TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM
TSP REQUEST FOR SERVICE USERS

(See NCS Manual 3-1-1 for instructions before completion.)

OMB No. 1670-0005
Expires: 11/30/2014

The Public reporting burden for this collection of information is estimated to average 15 minutes 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 to any other aspect of this collection of information, including suggestions for reducing the burden, to **DHS, NPPD/CS&C/NCS (Attn: TSP Program Office), 245 Murray Lane, M/S 0615, Washington, DC 20528-8500**. 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.

1. ACTION REQUESTED *(Enter applicable code) (If "C" or "D", complete Items 4, 9, 10, 11, and 12 at a minimum.)*

A ASSIGN INITIAL PRIORITY FOR A SERVICE

C CHANGE TO A SERVICE, SERVICE PRIORITY, OR INFORMATION ABOUT A SERVICE

D DELETE/REVOKE A SERVICE'S PRIORITY

2. DATE SERVICE REQUIRED *(MMDDYYYY)*	**3. SERVICE USER SERVICE ID**

4. TSP AUTHORIZATION CODE *(Complete below only if Action Requested in Item 1 is C or D.)*

T S P —

5. SERVICE PROFILE *(List all profile elements that describe the user's level of support for the service.)*

6. RESTORATION PRIORITY INFORMATION *(Complete ONLY if requesting a restoration priority)*

a. CATEGORY UNDER WHICH SERVICE QUALIFIES FOR PRIORITY TREATMENT *(A, B, C or D)*	
b. CATEGORY CRITERIA UNDER WHICH SERVICE QUALIFIES	
c. RESTORATION PRIORITY REQUESTED *(5, 4, 3, 2, or 1)*	

d. PRIME VENDOR *(Company Name)*

7. PROVISIONING PRIORITY INFORMATION *(Complete ONLY if requesting a provisioning priority)*

a. CATEGORY UNDER WHICH SERVICE QUALIFIES FOR PRIORITY TREATMENT *(A, B, C , D, or E)*	
b. CATEGORY CRITERIA UNDER WHICH SERVICE QUALIFIES	
c. PROVISIONING PRIORITY REQUESTED *(5, 4, 3, 2, 1, or E)*	

d. INVOCATION OFFICIAL'S NAME	**e. INVOCATION OFFICIAL'S TITLE**	
f. TELEPHONE NUMBER *(Area Code/Number/Extension)*	**g. HAS THE INVOCATION OFFICIAL AUTHORIZED THIS ACTION?** *(Y or N)*	

h. SERVICE LOCATIONS *(Street Address, Building Number, Room Number, etc.)* **AND 24-HOUR POINT OF CONTACT FOR EACH END SERVICE LOCATION**

i. PRIME VENDOR POINT-OF-CONTACT FOR PROVISIONING *(Point of Contact Name, Telephone Number, and Company)*

8. SUPPLEMENTAL INFORMATION *(Provide: (1) circuit specification(s) for provisioning priority only; (2) justification for requested priority level if higher than qualified for; or (3) justification for disapproval or priority level change in sponsorship disposition field (12e).)*

9. SERVICE USER *(Enter applicable code)*

A FEDERAL GOVERNMENT	**C LOCAL GOVERNMENT**	**E FOREIGN GOVERNMENT**	**G U.S. MILITARY**
B STATE GOVERNMENT	**D PRIVATE SECTOR**	**F OTHER**	

10. SERVICE USER ORGANIZATION *(If Federal Dept/Agency, provide FIPS Code)*

11. SERVICE USER POINT-OF-CONTACT *(For correspondence regarding this service)*

a. NAME AND TITLE	**b. ORGANIZATION**
c. (1) MAILING ADDRESS	**(2) CITY** **(3) STATE** **(4) ZIP CODE**
d. TELEPHONE NUMBER *(Area Code/Number/Extension)*	**e. FACSIMILE NUMBER** *(Area Code/Number/Extension)*
f. 24-HOUR TELEPHONE NUMBER *(Area Code/Number/Extension)*	**g. ELECTRONIC MAILING ADDRESS**

h. SIGNATURE AND DATE: I confirm this is a National Security and Emergency Preparedness (NS/EP) service.

12. SPONSORSHIP INFORMATION FOR NON-FEDERAL SERVICE *(To be completed by sponsor)*

a. FEDERAL SPONSORING AGENCY AND FIPS CODE	**b. SPONSOR NAME**
c. SPONSOR TITLE	**d. TELEPHONE NUMBER** *(Area Code/Number/Extension)*

e. RECOMMENDED DISPOSITION *(X one)*

☐ **APPROVE** ☐ **DISAPPROVE** ☐ **APPROVE WITH PRIORITY LEVEL CHANGE**

f. SPONSOR SIGNATURE AND DATE: I confirm this is a National Security and Emergency Preparedness (NS/EP) service.

Non-Federal users: send form to your Federal Government sponsor.
Federal users or sponsors: **send completed form to:**

DHS, NPPD/CS&C/NCS
(Attn: TSP Program Office),
245 Murray Lane,
M/S 0615,
Washington, DC 20528-8500

Privacy Act Notice

Authority: This information collection is authorized by 5 U.S.C. §301 and 44 U.S.C. §3101.

Purpose: DHS will use this information to provide Telecommunications Service Priority (TSP) users and vendors with information relating to TSP requests and to resolve specific cases of customer service.

Routine Uses: The information collected may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information, as necessary and authorized by the routine uses published in DHS/ALL 002 Department of Homeland Security Mailing and Other Lists System.

Disclosure: Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent your registration or verification for continued use of service.