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Street Address City State Zip Name on Phone Bill (First & Last) Your Telephone Number* (Last Name	First Na	ame	MI	Relationship	Te	I. Nur	nber()
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"Cannob te a cellular phone. Age: □ 18 or under □ 19–35 □ 36–55 □ 56–75 □ 0ver 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 (CCAP) make(s) no warantike, either expanses or implied, within regard to the possession, use, condition, and/or operation of the Equipment. The applicant hereby agrees that the CPUC, the State of California and/or the CALF from any and all third party clasms, costs (including without limitation reasonable attorney fees), and because admonstration and/or operation of the Equipment. The applicant hereby agrees that the CPUC, the State of California, and/or the CALF shall have no liability to a patient or any other person with mapsel to any ilability, isos, or damage aused or alleged to be caused. dimetery agrees that the CPUC, the State of California, and/or the CALF shall have no liability to a phone of any other person with meaport to any ilability, isos, or damage aused or alleged to be caused. dimetery is and/or the CALF shall have no liability to a phone of the Equipment. The applicant thereby agrees that the CPUC, the State of California, and/or the CALF shall have no liability to a through the possession, use, and/or operation of the Equipment. I verify that I live in a household that subsoribes to local telephone service in California. (CA Shale Lionsed Medical Doctor □ CA Lionsed Applicant □ CA Lionsed Autologist 1 Ca Automate School for the Deal CA Lionsed Autologist 1 Ca Automate the possion below)** (Ca Superintendent/Audologist from the remontive interventive experiment of the above name of person has the impairment(s) marked above that restrict(s) his or her use of the telephone and qua	Your Telephone Number*	()			Ethnicity (optional):	🗆 Caucas	ian	∃ Latino	African Americar
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How did you hear about us: RadioTelevisionNewspaperPhone bookBusEvent RadioTelevisionNewspaperPhone bookBusBus Event	cations Access Foundation (CCA equipment provided to applicant and/or the CCAF from any and all the possession, use, condition, a the applicant or any other persor	F) make(s) no warranti as part of this program I third party claims, cos nd/or operation of the l n with respect to any lia	ies, either express or (the Equipment). The ts (including without Equipment. The applic ability, loss, or dama	implied, with applicant h limitation re cant hereby ge caused c	th regard to the possession, pereby agrees to indemnify, c pasonable attorneys' fees), and agrees that the CPUC, the St or alleged to be caused, dire-	use, condition defend, and ho nd losses whic tate of Californ ctly or indirect	, and/o Id harn h in an ia, anc	or operation on Inless the CPI y way arise o I/or the CCAF	of the telecommunicatio. JC, the State of Californ ut of or in connection wi 5 shall have no liability t
RadioTelevisionNewspaperPhone bookBusEvent 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 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:							Się	nature of Ap	plicant Da
CA State Licensed Medical Doctor CA Licensed Optometrist CA Superintendent/Audiologist CA Department of Rehabilitation Counselor CA Superintendent/Audiologist from the Fremont/Riverside School for the Deaf 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: Cognitive Special Equipment/dB Recommended: Catify 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 Catifornia state legislation. Print Name (Must be legible) Person (Must be legible) Fear (•	vision	Newspaper		Phone book	Bu	is 🗌	Event	
Telephone ()Fax ()Signature of Certifying AgentDate	Hearing Loss:	□ Cognitive S derate □ Severe person has the impair on.	pecial Equipment/dB ment(s) marked abo	Recommer N ve that rest	Ided: Upper body rict(s) his or her use of the	Lower Bod	y 🛛 d qual	Both	
*** 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.									Date
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 Burbank 303 N. Glenoaks Blvd., Suite L-130 Berkeley 3075 Adeline Street, Suite 260 Riverside 6370 Magnolia Ave., Suite 130 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 Image: 1-866-324-8747									
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: Berkeley 3075 Adeline Street, Suite 260 San Diego 2878 Camino Del Rio South, Suite 400 Burbank 303 N. Glenoaks Blvd., Suite L-130 Berkeley 3075 Adeline Street, Suite 260 San Diego 2878 Camino Del Rio South, Suite 400 Fresno 7525 N. Cedar Ave., Suite 115 Berkeley 3075 Meenet Ave., Suite 150 Santa Ana 2677 N. Main St., Suite 130 If submitted by fax or mail, we'll contact you. Preferred Language: Implies Implies For further information or more certification forms: English 1-800-806-1191 Español 1-800-949-5650 Implies In person: Implies Implies Implies Implies If submitted by fax or mail, we'll contact you. Preferred Language: Implies Implies Implies If submitted by fax or mail, we'll contact you. Preferred Language: Implies Implies Implies If submitted by fax or mail, we'll contact you. Preferred Language: Implies Implies Implies Implies 1-800-949-5650 Implies 1-866-324-8747 Implies Implies <td>g***</td> <td>,</td> <td></td> <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td>(</td> <td>)</td> <td></td>	g***	,			· · · · · · · · · · · · · · · · · · ·		()	
By fax: 1-800-889-3974 By mail: CTAP P.O. Box 30310, Stockton, CA 95213 In person: Berkeley 3075 Adeline Street, Suite 260 San Diego 2878 Camino Del Rio South, Suite 400 Burbank 303 N. Glenoaks Blvd., Suite L-130 Berkeley 3075 Adeline Street, Suite 260 San Diego 2878 Camino Del Rio South, Suite 400 Fresno 7525 N. Cedar Ave., Suite 115 Sacramento 2033 Howe Ave., Suite 150 Santa Ana 2677 N. Main St., Suite 130 If submitted by fax or mail, we'll contact you. Preferred Language: Implies and the second preferred Language: Implies and the	Signature (Hearing Aid Dispensers	only)	Date	CA HAD) License Number		Tel	ephone	
111 1-000-000-4474 1111000 1-000-000-0094 /展水山 1-000-024-0734 WWW.ddtp.org	By fax: 1-800-889-3 In person: Burbank 303 N. Glenoaks Blvd., Sui Fresno 7525 N. Cedar Ave., Suite 119 If submitted by fax or mail, v For further information or mai English 1-800-806-	3974 te L-130 5 ve'll contact you. Pr pre certification forr -1191 Espa	By mail rkeley 3075 Adeline S verside 6370 Magnol acramento 2033 How referred Language: ms: ñol 1-800-949	CTAP F treet, Suite 2 ia Ave., Suite e Ave., Suite -5650	P.O. Box 30310, Stockt 260 San Diego 287 2310 Santa Ana 26 2 150 國語 1-866-	ton, CA 952 78 Camino Del I 77 N. Main St., 	13 Rio Sou Suite 1	th, Suite 400 30 _ □ Braille	□ Large Print
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