

**NSTEP SUPPLEMENTAL APPLICATION**  
**TTY AND LARGE VISUAL DISPLAY OR TELEBRAILLER**

**PROFESSIONAL CERTIFICATION**

*(To be completed by certifier)*

**SELECT ONE: TTY And Large Visual Display / Telebrailler:**

In my capacity as a professional with experience in the evaluation of vision disabilities, I certify that, due to severe visual disability, the above applicant could not benefit from the use of a TTY with standard display. However, the applicant may benefit from the use of a TTY equipped with a Large Visual Display (LVD) or a Telebrailler.

The recommended color of display lens is: (check one)

**AMBER**

**BLUE LENS**

**BLUE-GREEN LENS**

**GREEN**

**LAVENDER**

**ORANGE-RED**

**PINK**

**RED**

**ROSE-RED**

**VIOLET**

**YELLOW LENS**

*Please Print*

**NAME OF APPLICANT:** \_\_\_\_\_

**NAME OF CERTIFIER:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**NAME OF AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**CERTIFIER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NSTEP SUPPLEMENTAL APPLICATION  
OTHER DEAF/BLIND DEVICE**

**PROFESSIONAL CERTIFICATION**  
*(To be completed by certifier)*

In my capacity as a professional with experience in the evaluation of vision and hearing disabilities, I certify that, due to severe visual and hearing disabilities, the above applicant could benefit from the use of a device specifically designed for Deaf/Blind communications.

*Please Print*

**NAME OF APPLICANT:** \_\_\_\_\_

**NAME OF CERTIFIER:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**NAME OF AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**CERTIFIER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHORT DESCRIPTION OF DEAF/BLIND DEVICE AND HOW IT FUNCTIONS:**

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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