



Application

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

Requirements for filling out an application:

- Deaf or hard-of-hearing
- Use American Sign Language (ASL) to communicate
- Have an HTC EVO mobile device with a Sprint data plan.

Applicants under 18 years of age must have a parent or guardian complete the application. Otherwise, fill out the application below.

Make sure to complete the entire application — incomplete applications cannot be processed. A Sorenson VRS representative will be in contact with you when your account has been created.

Application Date: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Street Address: _____ Apt or Suite #: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

VP #: _____ Pager: _____

Phone/TTY: _____ AOL I/M Username: _____

What type of phone do you have? HTC EVO Apple iPhone 4 Samsung Epic HTC myTouch 4G
 Google Nexus S Other Android Other iPhone Other

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

Can we contact with information about ntouch Mobile and SVRS? Yes No

Please note that the customized Sorenson ntouch Mobile software is available for deaf or hard-of-hearing individuals who primarily use ASL to communicate.

Are you applying for another person? Yes No

Are you deaf or hard-of-hearing? Yes No

Is ASL your primary language? Yes No

By signing below, you are acknowledging that you have received and understood the following information. You will receive a local 10-digit number for your Sorenson videophone, and Sorenson will be your default VRS provider for this number. This number will be portable to another provider. To properly route 911 calls to local emergency service providers, Sorenson must have the address where you will use your Sorenson videophone. You can update this address by contacting support. Sorenson will confirm receipt of your updated address information. Also 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: _____