**The 9-1-1 Wireless Service Plan is a requirement for funding from Arizona’s 9-1-1 Fund. Once deployed as a Wireless Phase I/II System, any changes to the wireless system need to be reported to the State of Arizona 9-1-1 Office. A failure to submit the required information in a timely fashion could jeopardize the 9-1-1 Systems’ qualification for funding.**

**Note: Depending on the type of change experienced by the wireless system, an update to both the Wire Line and Wireless Service Plans may be required.**

|  |  |
| --- | --- |
| **Date Submitted:** |  |

**9-1-1 System Name**

|  |
| --- |
| **County** |

**Type of Wireless Service (ex. Phase I or Phase II)**

|  |
| --- |
| **Wireless Phase II** |

**Date of Phase I/II Deployment**

|  |
| --- |
| **Completed Phase II deployment in**  |

**This Service Plan was completed by:**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Agency** |  |
| **Mailing Address** |  |
| **Office #** |  |
| **E-mail Address** |  |
| **Date** |  |

**Signature of Planning Committee Chairperson:**

|  |  |
| --- | --- |
| **Signature of Planning Committee Chairperson** |  |

**PSAPs Served by Phase I/II Wireless Service**

**Below are the PSAPs that are included in the wireless service:**

|  |  |
| --- | --- |
| **PSAP Name:** |  |
| **PSAP Manager’s Name:** |  |
| **PSAP Manager’s Telephone #:** |  |
| **PSAP Mailing Address:** |  |

|  |  |
| --- | --- |
| **PSAP Name:** |  |
| **PSAP Manager’s Name:** |  |
| **PSAP Manager’s Telephone #:** |  |
| **PSAP Mailing Address:** |  |

**Planning Committee**

**9-1-1 Wireless Administrator**

 **9-1-1 Wireless Agency Administrator Administrator’s Administrator’s**

 **Administrator Works for E-Mail Telephone #**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Planning Committee Chairperson**

|  |  |
| --- | --- |
| **Chairperson Name** |  |
| **Chairperson Agency** |  |
| **Chairperson Mailing Address** |  |
| **Chairperson Telephone #** |  |

**The following PSAPs and PSAP employees serve on the Planning Committee:**

 **Participant’s Name Agency Participant Works For**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

**Local Exchange Carrier**

**Following is the Local Exchange Carrier(s) that provides service to the area involved in the Phase I/II system.**

|  |
| --- |
|  |
|  |
|  |

**Wireless Service Providers List**

**The following Wireless Service Providers (WSPs) are included in the Phase I/II system.**

**WSP Name**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**The following Wireless Service Providers (WSPs) are doing business in the county but are not included in the Phase I/II system.**

**WSP Name Reason Not Included in the Project**

|  |  |
| --- | --- |
| **N/A** | **(For some systems, funding is not available for carriers seeking cost recovery. If cost recovery is paid for all WSPs, indicate N/A in this section.)** |
|  |  |
|  |  |

**Network/System Design**

**Following is a list of each WSP and their respective database provider.**

 **WSP Name Database Provider**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Following is a description of each PSAP’s current EM trunking arrangement.**

**(EM trunks are between the selective router and the PSAP.)**

|  |  |
| --- | --- |
| **PSAP Name** |  |
| **Number of Wire Line EM trunks** |  |
| **Number of Wireless EM trunks** |  |

|  |  |
| --- | --- |
| **PSAP Name** |  |
| **Number of Wire Line EM trunks** |  |
| **Number of Wireless EM trunks** |  |

**Per PSAP, and for wireless purposes, will the PSAPs being provisioned with Phase I/II serve as a Primary or Secondary?**

 **PSAP Name Primary or Secondary**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

**Routing**

**Below is a description of the county’s Primary, Default, Conditions 1, 2 & 3 routing choices.**

**Primary Routing**

**(Provide a description)**

|  |
| --- |
| **Example: Calls will route from the respective wireless sites and sectors to the PSAP most likely to provide the emergency response.** |

**CenturyLink Platform Only: LEC Default, and Condition 1, 2 & 3 Routing**

Default routing, and Conditions 1 through 3 can be negotiated for wireless service. To show what selections have been made, complete and attach the “Alternate Routing Spreadsheet” available from your CenturyLink Communications representative.

(Note: Condition 1, 2 & 3 Routing are alternate routing options provided by CenturyLink.)

**• Attach “Alternate Routing Spreadsheet” as Attachment A**

**Non-CenturyLink Platform Only: LEC Default Routing**

**(Describe the alternate routing selections negotiated)**

|  |
| --- |
|  |

**• If a spreadsheet is available, attach as Attachment A**

**Call Handling**

**Provide a description of the procedures and agreements to be followed when responding to 9-1-1 calls that are routed to a PSAP other than the one serving the area from which the call originates.**

**Call Handling**

**(Provide a description)**

|  |
| --- |
| **Example: As with wire line calls, any requests for services not dispatched by the primary PSAP will be transferred via direct transfer to the appropriate dispatch agency.** |

**Agreements**

**The County/9-1-1 System has the option to pursue, or not pursue, service agreements with the Wireless Service Providers and the Local Exchange Carrier (ex., CenturyLink Communications, Frontier Communications). Indicate below whether agreements are in place.**

**WSP Name Service Agreement in Place – Yes or No**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**LEC Service Agreement in Place – Yes or No**

|  |  |
| --- | --- |
|  |  |

**• Attach the Wireless Service Providers’ Service Agreements. (Attachment B)**

**• Attach LEC’s Service Agreement. (Attachment C)**

**Planning Committee Certification**

**(Only necessary if there has been a change to personnel in your committee.)**

**All members of the planning committee shall certify that the final plan submitted meets the requirements of the public or private safety agencies whose services will be available in response to a 9-1-1 call.**

**• Attach the certificate. (Attachment D)**

 **(A sample of this certification can be obtained from the State’s 9-1-1 Office.)**

 **Attachment A**

**Local Exchange Carrier’s**

**Alternate Routing Spreadsheet**

**If the information is available in a diagram, spreadsheet or other type of document, you may copy/paste into this section.**

 **Attachment B**

**Service Agreement Between**

**Wireless Service Providers & 9-1-1 System**

 **Attachment C**

**Service Agreement Between**

**Local Exchange Carrier & 9-1-1 System**

 **Attachment D**

**Planning Committee Certification**