TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM
TSP REQUEST FOR SERVICE USERS
(See NCS Manual 2.1.1 for instructions before completion)

OMB No. 1670-0005 Expires: 06/30/2019

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

	1)	
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/OEC Attn: TSP Program Office 245 Murray Lane Washington, DC 20598-0616. 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 AB D DELETE/REVOKE A SERVICE'S PRIORITY	OUT A SERVICE	
2. DATE SERVICE REQUIRED (MMDDYYYY)	3. SERVICE USER SERVICE ID	
4. TSP AUTHORIZATION CODE (Complete below only if Action Requested in Iter	n 1 is C or D.)	
T S P		
5. SERVICE PROFILE (List all profile elements that describe the user's level of s	support for the service.)	
6. RESTORATION PRIORITY INFORMATION (Complete ONLY if requesting a res	storation priority)	
a. CATEGORY UNDER WHICH SERVICE QUALIFIES FOR PRIORITY TREAT	MENT (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)	I	
7. PROVISIONING PRIORITY INFORMATION (Complete ONLY if requesting a pro	ovisioning priority)	
a. CATEGORY UNDER WHICH SERVICE QUALIFIES FOR PRIORITY TREAT	MENT (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, et SERVICE LOCATION	د.) AND 24-HOUR POINT OF CONTACT FOR EACH END)
i. PRIME VENDOR POINT-OF-CONTACT FOR PROVISIONING (Point of Contact Name, Telephone Number, and Company)		

	vel 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 regardin a. NAME AND TITLE	ng this service) b. ORGANIZATION	
a. NAME AND TITLE	D. 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 (a. FEDERAL SPONSORING AGENCY AND FIPS CODE	To be completed by sponsor) b. SPONSOR NAME	
a. I EDERAE SPONSORING AGENCITAND THES CODE		
c. SPONSOR TITLE	d. TELEPHONE NUMBER (Area Code/Number/Extension)	
c. SPONSOR TITLE e. RECOMMENDED DISPOSITION (X one)		
e. RECOMMENDED DISPOSITION (X one)	d. TELEPHONE NUMBER (Area Code/Number/Extension) APPROVE WITH PRIORITY LEVEL CHANGE	
e. RECOMMENDED DISPOSITION (X one) APPROVE DISAPPROVE	d. TELEPHONE NUMBER (Area Code/Number/Extension) APPROVE WITH PRIORITY LEVEL CHANGE ecurity and Emergency Preparedness (NS/EP) service.	
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