

Self-Certification for CaptionCall Phone and Service

Instructions:

Form must be filled out completely for this certification to be recognized by CaptionCall and the FCC.

Fax the completed form to 1-888-778-5838 or email to certification@captioncall.com or mail to CaptionCall Certification, 4215 S. Riverboat Rd., Salt Lake City, UT 84123

Name (person with hearing loss): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Self-Certification

Please check the boxes below to verify you have read and understand the conditions of self-certification. Under penalty of perjury:

- I certify that I have a hearing loss that necessitates use of captioned telephone service.
- I understand that captions on captioned telephone service are provided by a live Communications Assistant who listens to the other party on the line and provides the text on the captioned phone.
- I understand that the cost of captioning each Internet protocol captioned telephone call is funded through a federal program.
- I will not permit, to the best of my ability, persons who have not been registered to use Internet Protocol Captioned Telephone Service (IP CTS) to make captioned telephone calls on the consumer's registered (IP CTS) or device.

Applicant's Signature

Date

Internal Use

Customer ID number _____ Trainer Activity ID _____