



Letter of Authorization to change my default provider

Full name _____

Date of Birth _____

Email _____

Company name (optional) _____

Number to port _____

VRS Provider _____

Initials

_____ I acknowledge that I have received the VRS user advisory about ten-digit telephone numbers, emergency calls (911, and toll free numbers.

Video Relay Services, or VRS, is paid for by contributors from other telecommunications users into the Telecommunications Relay Services ("TRS") fund.

Initials

_____ By continuing, I acknowledge the above and certify that I am Deaf, Hard-of-Hearing, Deaf-Blind, or speech disabled, at least 13 years of age, and that I require VRS to communicate with other people.

1. I choose Convo as my default provider for Video Relay Service (VRS).
2. I designate Convo to act as my iTRS agent.
3. I authorize Convo, as my new default provider, to implement the default provider change.
4. I understand that only one iTRS provider may be designated as my default provider (Convo) for my telephone number.
5. I understand that when my phone number(s) is switched to Convo, the VP from my former VRS provider may no longer work.
6. I understand that I must be Deaf, Hard-of-Hearing, Deaf-Blind, or speech disabled and use sign language to be eligible to use VRS.
7. I understand that E911 may not be available during the porting process.
8. I have read and agree to the terms above.

Signature

Date