# <u>LIVE TEST SURVEY – OVERALL</u>

| If you have a control group II | number [NNNNN], please enter it here. Otherwise, leave this field bla |
|--------------------------------|---|
| Did you receive the WI         | A test alert?   |
| Yes                            | ▼   |
| Date and Time of Alert         | Received  |
| Please enter the date and tir  | e that you received the alert.  |
|                                |   |
| *Did the alert contain         | he following message "[WEA ALERT TEXT]"?                              |
| Choose                         | •   |
| Did you receive the ale        | t more than once?   |
| Choose                         | •   |

OMB Control No. 3060-1269 Estimated time per response: 0.25 hours Edition Date – [Month approved] [2020]

| Make and Model   |  |
|--|--|
| What is the make and model of your mobile device know, leave this field blank. | e (e.g., "Samsung Galaxy S10," "Apple iPhone X")? If you do not  |
|  |  |
|  |  |
| *Operating System  |  |
| What is your mobile device's operating system?                                 |  |
| Choose   | •  |
| *Wireless Provider   |  |
| Who is your wireless service provider for your mob                             | ile device?  |
| Choose   | •  |
| Street Address or Intersection   |  |
| •  | a received the alert (please provide a street address or resented after "Zip Code")? If you are unsure, please leave these                 |
| •  | ely [X:XX] on $[X/X]$ (please provide a street address or intersection er "Zip Code")? If you are unsure, please leave these fields blank. |
|  |  |
|  |  |

| City  |   |
|---|---|
|   |   |
| State/Territory   |   |
|   |   |
|   |   |
| Zip Code  |   |
|   |   |
|   |   |
| Other detailed description of location  |   |
| Description of location   |   |
|   |   |
|   |   |
|   |   |
| ***   |   |
| *Cell Service   |   |
| Did your device have cellular service on your service pro<br>[X:XX] on [X/X]? | ovider's network when the alert was sent at approximately |
| Choose ▼  |   |
|   |   |
| *What type of cellular service did your mob                                   | ile device have?  |
| Choose  |   |

| *Was your device in use<br>the web, using an app or |                      | s sent (for examp | le, were you o | n a call, surfing |
|---|----------------------|-------------------|----------------|-------------------|
| Choose  | *                    |                   |                |                   |
| Other Comments                                      |                      |                   |                |                   |
| Please provide any optional con                     | nments about the WEA | test below:       |                |                   |
|   |                      |                   |                |                   |
|   |                      |                   |                |                   |
|   |                      |                   |                |                   |

#### **OMB Notice**

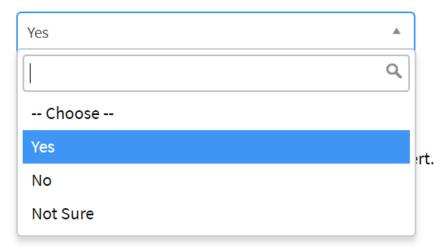
We have estimated that your response to this collection of information will take 15 minutes or .25 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments 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 1269). 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 3060-1269.

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

### <u>LIVE TEST SURVEY – PULL-DOWN MENUS</u>

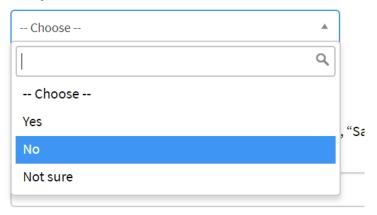
Did you receive the WEA test alert?



\*Did the alert contain the following message "[WEA ALERT TEXT]"?

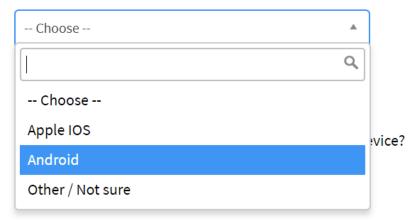


## Did you receive the alert more than once?



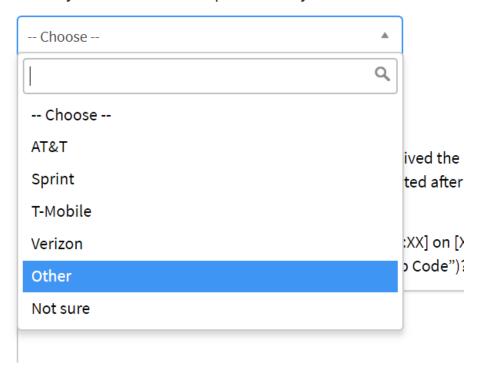
# \*Operating System

What is your mobile device's operating system?



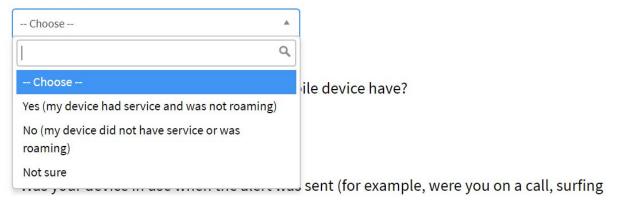
### \*Wireless Provider

Who is your wireless service provider for your mobile device?

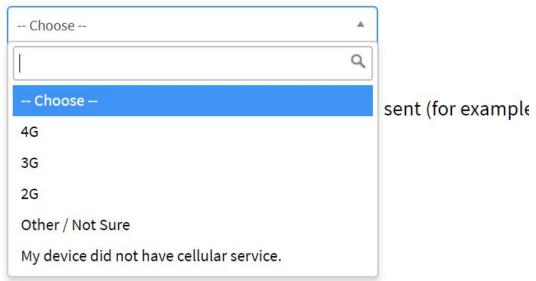


#### \*Cell Service

Did your device have cellular service on your service provider's network when the alert was sent at approximately [X:XX] on [X/X]?



\*What type of cellular service did your mobile device have?



Please provide any optional comments about the WFA test below:

\*Was your device in use when the alert was sent (for example, were you on a call, surfing the web, using an app or sending a text)?

