |
| Report Summary | Name for the Same | |
| - | 67631127 9226 | |
| page) | Handset | |

Figure 11 Handset Model Information Page 3 (Air Interfaces / Frequency Bands)

| | GSM | CDMA | WCDMA | IDEN | LTE | Wi-Fi | WiMax | Other | Other | Other |
|--------------|-----------------------|------------|--------------|------------|------------|---------|---------|-------|---------------|------------|
| 00 MHz | | | | | | | | | 2 | |
| 00 MHz | | | | | | | | | | |
| 50 MHz | | | | 6 | | | | | | |
| 00 MHz | | | | | | | | | | 8 |
| 1700 MHz | | | | | | 8 | | B | 2 | |
| 1800 MHz | | | | ir Inter | faces/F | requenc | v Bands | | | 8 |
| 1900 MHz | | | | | | | | | 8 | |
| 2100 MHz | | | | | | 2 | | | | |
| .4 GHz | | | | | | | | | | |
| .5 GHz | | | | | | | | | | |
| .0 GHz | | | | | | | | | 13 | 8 |
| Other MHz | ۵ | | | | 6 | e | 8 | ۵ | | |
| Other MHz | | | ۵ | 8 | | 8 | | B | | |
| Other MHz | | | 8 | | | 8 | | 8 | | |
| eriod, ent | er the er et model | was offere | h of the rep | orting per | iod as the | | | | of the end of | the report |

Figure 12 Handset Model Information Page 4 (Hearing Aid Compatibility Ratings)

| MARKS MARKING: MARKS MARKING: MARKING Certification? MARKING: Certification MARKING: Certification MARKING: Certification Date: (MM/DD/YY) Did bis handset meet the orlewing information: MARKING: Certification Date: II monophysical State S | | | | | | | |
|---|---|---|--|--|--|--|--|
| No Yes Provide the following information: M-Rating Certification Date: Image: | RATINGS | | | | | | |
| * Yes M-Rating (a dropdown box) Provide the following information: M-Rating Certification Date: M-Rating Certification Date: Image: Control (MM/DD/YY) Did bits handset meet the orderia for an M3 rating for operations over GSM at 1900 MHz by anabling the user optionally to reduce the maximum power at which the handset will operate by no more than 2.3 decides, except for anemgency calls to 5112 Image: Ima | | | | | | | |
| M-Rating (a dropdown box) M-Rating: M-Rating: M-Rating Certification Date: Image: M-Rating Certification Date: Image: M-Rating Certification Date: Image: M-Rating Certification Date: M-Rating Certification Date: Image: M-Rating Certification Date: Image: M-Rating Certification Date: Image: M-Rating Certification Date: Image: Image: <th></th> <th></th> | | | | | | | |
| M-Rating Certification Date: Image: Marking Certification Date: M-Rating Certification Date: Image: Marking Certification Date: M-Rating Certification Date: Image: Marking Date: M-Rating: Image: Marking Date: Marking: Image: Marking Date: Marking: <td>a res</td> <td>M-Rating (a dropdown box)</td> | a res | M-Rating (a dropdown box) | | | | | |
| M-Rating Certification Date: 1 mm/dayy M-Rating Certification Date: 1 mm/dayy Did this handset meet the oriteria for an M3 rating for operations over GSM at 1900 MHz by enabling the user optionality to reduce the maximum power at which the handset will operate by no more than 2.5 decibles, except for emergency calls to 5137 Vers Answer this question if the handset is M3 or M4 rated and operates over GSM at 1900 MHz. T-Rating: Has this model received a T-Rating certification? No Yes T-Rating (a dropdown box) T-Rating: 1 select T-Rating certification T-Rating Certification Date: 1 mm/dayy Specify which version of the ANSI C63.19 standard was used during the certification process: 2005 2007 2011 EMARKS Any remarks or comments concerning this handset model may be entered here: Comments for the Handset model may be entered here: Comments for the Handset is for the transfer of the target for target for target f | Provide the following information: | | | | | | |
| M-Rating Certification Date: [] (mm/ud/yy) 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 \$117 Image: Certification Date: [] Answer this question if the handset is M3 or M4 rated and operates over GSM at 1900 MHz T-Rating: Has this model received a T-Rating certification? T-Rating (a dropdown box) Provide the following information: T-Rating Certification Date: [] T-Rating Certification Date: [] Select Provide the following information: T-Rating Certification Date: [] T-Rating Certification Date: [] mm/ud/yy) Specify which version of the ANSI C63.19 standard was used during the certification process: 2005 2001 2001 2001 Cancel Remarks for the Handset (mm/ud/y) Remarks for the Handset | M-Rating: 🔝 M3 🔻 | M-Rating Certification | | | | | |
| Did this handset meet the orderis 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 decides, except for emergency calls to 917 Image: Second | M-Rating Certification Date: 1 (mm/dd/)y) | <u> </u> | | | | | |
| reduce the maximum power at which the handset will operate by no more than 2.5 decibels, except for emergency calls to S17 Yes Answer this question if the handset is M3 or M4 rated and operates over GSM at 1900 MHz T-Rating: Has this model received a T-Rating certification? Yes T-Rating (a dropdown box) Provide the following information: T-Rating Certification Date: [] | | Date (MIN/DD/11) | | | | | |
| 9117 Answer this question if the handset is M3 or M4 rated and operates over GSM at 1900 MHz T-Rating: Has this model received a T-Rating certification? T-Rating (a dropdown box) Provide the following information: T-Rating Certification Date: I Select (mm/ddyy) T-Rating Certification Date: I (mm/ddyy) T-Rating Certification Date (MM/DD/YY) Specify which version of the ANSI C63.19 standard was used during the certification process: 006 2006 2007 2011 Remarks or comments concerning this handset model may be entered here: Cancel Save and Continue ** | Did this handset meet the criteria for an M3 rating for operation | ns over GSM at 1900 MHz by enabling the user optionally to | | | | | |
| Answer this question if the handset is M3 or M4 ated and operates over GSM at 1900 MHz T-Rating: Has this model received a T-Rating certification? No Yes Yes Yes T-Rating (a dropdown box) T-Rating Certification Date (MM/DD/YY) Specify which version of the ANSI C63.19 standard was used during the certification process: 2005 2007 2011 | | by no more than 2.5 decibels, except for emergency calls to | | | | | |
| No rated and operates over GSM at 1900 MHz T-Rating: Has this model received a T-Rating certification? T-Rating (a dropdown box) Yes T-Rating (a dropdown box) Provide the following information: T-Rating Certification T-Rating: I Select T-Rating Certification T-Rating: Certification Date: I (mm/cd/yz) T-Rating Certification 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: Remarks for the Handset Cancel Save and Continue ** Save and Continue ** | | \mathbf{W} usestion if the handset is M3 or M4 | | | | | |
| T-Rating: Has this model received a T-Rating certification? No Yes Provide the following information: T-Rating Certification Date: I T-Rating Certification process: 2005 2005 2001 REMARKS Any remarks or comments concerning this handset model may be entered here: Remarks for the Handset Cancel Save and Continue ** | 1 | • | | | | | |
| Cancel button (return to Denort Summerne senser) For a content of the c | rated and oper | rates over GSM at 1900 MHz | | | | | |
| Yes Provide the following information: T-Rating (a dropdown box) Y-Rating: Select T-Rating Certification Date (MM/DD/YY) Specify which version of the ANSI C63.19 standard was used during the certification process: Date (MM/DD/YY) Specify which version of the ANSI C63.19 standard was used during the certification process: 2005 2005 2006 2001 2011 REMARKS Remarks or comments concerning this handset model may be entered here: Image: Remarks for the Handset Seve and Continue ** Save and Continue ** Cancel Save and Continue ** | T-Rating: Has this model received a T-Rating certification? | | | | | | |
| Provide the following information: T-Rating: Select T-Rating Certification T-Rating Certification Date: T-Rating Certification Date (MM/DD/YY) Specify which version of the ANSI C63.19 standard was used during the certification process: 2005 2005 2005 2007 2011 REMARKS Any remarks or comments concerning this handset model may be entered here: Remarks for the Handset Cancel Seve and Continue ** | | T-Rating (a dropdown box) | | | | | |
| T-Rating: Select T-Rating Certification Date: T-Rating Certification Date: Imm/dd(yy) Date (MM/DD/YY) Specify which version of the ANSI C63.19 standard was used during the certification process: 2005 2005 2006 2007 2011 REMARKS Any remarks or comments concerning this handset model may be entered here: Image: Cancel Save and Continue ** | ¥ Yes | | | | | | |
| T-Rating Certification Date: Specify which version of the ANSI C63.19 standard was used during the certification process: 2005 2006 2007 2011 Remarks or comments concerning this handset model may be entered here: Remarks for the Handset Cancel Save and Continue ** | Provide the following information: | | | | | | |
| T-Rating Certification Date: I mm/dd/yy) 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: Remarks for the Handset Cancel Save and Continue ** | T-Rating: 🔝 Select 🔻 | T-Bating Certification | | | | | |
| 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: Image: Conceler to the function of the Ansien to the process of the function of the Handset | T-Rating Certification Date: | | | | | | |
| Cancel button (rature to Depart Summers and and a second s | | | | | | | |
| © 2006 © 2007 © 2011 REMARKS Any remarks or comments concerning this handset model may be entered here: Remarks for the Handset Cancel Save and Continue ** | Specify which version of the ANSI C63.19 standard was used during | ng the certification process: | | | | | |
| Cancel button (noture to Depart Summer as more) | ② 2005 | | | | | | |
| © 2011 REMARKS Any remarks or comments concerning this handset model may be entered here: | | | | | | | |
| REMARKS Any remarks or comments concerning this handset model may be entered here: Remarks for the Handset Cancel Save and Continue ** | | | | | | | |
| Any remarks or comments concerning this handset model may be entered here: Image: Cancel Remarks for the Handset Cancel Save and Continue >> | 0 2011 | | | | | | |
| Any remarks or comments concerning this handset model may be entered here: Image: Cancel Remarks for the Handset Cancel Save and Continue >> | | | | | | | |
| Cancel Save and Continue ** | | and and have | | | | | |
| Cancel Save and Continue ** | Any remarks or comments concerning this handset model may be e | entereu nere: | | | | | |
| Cancel Save and Continue ** | Demarks for the Handset | | | | | | |
| | | | | | | | |
| | v | | | | | | |
| | | | | | | | |
| Cancel button (return to Report Summary screen) Save and Continue button | Cancel Save and Continue >> | | | | | | |
| Cancel button (return to Report Summary screen) Save and Continue button | | | | | | | |
| Cancer button (return to Report Summary screen) Save and Continue button | Cancel hutten (return to Depart Summary | | | | | | |
| | | Save and Continue button | | | | | |

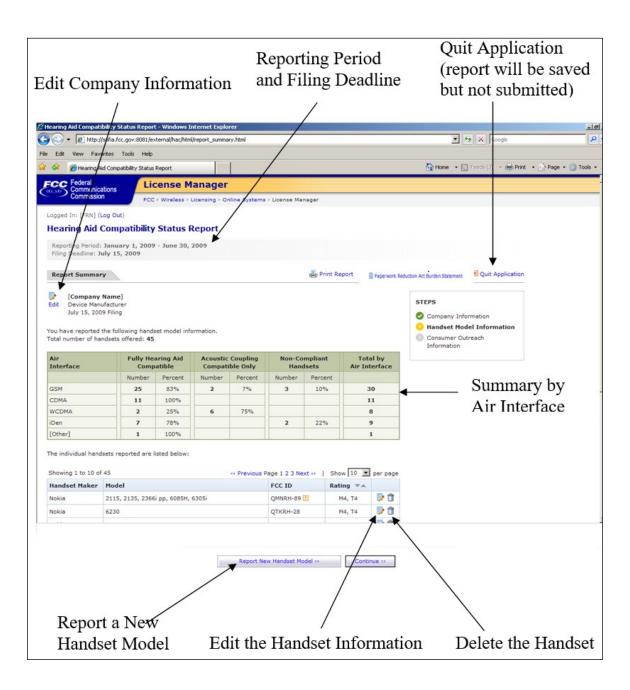


Figure 13 Report Summary for Handset Information Section

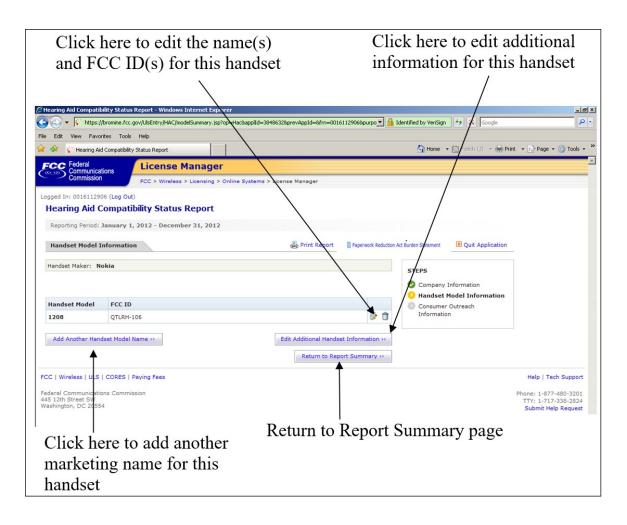


Figure 14 Edit the Handset Information

Figure 15 Consumer Outreach Page 1

| Consumer Outreach | Print Report 🗄 Paperwork Reduction A | Act Burden Statement 🛛 🗷 Quit Application |
|---|--|---|
| PRODUCT LABELING AND DISCLOSURE Do all hearing aid-compatible handsets include labeling? Presonal for the set of the | have hearing aid compatibility technical | STEPS Company Information Handset Model Information Consumer Outreach Information |
| No N/A Do all hearing aid-compatible handsets that were certified only under Al also tested and found not to meet hearing aid compatibility requirement operations that are not covered under ANSI C63.19-2007, include langumeans that the handset does not meet the relevant rating or ratings with Yes No N/A | ts under ANSI C63.19-2011 for one or more Jage informing users by clear and effective th respect to such operation(s)? (i) | Indicating that you are in the Consumer Outreach section |
| Do all handsets that are capable of use for Voice over LTE or Wi-Fi Calli coupling capability under ANSI C63.19-2011 without being tested for inc or Wi-Fi Calling, include language disclosing that they were not tested w Yes No N/A Do all handsets that meet the criteria for an M3 rating by allowing the u operation in the 1900 MHz band include the required disclosure? | ductive coupling capability over Voice over LTE with respect to this operation? (1) | |
| ● Yes ○ No | Answer this question if yo M3 or M4 rated and operation | |
| PUBLIC WEBSITE Does your company maintain a public website describing all hearing aid models, and an explanation of the rating system? | -compatible models, the ratings of those Reporting company's pub Aid Compatibility Informa | 1770 ST |

Figure 16 Consumer Outreach Page 2

| CONSUMER OUTREACH | |
|---|---|
| Describe consumer outreach efforts in the past 12 | months: |
| | Consumer Outreach Efforts |
| HEARING AID COMPATIBILITY TESTING | |
| - | aid compatibility during the reporting period? You need not include |
| models that have not received certification from th | Number of Tested Handsets |
| REPORT REMARKS Record any other information you may have about | the report as a whole: |
| | Remarks for the Report |
| - | |
| << Back | Certify Filing >> |
| Back (to the previous page) | Certify Filing |

Figure 17 Certification Page

| Hearing Aid Compatibility Status F | Report - Windows Internet E | xplorer | 2 | | |
|---|--|---|---|--|--|
| 🕒 🕤 👻 🙋 http://sofia.fcc.gov/e | xternal/hac/html/certification.htm | nl | 💽 🐓 🗙 Google 🖉 | | |
| File Edit View Favorites Tools | Help | | | | |
| 😭 🎄 🏾 🏉 Hearing Aid Compatibility | Status Report | | 🏠 Home 🔹 🔊 Feeds (J) 👒 🚔 Print 🔹 📑 Page 👻 🎯 Tools | | |
| FCC Federal Communications | License Manag | er | | | |
| Commission | FCC > Wireless > Licensing > Online Systems > License Manager | | | | |
| Logged In: [FRN] (Log Out) | | | | | |
| Hearing Aid Compatit | ility Status Report | t | | | |
| Reporting Period: January 1, | 2009 - June 30, 2009 | | | | |
| Certification | | 📇 Print Report 👔 Paperwork Rec | duction Act Burden Statement 🛛 🛛 Quit Application | | |
| the entry of the official's or auth or the authorized agent's electro be punished by fine and/or impr I certify that I am an official or a | orized agent's name on the nic signature to this certific isonment under Title 18 of t huthorized agent of the abov the best of my knowledge correct. | ig entity or an authorized agent. For purposes of this Form 655, signature line shall constitute that official's electronic signature ation. Persons making willful false statements in a Form 655 can the United States Code, 18 U.S.C. § 1001. we named reporting entity, that I have examined the information information and belief, all statements of fact reported in this | STEPS Company Information Handset Model Information Consumer Outreach Information | | |
| Title: | | | | | |
| Date: [Date] | | | | | |
| IMPRISONMENT (U.S. Code, Title | 2 18, Section 1001) AND/OF ction 312(a)(1)), AND/OR F(| ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR R REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION ORFEITURE (U.S. Code, Title 47, Section 503). Submit Filing >> Submit Filing | Filing | | |

Figure 18 Confirmation Page

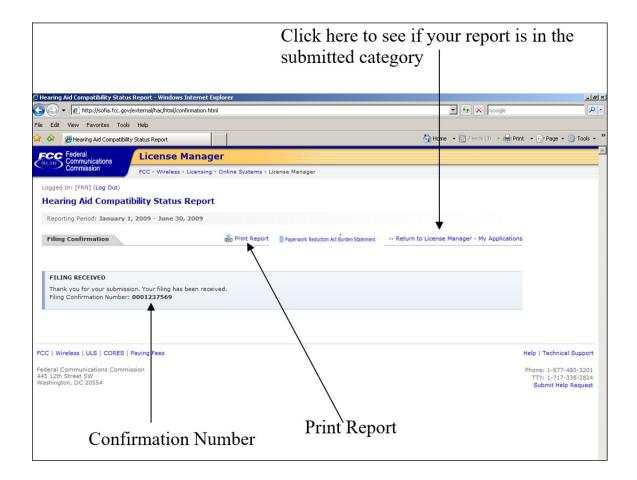


Figure 19 My Applications Page -- Saved Report

| <i>"Not Assigned"</i> indicating the report was saved before being submitted (no confirmation number) | | "Saved" Status (but not submitted) | Continue the Report |
|---|--|--|--|
| License Manager - Applicat | ion At A Glance - Windows Internet Explorer | | - Ø > |
| () - Thttps://bromin | e.fcc.gov/UlsEntry/licManager/applicationGlance.jsp?applKey=384866 | 2 🔄 🔒 Federal Communications Commission [| |
| File Edit View Favorites | Tools Help | | |
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| FCC Federal | License Manager | | |
| Communications Commission | FCC > Wireless > Licensing > Online Systems > Lice | nse Manager | |
| Logged In: 0007318157 (Le Apply for a New License Associate Licenses With Your FRN My Licenses My Applications Transfers Only for Transferees Assignments Only for Assignees | My Applications Application At A Glance | mplete and submit the report before the filing wind the system after 30 days. Status Saved Purpose H4 | dow closes. |
| Leases Only for Lessees, and | Applicant Name & Address | 1 | Continue |
| Transferees Create a New Pack Only for Microwave Licensees Submit a Pack Only for Microwave Licensees | Xcompany 123 White Street Washington, DC 20054 | | |
| My Reports | Saved 05/19/2009 | | |
| File Hearing Aid Compatibility Status Report (655) or Certification (855) My Leases My Ownership Disclosure Information Find My Applications | "HÂ" | se Code will be (for Hearing Aid atibility report) | Delete the Report |

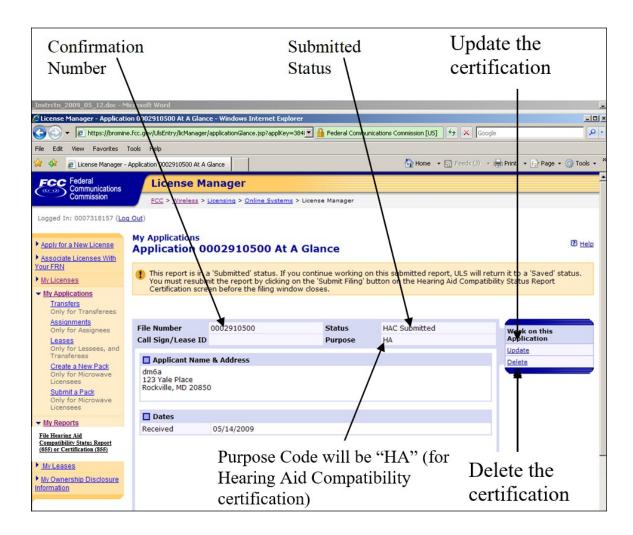


Figure 20 My Applications Page -- Submitted Report