

**Federal Communications Commission
Washington, D.C. 20554**

Seventeenth 911 Annual Fee Report, Response for Calendar Year 2024

I3c. (1 of 3) Indicate whether Regional ESInet(s) operated within your state. Select one. If you intended to select both, please choose the most applicable response and explain in the associated Addendum Section below.

- Yes
- No

I3c. (2 of 3) If one Regional ESInet is in operation, provide the total PSAPs that operated on the ESInet on the first line below.

If more than one Regional ESInet is in operation, provide the total PSAPs operating on each ESInet.

For the Total PSAPs column: Please enter numbers only.

If you wish to enter “None”, enter the number zero: “0” instead.

If you wish to enter “Unknown”, “N/A” or similar non-numeric responses, please leave the numeric field blank and instead fill out the associated Addendum field.

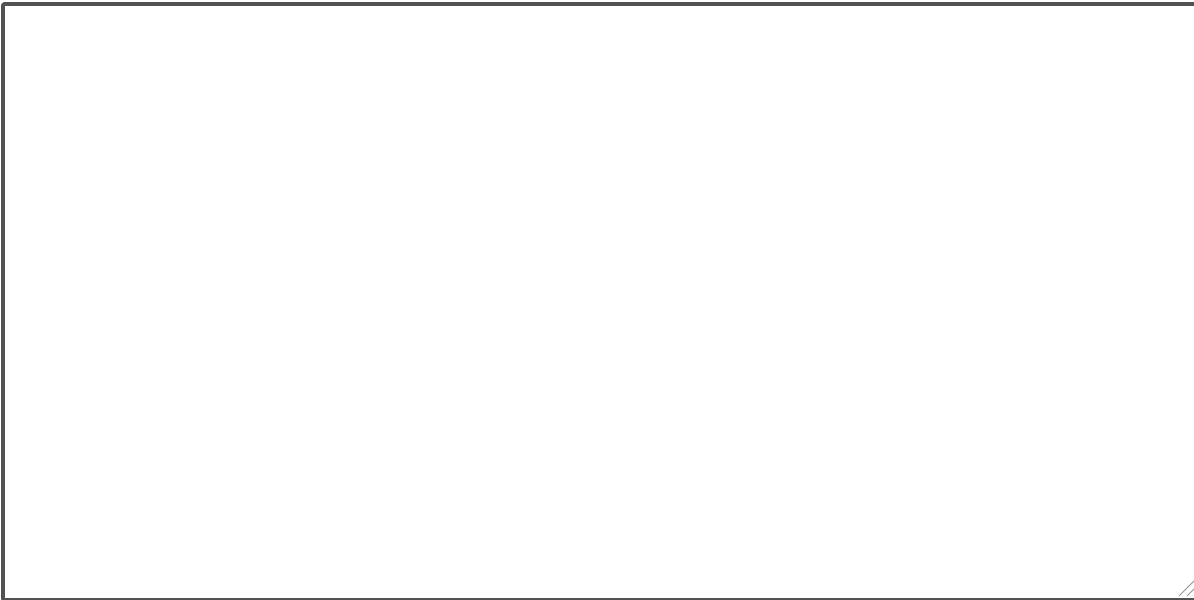
If you need to select both Yes and No, please explain in the associated Addendum Section below.

	Enter Total PSAPs Operating on the ESInet # of PSAPs	Does the regional ESInet interconnect with other state, regional or local ESInets? Yes No	
Name of Regional ESInet 1: <input style="width: 275px; height: 25px;" type="text"/>	<input style="width: 130px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Enter Total PSAPs Operating on the ESInet	Does the regional ESInet interconnect with other state, regional or local ESInets?	
	# of PSAPs	Yes	No
Name of Regional ESInet 2: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 3: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 4: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 5: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 6: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Regional ESInet 7: <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

I3c. (3 of 3) If more Regional ESInets operate in your state or taxing jurisdiction, please list the names of Regional ESInets 8 and higher, and numbers of associated PSAPs, in the space below:

Addendum Section I3. Enter any other information, such as footnotes, qualifiers, text, descriptions, and/or explanations here.

A large, empty rectangular box with a thin black border, intended for users to enter additional information, footnotes, or explanations. The box is currently blank.

[Previous](#)

[Next](#)

IMPORTANT NOTE: Keyboard-only users must use the tab button, then the space bar or enter key to continue to the next page.

To review earlier responses, use the "Previous" button in the lower left corner of each page. Depending on your web browser settings, if you click on the "Back" button of the web browser or open an embedded link within the same window or tab as the questionnaire, prior responses may not be saved, in which case you will need to start over to retake the questionnaire. We encourage you to carefully review your answer to each question before moving to the next question. It may be helpful to save a copy of each response before continuing to the next question. For example, you may print answers, save answers as a PDF, or take a screen shot of answers before moving to the next question.

