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

(See Instructions on back before completion.)

OMB Control Number: 1670-0005 Expiration Date: 6/30/2019

The public reporting burden for this collection of information is estimated to average 45 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 or 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 not withstanding 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. VENDOR NAME

| 2. TSP SERVICE INFORMATION | | | | | | | |
|--|--------------------------|-----------------------|--------------------------|------------|-----------|---------|------------------|
| a. ITEM NO. | | | 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 (Area Code/Number/Extension) | | | e. ELECTRONIC MAILING AI | DDRESS | | | |
| | | | | | | | |
| 4. DATE | DATA COMPILED (MMDDYYYY) | 5. NUMBER OF ITEMS RI | EPORTED | | | | |
| 6.a. SIGNATURE | | | 1 | | b. DATE | | |
| | | | | | | | |
| SEND COMPLETED FORM TO: DHS, NPPD/CS&C/NCS | | | | | | | |
| (Attn: TSP Program Office), 245 Murray Lane, M/S 0615, | | | | | | | |
| | | | | | | | |
| | | n, DC 20528-8500 | | | | | |

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.

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.