



**Mail completed application to:**  
 Sorenson Communications  
 4192 South Riverboat Road  
 Salt Lake City, Utah 84123



**Fax completed application to:**  
 Attn: Sorenson VRS Sales  
 Fax: 801-287-9401



**Question?**  
 Email: vrssales@sorenson.com  
 VRS: 801-287-9403

## Application

Sorenson Communications provides free ntouch accounts exclusively for deaf or hard-of-hearing individuals who require VRS to place and receive calls.

Application requirements:

- Are you deaf or hard-of-hearing?  Yes  No
- Is ASL your primary language?  Yes  No
- Are you applying for another person?  Yes  No If yes, who? \_\_\_\_\_

Please complete the entire application. A Sorenson VRS trainer will contact you when your account is ready to be installed.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Applicant's Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Applicant's Social Security # (last four digits): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

VP #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Phone/TTY: \_\_\_\_\_ AOL I/M Username: \_\_\_\_\_

Which ntouch account(s) are you applying for? (Check all that apply)

- ntouch® VP  ntouch® PC  ntouch® for Mac®  ntouch® Tablet  ntouch® Mobile

Where will your videophone be installed?  Home  Work

### Section A:

Who is your Internet Service Provider (ISP)? \_\_\_\_\_

Do you have a Sorenson videophone?  Yes  No

### Section B:

Tell us about your computer:  PC computer with Windows  Mac® computer

Do you have a webcam?  Yes  No

### Section C:

Who is your mobile provider?  Sprint  T-Mobile  AT&T  Verizon  Other \_\_\_\_\_

What type of phone do you have\*? \_\_\_\_\_

\*Must have a front-facing camera

Do you have an iPad® with a front-facing camera?  Yes  No

A legal guardian must complete the rest of this section for minors under the age of 18 years. If applicant is older than 18 years, this section can be left blank.  
*As guardian, I hereby give permission on behalf of the underage applicant.*

Date: \_\_\_\_\_ Guardian's First Name: \_\_\_\_\_

Guardian's Phone/TTY: \_\_\_\_\_ Guardian's Last Name: \_\_\_\_\_

Guardian's Email Address: \_\_\_\_\_ Guardian's Signature: \_\_\_\_\_

By signing below, you are acknowledging that you have received and understood the following information. You will receive a local 10-digit number from Sorenson and Sorenson will be your default VRS provider. You can port your existing ten-digit number to Sorenson from another provider or Sorenson can provide you with one for the geographic area where you live or work. If you later change your default provider, you can port your number to that provider. When selecting Sorenson, you must provide to Sorenson the physical address (i.e., the Registered Location) from which you are placing the call, so that Sorenson can properly route any 911 calls you may make. If you move or change your location, you must notify Sorenson immediately. You can update your Registered Location from your Sorenson videophone by calling 800-659-4810 or by visiting <http://www.sorensonvrs.com/moving>. Sorenson will confirm receipt of your Registered Location information. Emergency calls made via internet-based TRS may not function the same as traditional E911 service. For example, you may not be able to dial 911 if there is an internet-service failure or if you lose electrical power, and your 911 call may not be routed correctly if you have not updated your Registered Location. For more information on the process of obtaining 10-digit numbers and the limitations and risks associated with using Sorenson's VRS or IP Relay services to place a 911 call, please visit Sorenson's website: <http://www.sorenson.com/disclaimer>. For information on toll-free numbering, please visit <http://www.sorensonvrs.com/tollfree>. Also by signing below, you certify that you have a medically recognized hearing or speech disability necessitating your use of TRS. Sorenson Communications has the right to refuse service.

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