

Florida Telecommunications Relay, Inc. (FTRI) Application

Section 1- All information must be completed with original signatures. No copies/faxes.

RDC - 05

Social Security Number _____

First _____ Middle _____ Last _____

Birth Date _____ Home Phone (____) _____ Day Phone (____) _____

Phone Carrier AT&T Verizon Comcast Century Link Other _____
(No Cell #)

Address _____ (Apt) _____ City _____

FL Zip Code _____ County _____ Email _____ FL

Shipping Address (if different): _____

City _____ FL Zip Code _____

Alternate contact person _____ Relationship _____ Phone (____) _____

By signing this I certify that I am a permanent Florida resident who has a hearing loss and/or speech impairment, that **I understand and accept the conditions of acceptance**, and that the information I have given is true. I authorize the certifier of this application to provide this information to FTRI in order that I can receive the designated specialized telecommunications equipment.

Signature of Applicant X _____ Date _____ Print Name _____

(If under 18, Parent or Guardian / POA must provide documentation)

Section 2- to be completed by the certifier

In accordance with Chapter 427.705 F.S., I am eligible to certify FTRI applications. I am:

- Deaf Service Center Director
- Appropriate State or Federal agency representative
- State Certified Teacher for the Hearing or Visually Impaired
- Speech Pathologist
- Audiologist
- Licensed Physician
- HA
- 5 MIN. HT
- Hearing Aid Specialist

Application must be certified within the State of Florida. I certify that the applicant is: (check one)

- Hard of Hearing.** Having a permanent hearing impairment which is severe enough to necessitate the use of amplification devices to discriminate speech sounds in verbal communication.
- Deaf.** Having a permanent hearing impairment and being unable to discriminate speech sounds in verbal communication with or without the assistance of amplification devices.
- Speech Impaired or having a speech impairment.** Having a permanent loss of verbal communication ability which prohibits normal usage of a standard telephone handset.
- Dual sensory impaired.** Having both a permanent hearing impairment and a permanent visual impairment, and includes deaf/blindness.

Certifier's Name (Print) _____ State License # _____

Agency Name _____ County _____

Address _____ City _____ State _____ Zip _____

Telephone Number (____) _____ Certifier's Signature X _____

Certifier information must be complete to process application. For questions please call 1-800-222-3448.

This application will not be returned to you. If you would like a copy, please make one before sending in.