

Not Yet Approved by OMB 3060-1204 Expires: [Add date] Estimated time per response: 1 hour

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.

2. Name and Co	ntact Information of Person Submitting Form
Name	
Primary Contact Information, including mailing address	

3. PSAP Facility Information

1. Date of Submission



In the table below, list each PSAP that is requesting delivery of emergency texts pursuant to 47 CFR 9.10(q)(10)(iii), which defines a Valid Request from the 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/mailing address contact information of the person or entity that will serve as the PSAP's point of contact with (1) covered text providers that must coordinate text-to-911 service delivery¹ or (2) Commercial Mobile Radio Service (CMRS) providers that must coordinate RTT service delivery.² This information will be made publicly available in the FCC PSAP Text-to-911 Registration Database.

¹ For Text-to-911 service, a PSAP's valid request applies to covered text providers. 47 CFR § 9.10(q)(1) (stating that a "covered text provider" includes all CMRS providers as well as all providers of interconnected text messaging services that enable consumers to send text messages to and receive text messages from all or substantially all text-capable U.S. telephone numbers, including through the use of applications downloaded or otherwise installed on mobile phones).

² For purposes of RTT messages to 911, a PSAP's valid request applies only to CMRS providers. Under the rules, "CMRS providers subject to Section 9.10 must be capable of transmitting 911 calls from individuals with speech or hearing disabilities through means other than mobile radio handsets, e.g., through the use of Text Telephone Devices (TTY)." 47 CFR § 9.10(c)(1). "CMRS providers that provide voice communications over IP facilities are not required to support 911 access via TTYs if they provide 911 access via real-time text (RTT) communications, in accordance with 47 CFR Part 67, except that RTT support is not required to the extent that it is not achievable for a particular manufacturer to support RTT on the provider's network." *Id*.

PSAP	Name of Contact	Title	Organizatio n [include mailing address]	Phone Number	Email Address

5. PSAP Request to Receive Text through SMS

For each PSAP that is requesting to receive text-to-911 through SMS, please list the PSAP ID and indicate which technological method(s) the PSAP has selected to receive texts. (Only one method may be selected for each row.) 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



6. PSAP Request to Receive Text through RTT

For each PSAP that is requesting to receive RTT, please list the PSAP ID. Please add extra fields to the table as necessary if submitting information for multiple PSAPs.

PSAP ID (for PSAPs requesting RTT)

7. 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 these PSAPs 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.

8. Certification

Check the Box:	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 identified in this form are technically ready to receive text-to-911 as indicated in response to Questions 5 and 6.



This box must be checked before the Commission will consider submission of this form to constitute a Valid Request for text-to-911 service and list the PSAP(s) in the public registry.

We have estimated that your response to this collection of information will take an average of 1 hour. 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-PPM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1204). 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 FORMS 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 3060-1204.

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