



**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)

- |  |                             |                                   |
|--|-----------------------------|-----------------------------------|
| <input type="checkbox"/> NEW 9-1-1 CIRCUIT/TRUNK   | <input type="checkbox"/> IP | <input type="checkbox"/> Wireline |
| <input type="checkbox"/> EXISTING 9-1-1 CIRCUIT/TRUNK – Modification (Must provide tracking # above) | <input type="checkbox"/> IP | <input type="checkbox"/> Wireline |
| <input type="checkbox"/> ACTIVE 9-1-1 CIRCUIT/TRUNK - First time submitted to 9-1-1 Office           | <input type="checkbox"/> IP | <input type="checkbox"/> Wireline |

<b>VSP CONTACT NAME:</b>		<b>VSP NAME:</b>	
<b>NENA 5-Character Company ID:</b>	<b>VSP CONTACT SIGNATURE:</b>	<b>MAILING ADDRESS:</b>	
<b>VSP 24-HOUR, 7-DAY, TOLL-FREE NUMBER:</b>		<b>CITY:</b>	
<b>VSP CONTACT FAX NUMBER:</b>	<b>STATE:</b>	<b>ZIP:</b>	
<b>VSP CONTACT E-MAIL ADDRESS:</b>		<b>VSP CONTACT PHONE NUMBER:</b>	
<b>MIS-ROUTE CONTACT NAME:</b>		<b>MIS-ROUTE CONTACT PHONE NUMBER:</b>	
<b>MIS-ROUTE CONTACT MAILING ADDRESS (IF DIFFERENT):</b>			
<b>Service Location Description (List PSAPs served) :</b>			
<b>“A” Termination CLLI:</b>		<b>“Z” Termination CLLI:</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>City</b>		<b>City</b>	
<b>Number of Voice Paths (minimum two) required to achieve P.01 level of service:</b>			



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

<b>Date Received:</b>	<b>Approval Authority (Print or Type):</b>	<b>Agency Name:</b>
<b>County Number:</b>	<b>Approval Authority (Signature):</b>	<b>Address:</b>
		<b>City</b> <span style="float: right;"><b>Zip</b></span>

<b>Default ESN:</b>	<b><u>Default Agency Name &amp; Address</u> Police:</b>	<b><u>“7-Digit” Emergency Phone Number (&amp; area code)</u></b>
	<b>Fire:</b>	
	<b>EMS:</b>	

<b>Default ESN Information Provided By:</b>	<b>Default ESN Provider Phone Number:</b>	<b>Default ESN Provider E-Mail address:</b>
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