



# Certification

Administered by the Illinois Telecommunications Access Corporation

**Instructions** Please print clearly.

**TO THE APPLICANT:** Please deliver this form to a licensed professional certifier, who will complete and return the form to you.

**TO THE CERTIFIER:** The applicant is requesting specialized telecommunications equipment. **Please verify that the applicant's primary form communication is American Sign Language (ASL) and that this individual will use this phone to access Video Relay Service (VRS) apps, such as Convo, Sorenson, ZVRS.**

**Doctor, Audiologist, Hearing Aid Specialist Information:** All fields required.

Certifier Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Company Name: \_\_\_\_\_ State License or Certification # \_\_\_\_\_

- Name of Applicant: \_\_\_\_\_

Certifier Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail the Application, Documents and Certification to:

**Illinois Telecommunications Access Corporation**  
**3001 Montvale Drive, Suite A**  
**Springfield, IL 62704**