

## Attachment

### Instructions for Hearing Aid Compatibility Status Report (FCC Form 655)

Digital commercial radio service providers and manufacturers of devices used in the delivery of these services must use this electronic form to provide the Commission with the hearing aid compatibility information required pursuant to 47 CFR § 20.19(i)(2) and (i)(3).

Manufacturers shall submit reports on January 15, 2009 and on July 15, 2009, and on an annual basis on July 15 thereafter. Service providers shall submit reports on January 15, 2009, and annually thereafter.

#### Section 1

Provide the requested information for the reporting entity. If the report is being filed by an agent on behalf of a manufacturer or service provider, provide identifying and contact information for the agent as well. Indicate whether the reporting entity is a manufacturer or service provider.

#### Sections 2, 3, and 4

List in Section 2 all handset models offered by the service provider or manufacturer at any time during the reporting period which have been certified as rated M3 (or better) for acoustic coupling capability and T3 (or better) for inductive coupling capability under ANSI Standard C63.19.

List in Section 3 handset models which have been certified as rated M3 or M4 for acoustic coupling capability, but which have not been certified as rated T3 or T4 for inductive coupling capability.

List all other handset models in Section 4. All handset models offered by the manufacturer or service provider at any time during the reporting period should be listed in the appropriate section.

In order to be counted as hearing aid-compatible, a handset must meet at least an M3T3 rating (or an M3 rating for acoustic coupling compatibility only) in every frequency band and air interface that it uses for which technical standards have been established. Thus, in general, only models that meet the relevant hearing aid compatibility standards for every frequency band and digital air interface over which they operate to provide voice communications should be included in Sections 2 and 3. However, handset models with Wi-Fi voice capability should be included in Sections 2 and 3 if they otherwise meet hearing aid compatibility standards.

The individual columns in the three sections:

Handset maker. This is the manufacturer of the handset.

Model Name(s). List all names, model numbers, or other designations under which a handset model is marketed to the public. Include any numeric or alphanumeric designation used to differentiate among models with the same name.

For the purpose of compliance with hearing aid compatibility deployment requirements, two handsets marketed as separate models must be counted as a single model if they do not differ in form, features, or capabilities (for example, if they differ only in being marketed through different service providers or in cosmetic respects such as color). A difference in hearing aid compatibility rating is considered a difference in form, features, or capabilities. A single row should be used for each instance in which multiple handsets marketed as separate models are counted as a single model for purposes of the hearing aid compatibility rules. Include in the relevant columns all model names under which the device is marketed, and explain in the Remark column.

Example:

Manufacturer X markets two models, the TalkMaster X1 and the Talk2Me, that are indistinguishable in form, features, and capabilities. It also produces another model, the TalkMaster X2, that offers different features from the TalkMaster X1. All of these models are certified under the same FCC ID number. Table 2 should be completed as follows:

Model Name(s)	FCC ID(s)	Remark
TalkMaster X1, Talk2Me	THX-1138	Phones have the same form, features, and capabilities, but are marketed under different names.
TalkMaster X2	THX-1138	

FCC ID(s). This is the identifying number under which a particular handset was certified by the FCC. If more than one FCC ID number applies to a model, include all applicable numbers. Note that a single FCC ID number may apply to more than one model.

Available dates. For manufacturers, list the first and last months during which a model was available to service providers. For service providers, list the months when a model was available to consumers. If a handset is still being offered as of the end of the reporting period, enter the ending month of the reporting period as the ending date.

Air interface. This is the technology used for communicating, *e.g.*, CDMA, GSM. If a handset operates over multiple air interfaces usable to provide voice communications, list all of those air interfaces. Do not include the Wi-Fi air interface in this column.

Frequency bands. List here the bands by frequency ranges, not their names (*i.e.*, “1900 MHz” instead of “PCS”). If a handset may be used for voice communications over multiple frequency bands, list all of those frequency bands. Do not include any frequency band that is used only for Wi-Fi operations.

Version of the ANSI standard. *Applies to manufacturers only*. Specify whether the 2006 or 2007 version of the ANSI C63.19 standard was used during the certification process.

M and T ratings. For all handsets tested, provide the M and T ratings. In the event that a hearing aid-compatible handset achieves different radio frequency interference or inductive coupling ratings over different air interfaces or different frequency bands, the radio interference reduction

and inductive coupling capability ratings listed should be the lowest rating assigned to that handset for any air interface or frequency band, but a note should be made in the remarks section as to which rating was achieved in which band(s) or interface(s).

Date of certification. *Applies to manufacturers only.* List the date on which certification or permissive change was granted for the applicable hearing aid compatibility rating.

Testing Lab. *Applies to manufacturers only.* Provide the name of the laboratory that performed the hearing aid compatibility rating test.

Wi-Fi capability. Note here whether a handset is capable of Wi-Fi voice operations.

Functionality level. *Applies to service providers only.* Each service provider is required to offer customers a range of hearing aid-compatible models with differing levels of functionality (e.g., operating capabilities, features offered, prices). Each service provider may determine the criteria for determining these differing levels of functionality (in Section 10, below). This entry should indicate which provider-defined level of functionality each individual handset model falls into.

## **Section 5**

Section 20.19 of the rules requires manufacturers and service providers to meet hearing aid-compatible handset deployment requirements separately for each digital air interface over which they offer handsets to service providers or customers. Accordingly, each row on this table will represent a single air interface. If a handset operates over two or more air interfaces, it should be counted in each of the relevant rows. Do not include the Wi-Fi air interface in this section. For purposes of this table, the frequency band(s) over which a handset operates are immaterial.

For example, if a manufacturer offers three acoustic and inductive coupling-compatible handset models, one of which operates over a CDMA air interface, one of which operates over GSM, and one of which operates over both, it would complete the relevant portions of the table as follows:

Row 1: Air Interface - CDMA; Number of Acoustic and Inductive Coupling-Compatible Models - 2

Row 2: Air Interface - GSM; Number of Acoustic and Inductive Coupling-Compatible Models - 2

## **Section 6**

*Applies only to manufacturers.* Report all models tested for hearing aid compatibility since the last report, regardless of whether they are or have been offered to service providers.

## **Section 7**

Under Section 20.19(f) of the Commission's rules, for handsets that are hearing aid-compatible, manufacturers and service providers shall ensure that the rating is clearly displayed on the packaging material of the handset. In the event that a hearing aid-compatible handset achieves different radio interference or inductive coupling ratings over different air interfaces or different frequency bands, the RF interference reduction and inductive coupling capability ratings displayed shall be the lowest rating assigned to that handset for any air interface or frequency band. An explanation of the ANSI C63.19 rating system must also be included in the device's user's manual or as an insert in the packaging material for the handset. Handsets that incorporate Wi-Fi capability are further required to carry information on hearing aid compatibility as it relates to Wi-Fi capability. If any of these requirements are not being met, an explanation is required.

## **Section 8**

Under Section 20.19(h) of the Commission's rules, service providers and manufacturers that are subject to the hearing aid compatibility requirements of that section and which operate a publicly-accessible website must include on that website a list of all hearing aid-compatible models currently offered, the ratings of those models, and an explanation of the rating system. Each service provider must also specify the levels of functionality that the service provider has defined, the level that each hearing aid-compatible model falls under, and an explanation of how the functionality of the handsets varies at the different levels.

Provide the address of the website containing this information. One website address is sufficient if the information is clearly accessible from that page, even if there are multiple sub-pages. If no public website is maintained by the reporting entity, that fact should be noted.

## **Section 9**

Provide information on the reporting entity's outreach efforts with regard to hearing aid compatibility within the past twelve months.

## **Section 10**

*For service providers only.* Provide an explanation of the methodology used to define functionality levels for handsets offered to consumers, pursuant to Section 20.19 (d)(4)(ii) of the Commission's rules.

## **BURDEN STATEMENT FOR PAPERWORK REDUCTION ACT OF 1995**

The public reporting for this collection of information is estimated to range from 1 to 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0999), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection if you send an email to [PRA@fcc.gov](mailto:PRA@fcc.gov).

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0999.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**

## Voluntary Form for Hearing Aid Compatibility Status Report

Reporting Period (MM/DD/YY) \_\_\_\_\_ to (MM/DD/YY) \_\_\_\_\_

<b>Section 1. Company Information</b>	<i>Service Provider</i> <input type="checkbox"/>	<i>Device Manufacturer</i> <input type="checkbox"/>
<i>Company Name:</i>		
<i>Company Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
<i>Phone:</i>	<i>Fax:</i>	<i>E-mail:</i>
<i>Filing Agent / Law Firm:</i>		
<i>Filing Agent Contact Name:</i>		
<i>Filing Agent Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
<i>Phone:</i>	<i>Fax:</i>	<i>E-mail:</i>

<b>Section 2. Acoustic and Inductive Coupling-Compatible Handset Models (Rated At Least M3 and T3)</b>								
Index	Handset Maker	Model Name(s)	FCC ID(s)	Starting Available Date (MM/YY)	Ending Available Date (MM/YY)	Air Interface Technology(ies) (GSM,CDMA,WCDMA, etc)	Operating Frequency Bands (800, 1900, 2100, etc)	ANSI Standard C63.19 version number (manufacturer only)
2-1								
2-2								
2-3								
2-4								
more								

<b>Section 2 --- Continued</b>									
Index	M-Rating (M3, M4)	M-Rating Certification Date (MM/DD/YY)(manufacturer only)	M-Rating Testing Lab (manufacturer only)	T-Rating (T3, T4)	T-Rating Certification Date (MM/DD/YY)(manufacturer only)	T-Rating Testing Lab (manufacturer only)	Wi-Fi Interface (Yes / No)	Functionality Level (service provider only)	Remark
2-1									
2-2									
2-3									
2-4									
more									

<b>Section 3. Acoustic Coupling-Compatible Handset Models (Rated At Least M3 But Not T3)</b>								
Index	Handset Maker	Model Name(s)	FCC ID(s)	Starting Available Date (MM/YY)	Ending Available Date (MM/YY)	Air Interface Technology (GSM,CDMA,WCDMA, etc)	Operating Frequency Bands (800, 1900, 2100, etc)	ANSI Standard C63.19 version number (manufacturer only)
3-1								
3-2								
3-3								
3-4								
more								

<b>Section 3 --- Continued</b>						
Index	M-Rating (M3, M4)	M-Rating Certification Date (MM/DD/YY)(manufacturer only)	M-Rating Testing Lab (manufacturer only)	Wi-Fi Interface (Yes / No)	Functionality Level (service provider only)	Remark
3-1						
3-2						
3-3						
3-4						
more						

<b>Section 4. Non-Hearing Aid-Compatible Handset Models (Rated Neither M3 Nor T3)</b>										
Index	Handset Maker	Model Name(s)	FCC ID(s)	Starting Available Date (MM/YY)	Ending Available Date (MM/YY)	Air Interface Technology (GSM,CDMA, WCDMA, etc)	Operating Frequency (700, 800, 1900, 2100, etc)	Wi-Fi Interface (Yes / No)	Functionality Level (service provider only)	Remark
4-1										
4-2										
4-3										
4-4										
more										

<b>Section 5. Total Acoustic and Inductive Coupling-Compatible, Acoustic Coupling-Compatible, and Non-Hearing Aid-Compatible Handset Models By Air Interface Technology</b>				
Air Interface Technology (GSM,CDMA,WCDMA, etc)	Number of Fully Hearing Aid-Compatible Handset Models	Number of Acoustic Coupling-Compatible Handset Models	Number of Non-Hearing Aid-Compatible Handset Models	Remark



<b>Section 6. Handset Models Tested Since Last Report (Manufacturer Only)</b>					
Index	Handset Maker	Model Name(s)	FCC ID(s)	Air Interface Technology(ies) (GSM,CDMA, WCDMA, etc)	Operating Frequency Bands (800, 1900, 2100, etc)
6-1					
6-2					
6-3					
6-4					
more					

<b>Section 6 --- Continued</b>							
Index	M-Rating (M1-M4.)	M-Rating Testing Date (MM/DD/YY)	M-Rating Testing Lab (manufacturer only)	T-Rating (T1-T4, N/A)	T-Rating Testing Date (MM/DD/YY)	T-rating Testing Lab (manufacturer only)	Remark
6-1							
6-2							
6-3							
6-4							
more							

**Section 7. Product Labeling Information:**

Do all hearing aid-compatible handsets include labeling?

Yes  No

If no, please explain.

Do all hearing aid-compatible handsets with the Wi-Fi air interface have clear and effective disclosure that the handset has not been tested for hearing aid compatibility with respect to its Wi-Fi voice operation?

Yes  No

If no, please explain.

**Section 8. Public Website:**

Does your company maintain a public website describing all hearing aid-compatible models, the ratings of those models, and an explanation of the rating system?

Yes  No

If yes, please provide the address for the public website.

If no, please explain.

**Section 9. Describe Consumer Outreach Efforts in the Past 12 Months:**

**Section 10. (Service Providers Only) Describe the Levels of Functionality into Which the Compliant Handsets Fall and Provide An Explanation of the Service Provider's Methodology for Determining Levels of Functionality:**