

# Apply today. It's fast, easy, and no cost to you!

## 1. Complete this section. There is no obligation.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Alternate Contact (First & Last) \_\_\_\_\_  
 Relationship \_\_\_\_\_ Tel. Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ CA \_\_\_\_\_  
 Your Local Phone Company's Name \_\_\_\_\_  
 Your Telephone Number\* ( \_\_\_\_\_ ) \_\_\_\_\_ Name on Phone Bill (First & Last)\* \_\_\_\_\_  
 Email Address (optional) \_\_\_\_\_ Ethnicity (optional):  Caucasian  Latino  African American  
 Native American  Pacific Islander  Asian  Other  
 \*Cannot be a cellular phone. Age:  18 or under  19-35  36-55  56-75  Over 75

*IMPORTANT, READ BEFORE SIGNING Limited Liability Agreement. The applicant hereby agrees that the CPUC and/or the State of California and/or the California Communications Access Foundation (CCAF) make(s) no warranties, either express or implied, with regard to the possession, use, condition, and/or operation of the telecommunications equipment provided to applicant as part of this program (the Equipment). The applicant hereby agrees to indemnify, defend, and hold harmless the CPUC, the State of California, and/or the CCAF from any and all third party claims, costs (including without limitation reasonable attorneys' fees), and losses which in any way arise out of or in connection with the possession, use, condition, and/or operation of the Equipment. The applicant hereby agrees that the CPUC, the State of California, and/or the CCAF shall have no liability to the applicant or any other person with respect to any liability, loss, or damage caused or alleged to be caused, directly or indirectly, by or through the possession, use, and/or operation of the Equipment. I verify that I live in a household that subscribes to local telephone service in California.*

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 How did you hear about us:  
 Radio \_\_\_\_\_ Television \_\_\_\_\_ Newspaper \_\_\_\_\_ Phone book \_\_\_\_\_ Bus  Event \_\_\_\_\_

## 2. Have this section completed by one of these certifying agents:

- CA State Licensed Medical Doctor       CA Licensed Optometrist       CA Licensed Audiologist       CA Department of Rehabilitation Counselor  
 CA Superintendent/Audiologist from the Fremont/Riverside School for the Deaf       CA Licensed Hearing Aid Dispenser (see provision below)\*\*

Impairment(s) of the Applicant:  Deaf/Deafened       Mobility/Manipulation       Hard of Hearing       Blind       Low Vision       Speech  
 Cognitive      Special Equipment/dB Recommended: \_\_\_\_\_

Hearing Loss:  Mild       Moderate       Severe      Mobility:  Upper body       Lower Body       Both

*I certify that the above named person has the impairment(s) marked above that restrict(s) his or her use of the telephone and qualifies for equipment provided under California state legislation.*

Print Name (Must be legible) \_\_\_\_\_  
 Degree (MD, DO, OD, AuD, PhD, MS, MA, Other): \_\_\_\_\_ License Number \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Signature of Certifying Agent \_\_\_\_\_ Date \_\_\_\_\_

\*\* For CA Licensed Hearing Aid Dispensers – I certify that I have fitted the above person with an amplified device and have the individual's hearing records on file.

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
 Signature (Hearing Aid Dispensers only) \_\_\_\_\_ Date \_\_\_\_\_ CA HAD License Number \_\_\_\_\_ Telephone \_\_\_\_\_

## 3. Submit your request by fax, mail, or in person. Already certified? No need to reapply!

**By fax:** 1-800-889-3974

**By mail:** CTAP P.O. Box 30310, Stockton, CA 95213

**In person:**

**Burbank** 303 N. Glenoaks Blvd., Suite L-130

**Fresno** 7525 N. Cedar Ave., Suite 115

**Oakland** 1970 Broadway, Suite 650

**Riverside** 6370 Magnolia Ave., Suite 310

**Sacramento** 2033 Howe Ave., Suite 150

**San Diego** 2878 Camino Del Rio South, Suite 400

**Santa Ana** 2677 N. Main St., Suite 130

If submitted by fax or mail, we'll contact you. Preferred Language: \_\_\_\_\_  Braille  Large Print

For further information or more certification forms:

English 1-800-806-1191

Español 1-800-949-5650

國語 1-866-324-8747

TTY 1-800-806-4474

Hmoob 1-866-880-3394

廣東話 1-866-324-8754

[www.ddtp.org](http://www.ddtp.org)



**California Telephone Access Program**  
A Program of the California Public Utilities Commission

