



WSP NETWORK CONNECTIVITY PLAN

WIRELESS SERVICE PROVIDER (WSP) USE ONLY

(check one) <input type="checkbox"/> NEW 9-1-1 CIRCUIT/TRUNK <input type="checkbox"/> MODIFICATION OF EXISTING 9-1-1 CIRCUIT/TRUNK – Existing 9-1-1 Office Tracking Number: <input style="width: 50px;" type="text"/>			
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:
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