

**TELECOMMUNICATIONS SERVICE PRIORITY (TSP) SYSTEM  
REVALIDATION FOR SERVICE USERS**

*(See Instructions on back before completion.)*

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

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/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. SERVICE USER ORGANIZATION**

**2. TSP SERVICE INFORMATION**

| a. ITEM NO. | b. TSP AUTHORIZATION CODE | c. SERVICE USER SERVICE ID | d. PRIME SERVICE VENDOR NAME |
|-------------|---------------------------|----------------------------|------------------------------|
| 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. NUMBER OF ITEMS REPORTED**

**5. DATE DATA COMPILED *(MMDDYYYY)***

**6. SIGNATURE AND DATE. I confirm these are National Security and Emergency Preparedness (NS/EP) services and should be revalidated for TSP.**

**SEND COMPLETED FORM TO:** DHS/OEC  
Attn: TSP Program Office  
245 Murray Lane M/S 0615  
Washington, DC 20598-0616

**INSTRUCTIONS FOR TELECOMMUNICATIONS SERVICE PRIORITY (TSP) PROGRAM OFFICE SYSTEM  
REVALIDATION FOR SERVICE USERS**

Complete this form **only** if the Telecommunications Service Priority (TSP) Program Office has requested revalidation information from your organization.

If you are revalidating information on more than 20 TSP services, attach additional TSP Service Revalidation Forms (SF 314) 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. Service User Organization.** Enter full organization name, exactly as previously submitted to the TSP Program Office by your organization.

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

b. TSP Authorization Code. The TSP Control ID (positions 1-9) and the TSP Priority Levels (11 and 12), e.g. TSP00B34EG-33.

c. Service User Service ID. Enter the Service ID from the SF 315.

d. Prime Service Vendor Name. Identify the prime service vendor that provides the service.

**Item 3. Point of Contact.** The point of contact is the representative of the user organization 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. Number of Items Reported.** Enter the total number of items including those on attached TSP Service Revalidation Forms (SF 314) or sheets of paper.

**Item 5. Date Data Compiled.** Enter the month, day, and year when data was compiled.

**Item 6. Signature and Date.** The point of contact 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.