

WSP Name

Contact Name

E-mail Address

Phone Number

☐ Yes ☐ No Does WSP have a current ACH Enrollment Form on file with the Public Service Commission (PSC)?

☐ Yes ☐ No Is WSP in compliance with 47 CFR 20.18(h)?

☐ Yes ☐ No Does WSP receive additional funding from any other source to offset 911 service costs? If yes, please describe below.

Description of
additional
funding.

☐ Yes ☐ No Does WSP agree that it will submit quarterly reports to the PSC in a timely manner?

☐ Yes ☐ No Does WSP agree that it will submit Wireless E911 surcharge remittances to the PSC on a timely basis?

☐ Yes ☐ No Does WSP agree that it will submit Wireless E911 surcharge remittance worksheets to the PSC on a timely basis?

Please describe costs for which the WSP is seeking reimbursement from the Wireless E911 Fund. **(Please provide documentation of costs including any relevant contracts.)**

The above is for informational purposes only, and intended only to assist Applicants in the completion of their application for funding. If any difference exists between this form and any law, regulation or case law, then such law, regulation or case law shall control.

Failure to file an application by the April 15 deadline may result in the assessment of a fine.

I verify that all information on the above application is true and correct to the best of my knowledge.

Signature _____

Date: _____