WSP NETWORK CONNECTIVITY PLAN

WIRELESS SERVICE PROVIDER (WSP) USE ONLY

(check one)
☐ **NEW 9-1-1 CIRCUIT/TRUNK**
☐ **MODIFICATION OF EXISTING 9-1-1 CIRCUIT/TRUNK – Existing 9-1-1 Office Tracking Number:** _____

CPUC CERTIFY RCD NUMBER:	**WSP NAME:**	**WSP CONTACT NAME:**		
NENA Company ID:	**MAILING ADDRESS:**	**WSP CONTACT E-MAIL ADDRESS:**		
WSP 24-HOUR, 7-DAY, TOLL-FREE NUMBER:		**CITY:**	**STATE:**	**ZIP:**
WSP CONTACT FAX NUMBER:		**WSP CONTACT PHONE NUMBER:**		

County:	**NPA of Selective Router:**	**NXX: 511**
Included PSAPs:		

"A" Termination CLLI:	**Trunk ACTL CLLI:**	**Facility ACTL CLLI:**	**"Z '' Termination on CLLI:**
Number of Voice Paths (minimum two) required to achieve P.01 level of service:			

WIRELESS REGIONAL COORDINATOR/COUNTY 9-1-1 COORDINATOR USE ONLY

Date Received:	**Approval Authority:**	**Agency Name:**	**County Number:**
Date Sent to CA 9-1-1 Ofc:	**Approval Authority Phone:**	**Approval Authority E-Mail:**	

Wireless Default ESN:	**Default CHP Communications Center**	**10-Digit Emergency Phone Number:**

CA 9-1-1 OFFICE USE ONLY

Date Received:	**9-1-1 Office Log/Tracking #:**	**Approved by:**	**E-Mail:**	**Date to ILEC:**