

## PRELIMINARY TEST SURVEY – OVERALL

### Submit a request

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Fields marked with \* are required.

Please choose your issue below

WEA Alert Preliminary Survey ▼

Your email address \*

If you have a control group ID number [NNNNN], please enter it here. Otherwise, leave this field blank.

What is the make and model of your mobile device (e.g., “Samsung Galaxy S10,” “Apple iPhone X.”)? If you do not know, leave this field blank.

What is your mobile device’s operating system? \*

- ▼

Who is your wireless service provider? \*

- ▼

OMB Control No. 3060-[XXXX]  
Estimated time per response: 0.25 hours  
Edition Date – [Month approved] [2019/2020]

Where will you be located at the time and day of the test (if you know, otherwise leave these fields blank)? Please provide a street address or other detailed description. Street Address

City

State/Territory

Zip Code

Other detailed description of location

Does your device have cellular service on your service provider's network in this location? \*

Please check your mobile device settings and the instructions that accompanied this survey. Is your mobile device opted-in to receive State/Local WEA Test alerts? You may provide optional comments about the test in the Description field that follows. \*

OMB Control No. 3060-[XXXX]  
Estimated time per response: 0.25 hours  
Edition Date – [Month approved] [2019/2020]

Description\*

## PRELIMINARY TEST SURVEY – PULL-DOWN MENUS

What is your mobile device's operating system? \*

-

Apple iOS

Android

Other / Not sure

Who is your wireless service provider? \*

AT&T

Sprint

T-Mobile

Verizon

Other

Not sure

Does your device have cellular service on your service provider's network in this location? \*

-

Yes (my device has service and is not roaming)

No (my device does not have service or is roaming)

Not sure

OMB Control No. 3060-[XXXX]  
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Please check your mobile device settings and the instructions that accompanied this survey. Is your mobile device opted-in to receive State/Local WEA Test alerts? You may provide optional comments about the test in the Description field that follows.\*

-
Yes
No
Unable to confirm

We have estimated that your response to this collection of information will take 15 minutes or 0.25 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060 XXXX). We will also accept your PRA comments via the Internet if you send an e-mail to PRA@fcc.gov.

Please DO NOT SEND COMPLETED SURVEYS TO THIS ADDRESS. 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 OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060 XXXX.

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