

#### VENDOR INFORMATION (all fields are required including email address)

Name of vendor entity, business, or individual:	
Address:	
City, State, Zip Code:	-
Telephone (or Cell Phone) (Day): (Night)	
Fax:	-
Email address:	
Business owner(s) name:	
Business ID or Federal ID:	-
Website address if available:	
Primary type of service provided at business:	
Provide a copy of names and titles of individuals of the business who will process STAP vouchers sell STAP equipment along with their signatures:  □ Copy Attached? (A separate piece of paper is needed, DO NOT add signatures here)	s and
STAP vendor will only sell products from the list of approved STAP products. Vendor is required complete the included list of STAP products vendor intends to sell this list will be shared with SO and will be included on the website for STAP customers. Only items on the submitted list of approximately products by the vendor will be allowed reimbursement. Please complete the list of STAP products to sell, as identified by DARS, to the PUC (See pages 4-5 of the application):  □ Checklist completed?	LIX oved
DARS periodically changes STAP approved products. Remember if the submitted vendor list – or	n file

DARS periodically changes STAP approved products. Remember if the submitted vendor list – on file with PUCT and SOLIX - did not include other approved STAP product(s); the voucher(s) for unlisted STAP product(s) will not be reimbursed.

**Note:** After the vendor information, application, and bank routing information forms (the following pages) have been received and reviewed by the STAP coordinator at the Public Utility Commission of Texas (PUCT), if approved, vendor will receive a letter from the PUCT indicating approved status and start date; a copy of that letter will be sent to SOLIX. Vendor may receive a call or letter from SOLIX if there are problems with bank routing information.

If all these forms are not filled out completely, vendor will not be considered for approval for the STAP program.



#### **VENDOR REQUIREMENTS**

Please initial each box, acknowledging understanding of and agreement to the conditions required of vendors in the Texas Specialized Telecommunications Assistance Program. Note: IF ALL BOXES ARE NOT INITIALED, VENDOR APPLICATION IS CONSIDERED INCOMPLETE AND WILL NOT BE REVIEWED FOR APPROVAL AS A STAP VENDOR: 1. STAP Vendor, any individual employed by the applying vendor or any individual with a business or economical interest in the vendor **CANNOT** certify STAP applications. <sup>1</sup> 2. Vendor selling STAP equipment shall ensure that the STAP customer has information or instructions to help the customer fully understand how to use the equipment before completing the sale and mailing the voucher for reimbursement. 3. Uendor contact information phone, email and address, need to be valid and any contact made by customers, the PUC, or DARS needs to be responded to in a timely manner. 4. Vendor understands that voucher and product must be exchanged at the same time and with appropriate signatures; if ordered through a catalog or online, vendor must send a letter of an acknowledgement of receiving voucher with dates to the voucher recipient(s), and then obtain a proof of equipment delivery to the youcher recipient. Failure to obtain proof of delivery will result in the youcher not being reimbursed to the vendor. 5. Vendor will provide an annual report of between Sept 1 and Aug 31 each year to the Public Utility Commission of Texas (PUCT) or designated STAP coordinator, in a format determined by the PUCT, detailing the quantity and types of equipment sold. The report is due beginning Oct 1, 2007. If the vendor does not send in the annual report, the STAP coordinator shall suspend the vendor and discontinue processing vouchers submitted by that vendor until the report is received. 6. Vendor will price and sell equipment to STAP customers at the same price or lower as the same equipment is sold to all customers. 7. 

If a vendor seeks reimbursement for the sale of STAP equipment from more than one source such as Medicaid, Medicare, or private insurance in conjunction with the Texas Universal Service Fund, the vendor may not receive more than the maximum amount of the voucher from the two sources or vendor risks the possible pursuit of legal action against the vendor. 8. Vendor shall report to the STAP Coordinator at PUCT, and designated contractor, any changes in personnel who will be selling STAP equipment and processing STAP applications within 30 days of such personnel change. 9. Vendor shall report to the STAP Coordinator at PUCT any changes in business information including business name, ownership change, additions to or deletions of STAP products sold, and any contact information change. Failure to do so may result in suspension or removal of vendor from the program. 10. Vendor shall not sell any STAP equipment or submit STAP vouchers for reimbursement until receiving written notice of acceptance into STAP by the STAP Coordinator at PUCT (after application has been reviewed and approved). Any sales prior to approval of application will NOT be reimbursed through STAP. 11. \trianglettigg Vendor has not been debarred from doing business with the State of Texas or by the Texas Building and Procurement Commission or by the federal government, and is in good standing with Texas Comptroller of Public Accounts. 12. Vendor will abide by all rules and procedures published by the PUCT in its vendor guide and all rules and procedures by the DARS. 13. The PUCT and/or DARS have the right to audit vendors for any reason, at any time during normal business hours, to review their STAP related records.

1 If this is a problem, please contact the STAP Coordinator; an exception may be made but will need to complete additional forms.

I understand and agree to the terms as stated, and I understand that legal action and suspension or removal from STAP program may be pursued if there are any violations of the stated rules, or any other State or Federal laws.

(Signature of applying vendor)



#### **Bank Routing Information**

Vendor Contact Name:
Vendor Contact Telephone Number:
Name of Vendor's Bank:
Address of Vendor's Bank:
Bank Transit Routing Number:
Vendor Bank Account Name:
Vendor Bank Account Number



Check the boxes below for the STAP devices/voucher types that you intend to sell and exchange STAP vouchers for. Remember that if you do have this list on file with the PUC, vouchers submitted to Solix for that product will not be eligible for reimbursement.

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Check if you intend to	
sell	Voucher Category (Device Type)
_	*Switch (for hands free activated phone)
	ACD Key Guard
	ACD Moisture Guard
	ACD Mounting Device
	ACD phone compatible attachment
	ACD Scanning Switch
	ACD Scanning Switch Mounting Device
	ACD Wireless Card/Software
	Amplified Headset/Neck loop
	Amplified Phone
	Anti–stuttering device
	Artificial Larynx
	Aug Com Dev. Level 1 may include Augmentative Software
	Aug Com Dev. Level 2 may include Augmentative Software
	Aug Com Dev. Level 3 may include Augmentative Software
	Aug Com Dev. Level 4 may include Augmentative Software
	Augmentative Communication Software
	Big Button Telephone
	Bluetooth Compatible Phone Device
	Braille Telecommunication Device
	Captioned Phone *(need to be approved through CapTel to exchange vouchers for this phone)
	Captioned Phone with USB Port *(need to be approved through CapTel to exchange vouchers for this phone)
	Cordless Telephone
	Dual Ear Headset/Silhouette for Hearing Aid with T-Coil
	Hands Free Activated Phone
	Headset/Neck loop/Cochlear Cord
	Hearing Carry Over (HCO)
	Infrared Phone Switch
	Infrared Telephone
	Lapel Microphone (for hands free activated phone)



Large Visual Display (LVD)
Outgoing Voice Amplification Telephone
Printer for VCO
Remote Controlled Telephone
Ring Signaler
Speakerphone
Tactile Ring Signaler
Talk Back Number Dialed Telephone
TTY
TTY with built in LVD - (refer to note regarding this item)
Two Way Paging Device
Voice Amplification System
Voice Carry Over (VCO)
Voice Dialer