



California Telephone Access Program

CapTel Telephone Small Business Application

A Program of the California Public Utilities Commission
(For use **ONLY** by individual employees requesting equipment for themselves)

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|---------------------------------|-----------|--------------------------|
| <hr/> | () | <hr/> |
| Business Name (Please Print) | Area Code | Business Phone Number |
| <hr/> | <hr/> | |
| Business Address | City | |
| <hr/> | <hr/> | |
| State | () | <hr/> |
| Zip Code | Area Code | Business Fax Number |
| <hr/> | <hr/> | |
| Name of CTAP-Certified Employee | () | <hr/> |
| <hr/> | Area Code | Residential Phone Number |
| <hr/> | <hr/> | |
| Home (Residential) Address | City | |
| <hr/> | <hr/> | |
| State | Zip Code | <hr/> |
| | | E-mail Address |

1. Authorized Business Application Signature certifies that business has no more than 14 employees (total).
2. Prompt notification to the California Telephone Access Program (CTAP) is necessary if the certified employee is no longer employed by your business. To notify CTAP, please call 1-800-806-1191.
3. Applicant must already be CTAP-certified for residential use of equipment and CapTel approved. If they are not already CTAP-certified, they must also complete and return a CTAP Program Application Form. If they are not already CapTel Approved, they must also complete and return a CapTel Application/Participation Agreement and a CapTel User Information Sheet. All forms should be submitted at the same time.
4. In order to qualify, **the Residential phone number and Business phone number *cannot be the same*.**
This is subject to verification.

| | | | |
|---|------------|---|-------|
| <hr/> | <hr/> | | |
| Authorized Business Application Signature (<i>i.e., Supervisor</i>) | Print Name | | |
| <hr/> | <hr/> | | |
| Title | () | <hr/> | <hr/> |
| | Area Code | Telephone Number (Include Extension if Needed) | Date |

Mail Completed Form(s) To:
 CTAP
 P.O. Box 30310
 Stockton, CA 95213
Attn: Customer Care

OR

Fax Completed Form(s) To:
 CTAP
 1-800-889-3974
Attn: Customer Care

If you have any Questions regarding this form or how to complete the form, please contact Customer Care:

1 -800-806-4474 (T T Y) / 1 -800 -806-1191 (V O I C E)

******* The customer who is requesting a Second CapTel for use at work, MUST correctly complete and sign the backside of this form in order for this form to be processed. *******

As a customer requesting a CapTel telephone for the workplace, I understand that a second CapTel telephone will be provided for my use at work ONLY. The CapTel telephone is distributed by the California Telephone Access Program (CTAP), which is a State funded program of the California Public Utilities Commission. The telephone will be on loan to me for the duration of the CapTel EFT as long as I participate in the trial and reside in a home that is within the state of California. The program is funded by a surcharge on all California telephone bills and CTAP must make the best use of these funds. My signature below signifies my agreement with terms #1 - #11, which follow.

CTAP-Certified (CapTel Requestor) Signature

Print Name

()

Date

Area Code

Telephone Number

Terms Agreed to by the Customer Requesting a (Second) CapTel Telephone for Their Use at Work

1. I understand that the CapTel telephone belongs to the State of California and is on loan to me for my use only within the state of California.
2. I will take care of the CapTel telephone and protect it from damage, loss, theft, or unauthorized use. I will report any damage, loss, or theft to CTAP at 1-800-806-1191. If the telephone stops working, I will notify CapTel Customer Service at 1-888-269-7477. I understand that repeated damage, loss, or theft may disqualify me from the trial.
3. I understand that I may be asked to return my current CTAP equipment that I have for use at work if I receive a CapTel telephone for use at work.
4. I will notify CTAP if I move out of state, and I understand the CapTel telephone must be returned under those circumstances. I will also notify CTAP of my new address if I move within the state of California.
5. I understand that I am responsible for paying for my local telephone service and long distance as well as any and all toll charges for calls made on my CapTel telephone.
6. I understand that if I dial **911** on my CapTel telephone, I will be connected directly to a **9-1-1** operator. I can choose to receive captions on the call, but I will not be able to hear the operator at the same time. If I turn captions off, I will be able to hear the 911 operator talk to me but not see the captions. I agree to read the 911 instructions that come with the CapTel telephone.
7. I take full responsibility for reading the CapTel telephone User Manual and associated bulletins, which describe how to use the CapTel telephone and the captioning service.
8. I agree to participate in mandatory CapTel telephone trial participant surveys and understand that the State may request and receive detailed information from the CapTel telephone equipment and service providers about the services they provide including, but not limited to, complaints received about equipment and services, requests for assistance, requests for returns, utilization of the equipment or services, and equipment failure. This information will be used to determine the effectiveness of the equipment and services, understand trends in user activities during the trial, improve communication with users, and consider the implications of a wider distribution of the CapTel telephone equipment and services.
9. I understand that the Spanish CapTel captioning service currently does not operate 24 hours per day.
10. I understand that the continuation of the CapTel telephone Expanded Field Trial is at the State's sole option and when the trial ends, I may need to return the equipment to CTAP or to the State of California.
11. I understand that the CapTel telephone and the captioning service are funded by the State of California.