**VSP NETWORK SERVICES PLAN**

***9-1-1 Office Tracking Number:*** _____
***Date Received by 9-1-1 Office:*** _____

**VOICE OVER INTERNET PROTOCOL SERVICE PROVIDER (VSP) USE ONLY**

**(check one, then check IP or Wireline to indicate the type of service)**

☐ **NEW 9-1-1 CIRCUIT/TRUNK** ☐ **IP** ☐ **Wireline**

☐ **EXISTING 9-1-1 CIRCUIT/TRUNK – Modification (Must provide tracking # above)** ☐ **IP** ☐ **Wireline**

☐ **ACTIVE 9-1-1 CIRCUIT/TRUNK - First time submitted to 9-1-1 Office** ☐ **IP** ☐ **Wireline**

| | | |
|---|---|---|
| **VSP CONTACT NAME:** | | **VSP NAME:** |
| **NENA 5-Character Company ID:** | **VSP CONTACT SIGNATURE:** | **MAILING ADDRESS:** |
| **VSP 24-HOUR, 7-DAY, TOLL-FREE NUMBER:** | | **CITY:** |
| **VSP CONTACT FAX NUMBER:** | | **STATE:** **ZIP:** |
| **VSP CONTACT E-MAIL ADDRESS:** | | **VSP CONTACT PHONE NUMBER:** |
| **MIS-ROUTE CONTACT NAME:** | | **MIS-ROUTE CONTACT PHONE NUMBER:** |
| **MIS-ROUTE CONTACT MAILING ADDRESS (IF DIFFERENT):** | | |
| **Service Location Description (List PSAPs served) :** | | |

| | |
|---|---|
| **"A" Termination CLLI:** | **"Z" Termination CLLI:** |
| **Street Address** | **Street Address** |
| **City** | **City** |
| **Number of Voice Paths (minimum two) required to achieve P.01 level of service:** | |

**COUNTY 9-1-1 COORDINATOR USE ONLY**

| | | |
|---|---|---|
| **Date Received:** | **Approval Authority (Print or Type):** | **Agency Name:** |
| **County Number:** | **Approval Authority (Signature):** | **Address:** |
| | | **City** **Zip** |

| | | |
|---|---|---|
| **Default ESN:** | **Default Agency Name & Address Police:** | **"7-Digit" Emergency Phone Number (& area code)** |
| | **Fire:** | |
| | **EMS:** | |

| | | |
|---|---|---|
| **Default ESN Information Provided By:** | **Default ESN Provider Phone Number:** | **Default ESN Provider E-Mail address:** |