

**TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM  
TSP SERVICE CONFIRMATION FOR SERVICE VENDORS**

*(See Instructions on back before completion.)*

*Form Approved  
OMB No. 0704-0305  
Expires Sep 30, 2003*

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0305), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO ADDRESS BELOW.**

**1. VENDOR NAME**

**2. TSP SERVICE INFORMATION**

a. ITEM NO.	b. TSP AUTHORIZATION CODE	c. PRIME SERVICE VENDOR CIRCUIT ID	d. ORDER TYPE
1.	TSP —		
2.	TSP —		
3.	TSP —		
4.	TSP —		
5.	TSP —		
6.	TSP —		
7.	TSP —		
8.	TSP —		
9.	TSP —		
10.	TSP —		
11.	TSP —		
12.	TSP —		
13.	TSP —		
14.	TSP —		
15.	TSP —		
16.	TSP —		
17.	TSP —		
18.	TSP —		
19.	TSP —		
20.	TSP —		

**3. POINT OF CONTACT**

a. NAME		b. TITLE	
c.(1) STREET ADDRESS		(2) CITY	(3) STATE (4) ZIP CODE
d. TELEPHONE NUMBER <i>(Area Code/Number/Extension)</i>		e. ELECTRONIC MAILING ADDRESS	
4. DATE DATA COMPILED <i>(MMDDYYYY)</i>		5. NUMBER OF ITEMS REPORTED	
6.a. SIGNATURE			b. DATE

**SEND COMPLETED FORM TO:**  
 Manager, National Communications System  
 ATTN: Office of Priority Telecommunications  
 701 South Court House Road  
 Arlington, VA 22204-2198

## INSTRUCTIONS FOR TSP SERVICE CONFIRMATION

A service vendor, when acting as a prime contractor to a TSP service user, is to confirm service completion directly to the TSP Program Office within 45 calendar days of completing a TSP service order.

If there are more than 20 TSP services (or 20 Prime Service Vendor Service IDs) to confirm, attach additional TSP Service Confirmation Forms (SF 318) or sheets of paper the same size and format as the printed forms. Complete Items 3 through 6 on the first form only.

**Item 1. Vendor Name.** Enter full vendor name, exactly as previously submitted to the TSP Program Office by your company. If this is the first TSP Service Confirmation for your company, so indicate by entering "first submission" and enter the precise vendor name you will be using on subsequent confirmations and reconciliations.

**Item 2. TSP Service Information.** For each TSP service which you are confirming, provide:

b. TSP Authorization Code. Enter the full 12-character code received on the service order from the service user or contracting activity, e.g. TSP0B34EG-33.

c. Prime Service Vendor Circuit ID. Enter the Circuit ID.

d. Order Type. Enter "N" for a new TSP assignment, "C" for a change to the circuit ID or TSP priority level, or "D" for a disconnect of the circuit or removal of the TSP code.

**Item 3. Point of Contact.** The point of contact is the representative of the prime service vendor who will be called if there are any questions regarding information on this form. Enter name, title, full business address and telephone number. Include electronic mailing address if available.

**Item 4. Date Data Compiled.** Enter the month, day, and year when data was compiled.

**Item 5. Number of Items Reported.** Enter the total number of items (number of confirmations) being reported. Include confirmations on attached forms or sheets of paper in the total.

**Item 6. Signature and Date.** The point of contact or a company official must sign and date the form.