Instructions for Hearing Aid Compatibility Status Reporting Form (FCC Form 655)

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I. **PURPOSE**

The Federal Communications Commission (FCC) electronic Form 655 collects information on the status of compliance with the FCC's hearing aid compatibility requirements by digital commercial mobile radio service ("CMRS") providers and manufacturers of devices used in the delivery of these services. The use of electronic FCC Form 655 helps each filer ensure that its report ("Hearing Aid Compatibility Report") includes all of the required information in a consistent format, facilitates filing subsequent reports, and facilitates the FCC's compilation of data from the reports. The electronic form also provides the public with improved access to review the filed status reports.

II. WHO MUST FILE THIS FORM?

Digital commercial mobile radio service providers, including mobile virtual network operators ("MVNO") and resellers, and manufacturers of devices used in the delivery of these services are required to use this electronic form to provide the FCC with hearing aid compatibility information. Specifically, these reporting requirements apply to "providers of digital CMRS in the United States to the extent that they offer real-time, two-way switched voice or data service that is interconnected with the public switched network and utilizes an in-network switching facility that enables the provider to reuse frequencies and accomplish seamless hand-offs of subscriber calls. and such service is provided over frequencies in the 698 MHz to 6 GHz bands." 47 C.F.R. § 20.19(a)(1). These requirements also apply to "the manufacturers of the wireless handsets that are used in the delivery of the [se aforementioned] services." 47 C.F.R. § 20.19(a)(2).

III. **ACCESS TO ELECTRONIC FILING SYSTEM FOR FCC FORM 655**

A. **Obtaining an FCC Registration Number (FRN)**

In order to access the electronic filing system for Hearing Aid Compatibility Reports, each Service Provider or Device Manufacturer must use its FCC Registration Number (FRN). A company may choose to obtain a new FRN for the purpose of filing its Hearing Aid Compatibility Report or it may use an existing FRN that is assigned to it. If an agent files reports for multiple entities, the agent should obtain a separate FRN for each reporting entity. The same FRN can be used for the entity's future filings. FRNs can be obtained at

https://selafoss.fcc.gov/coresWeb/publicHome.do (see Figure 1 in the Appendix).

B. Accessing the Hearing Aid Compatibility Reporting Site

The Hearing Aid Compatibility reporting site can be accessed at http://wireless.fcc.gov/hac. This web page contains a link to the License Manager Login page (see Figure 2 in the Appendix) in the FCC's Universal Licensing System (ULS). The Login page can also be accessed through the FCC Forms page (http://www.fcc.gov/formpage.html) on the main FCC website, the Forms and Fees page (http://wireless.fcc.gov/index.htm?job=forms_and_fees) on the FCC Wireless Telecommunications Bureau (WTB) website, or the Equipment Authorization System page (https://apps.fcc.gov/oetcf/eas/) on the FCC Office of Engineering and Technology (OET) website. After login, click "My Reports," then "File Hearing Aid Compatibility Status Report" on the left panel to start filing your report (see Figure 3). If you want to update a submitted or saved report, click the "HAC Submitted" or "Saved" link (see Figure 4). If you do not see the "My *Reports*" link, that means you have already submitted a report for the current filing window. You must then click the "HAC Submitted" link from the "My Applications" summary page to update your report. This mechanism is installed to prevent a filer from submitting two reports for the same filing period (i.e., submitting a new report rather than amending the existing report).

IV. INSTRUCTIONS FOR COMPLETING FCC FORM 655

Each year Hearing Aid Compatibility Reports must be filed electronically on FCC Form 655 by July 15 for Device Manufacturers and January 15 for Service Providers. The report provides information for the preceding year – July 1st through June 30th for Device Manufacturers, and January 1st through December 31st for Service Providers. When the 15th of the month falls on a weekend or holiday, the report is due on the next business day. The electronic filing system is designed to be user-friendly with many illustrative texts and information icons. If you are a returning filer, i.e., you filed a report using the electronic filing system in a previous filing period, the system will allow you to pre-fill certain information from your previous report to the current report, update and add any necessary information. Because the electronic FCC Form 655 periodically changes, you must review the accuracy of all copied or pre-filled information, and update and/or complete any missing information.

A. Company Information

Provide the requested information for the reporting entity. You can edit the company information while in this section (see **Figure 5**, **Figure 6**, and **Figure 7**). You also can come back to edit the company information when you are on the Report Summary screen (after initiating the Handset Model Information section) by clicking the edit icon (\checkmark) to the left of the company name (see **Figure 14**).

- Type of Company: The electronic filing system will automatically indicate whether the reporting entity is a Device Manufacturer or Service Provider.
- *De Minimis* Exception (see **Figure 6**): Under the *de minimis* exception, Service Providers and Device Manufacturers that offer two or fewer digital wireless handsets in the U.S. for a particular air interface are under some circumstances exempt from requirements to offer hearing aid-compatible handsets over that air interface. Specifically, beginning September 8, 2012, companies that are not "small entities" as defined by the U.S. Small Business Administration, and that have not been "small entities" within the last two years, will not qualify for the *de minimis* exception after their first two years offering handsets or services over an air interface even if they offer two or fewer handsets over that air interface. An entity that qualifies for the *de minimis* exception is still subject to the annual reporting requirements. See 47 C.F.R. Sections 20.19(e) and 20.19(i).
 - If you are a Service Provider, answer the question: "Did you offer any handsets to subscribers in the United States during the reporting period?" A handset is a device used in delivery of covered services that contains a built-in speaker and is typically held to the ear in any of its ordinary uses. ("Typically" encompasses any intended or anticipated ordinary use, and does not mean "usually" or "most often.") If you answer "No" to this question, the system will use this information to take you directly to the Consumer Outreach Information section after you finish the Company Information section.
 - If you answer "Yes" to this question because you are a Service Provider that offered at least one handset to subscribers during this reporting period, or if you are a Device Manufacturer, answer the question: "Have you been offering handsets in the United States for at least three years prior to the end of the

reporting period?" A Service Provider or Device Manufacturer that offers two or fewer handsets over an air interface is eligible for the *de minimis* exception if it has been offering handsets over that air interface for less than two years. Answer this question "No" only if the reporting entity has been offering handsets in the U.S. for less than three years prior to the end of the reporting period (i.e., two years prior to the beginning of the reporting period) over ALL air interfaces; otherwise answer "Yes." A "Yes" answer does not affect the applicability of the *de minimis* exception to a particular air interface if you have been offering handsets over that air interface for less than two years prior to the relevant date. If you answered "No" to this question, enter the "Date that you began offering handsets in the United States" in the relevant box in the "MM/YY" format. For example, April 2011 should be entered as 04/11, not 04/2011 or 4/11.

- Answer the question: "Are you a small entity?" A small entity is eligible for the *de minimis* exception for any air interface over which it offers two or fewer handsets. Answer "Yes" if you are a Device Manufacturer with 750 or fewer employees or a Service Provider with 1500 or fewer employees, including employees of a parent, subsidiary, or affiliate company under common ownership or control; otherwise, answer "No."
- If you answered "No" to the "Are you a small entity?" question above, answer the question: "Were you a small entity at any time during the three years prior to the end of the reporting period?" A Service Provider or Device Manufacturer is eligible for the *de minimis* exception for any air interface over which it offers two or fewer handsets if it has been a small entity within the previous two years. Answer this question "Yes" if you have been a small entity within the last three years prior to the end of the reporting period (i.e., two years prior to the beginning of the reporting period); otherwise answer "No." If you answered "Yes" to this question, enter the "Date that you ceased to be a small entity" in the relevant box in the "MM/YY" format. For example, April 2011 should be entered as 04/11, not 04/2011 or 4/11.
- Company Information: Provide the company name for the reporting entity. If the reporting entity also has a "Doing Business As (dba)" name, include both the company name and the dba name in the Company Name box. The format can be "Company Name dba Doing Business As Name."
- Brand Name(s) Included:
 - For a Service Provider, provide the brand names under which you are offering digital commercial mobile radio services. For example, if you are offering both postpaid and prepaid services under a common brand name *ABC*, enter *ABC* in the box. If you are offering a postpaid service under a brand name *ABC* and a prepaid service under another brand name *XYZ*, enter *ABC* and *XYZ* in two separate boxes. If you have more than five brand names, enter the first four names separately in the first four boxes, and enter all the remaining names in the last box using format "EDF/GHI/LMN."
 - For a Device Manufacturer, provide the brand names under which you are offering handsets. For example, if you are offering all handsets under one brand name *ABC* (most likely the manufacturer's name), enter *ABC* in the box. If you are offering handsets under two brand names *ABC* and *XYZ*, enter *ABC* and *XYZ* in two different boxes. This can happen when one manufacturer acquired another manufacturer and decided to keep both brand names. If you have more than five brand names, enter the first four names separately in the first four boxes, and enter all the remaining names in the last box using format "EDF/GHI/LMN."
- Address: Provide the company address for the reporting entity. If you are a non-U.S.

company, please use your U.S. business office address for filing purposes. If you do not have a U.S. business office address, please use your U.S. agent's address.

- Contact Information: Provide the name, 10-digit U.S. phone number, 10-digit U.S. FAX number, and e-mail address of the contact person for the reporting entity. If you are a non-U.S. company, please use your U.S. business office contact information for filing purposes. If you do not have U.S. business office contact information, please use your U.S. agent's contact information. All fields are required except the U.S. FAX number. If you do not have a U.S. FAX number, leave the field blank.
- Filing Agent: If the report is being filed by an agent (such as a law firm) in the U.S. on behalf of a Device Manufacturer or Service Provider, select "Yes" and provide the name, address and contact information for the agent as well.

B. Handset Model Information

You must complete a separate Handset Model Information screen submission for each handset model you offered to subscribers (if a Service Provider) or in the United States (if a Device Manufacturer) that counts as a unique model for hearing aid compatibility purposes. A handset is a device used in delivery of covered services that contains a built-in speaker and is typically held to the ear in any of its ordinary uses. ("Typically" encompasses any intended or anticipated ordinary use, and does not mean "usually" or "most often.") If you marketed the same model under more than one name, all of the names must be reported as part of the same model.

For purposes of compliance with the 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.

For 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. The manufacturer must report the TalkMaster X1 and the Talk2Me on the same Handset Model Information screen submission, and the TalkMaster X2 on a separate Handset Model Information screen submission.

B1. Fields for Handset Model Information

Specific attributes of a handset model need to be entered in this section. These attributes include handset maker, handset model name, air interfaces and frequency bands used by the handset model, hearing aid compatibility ratings, etc. Once you complete the information required for one handset model, you can add information for another handset model or continue to the next section on consumer outreach information if you have completed information for all handset models.

If you have filed a report using the electronic filing system in a previous filing period, the system will pre-fill your report with certain handset model information that you reported in your most recent filing. Because the electronic FCC Form 655 periodically changes, you must review the accuracy of all pre-filled information for each handset model, and update and/or complete any missing information about previously submitted handset models. For example, you will be required either to enter a new Ending Available Date that is within the current reporting period or to delete the handset model if you did not offer it during the current reporting period. In addition,

you may be prompted to enter a corrected FCC ID if the FCC ID that you previously reported is invalid or not granted. You must also review the attributes of each handset model (e.g., air interfaces and frequency bands, etc.) to make any other necessary corrections to the pre-filled information.

HANDSET MAKER: This is the manufacturer of the handset (see Figure 8).

- If the Handset Maker name is in the dropdown list in the Handset Maker box, select it from the list.
- If the Handset Maker is not on the list, select "Other" at the bottom of the list and enter the name in the box to the right of the Handset Maker box.

HANDSET MODEL: Select "No" if you marketed the Handset Model under only one name, "Yes" if you marketed the Handset Model under multiple names (see **Figure 8**).

- If "No" is selected:
 - Provide the Handset Model name either by selecting a name from the dropdown list in the Handset Model name box or by selecting "Other" from the dropdown list and entering a new Handset Model name in the box to the right of the Handset Model name box.
 - Provide the associated FCC ID(s) for the Handset Model in the FCC ID boxes. If there is one FCC ID associated with the Handset Model, enter it in the first FCC ID box. If there are multiple FCC IDs associated with the Handset Model, enter each FCC ID in a separate FCC ID box. The system sometimes automatically pre-fills one or more FCC IDs if they are available. You can over-write or delete a pre-filled FCC ID if it is not correct or not relevant (see **Figure 9**).
 - If the system does not accept the entered FCC ID(s) because it is either invalid (such as mistyped) or not granted by the FCC, please check your FCC ID(s) for the Handset Model. If you can not immediately find the correct FCC ID(s) for this model, you may delete the model temporarily and continue to fill out the Handset Model Information section with another handset model. You must return to this section and add the deleted handset model with the correct FCC ID(s) before certifying and filing your report.
- If "Yes" is selected:
 - Provide the first name for the Handset Model, either by selecting a name from the dropdown list in the Handset Model name box or by selecting "Other" from the dropdown list and entering a new Handset Model name in the box to the right of the Handset Model name box.
 - Provide the associated FCC ID(s) for this Handset Model name in the FCC ID boxes. If there is one FCC ID associated with this Handset Model name, enter it in the first FCC ID box. If there are multiple FCC IDs associated with this Handset Model name, enter each FCC ID in a separate FCC ID box. The system sometimes automatically pre-fills one or more FCC IDs if they are available. You can over-write or delete a pre-filled FCC ID if it is not correct or not relevant.
 - Click "Add Another Handset Model Name" to add another marketing Handset Model name and associated FCC ID(s).
 - Repeat until all marketing Handset Model names have been entered (see Figure 10).
- If you initially select "Yes" and later need to remove Handset Model names, you can do that by choosing the edit icon () for the handset model on the Report Summary screen (appears after finishing each Handset Model Information submission) and selecting the

delete icon $(\overline{11})$ for the unneeded Handset Model name(s) on the Handset Model Information Summary screen (see Figure 14).

• If you initially select "No" and later need to add Handset Model names, you can do that by choosing the edit icon () for the handset on the Report Summary screen (appears after finishing each Handset Model Information submission) and selecting the "Add Another Handset Model Name" button on the Handset Model Information Summary screen (see Figure 14).

AIR INTERFACES / FREQUENCY BANDS: Select the air interface technology and corresponding frequency band(s) for each air interface that can be used by this handset model for voice communications. Include all air interfaces over which the handset model is capable of being operated for voice communications, including any air interface or frequency band that may not currently have hearing aid compatibility deployment requirements (see **Figure 11**). A handset is considered capable of voice communication over an air interface or frequency band if it could be made capable of voice communication through the use of software, whether or not that software is currently commercially available.

DATES: Enter "Starting Available Date" and "Ending Available Date" in the relevant boxes in the "MM/YY" format. For example, April 2008 should be entered as 04/08, not 04/2008 or 4/08. If this handset is still being offered as of the end of the reporting period, enter the ending month of the reporting period as the ending available date. The current reporting period will be listed at the top of the screen for your reference (see **Figure 11**).

M-RATING:

- For Device Manufacturers (see Figure 12):
 - o Select "No" if the handset model has not received an M-Rating certification.
 - Select "Yes" if the handset model has received an M-Rating certification.
 - Select the appropriate rating from the dropdown list in the M-Rating box.
 - Provide the M-Rating Certification Date in the format MM/DD/YY.
 - If either M3 or M4 is selected in the M-Rating box for a handset model with the GSM air interface and 1900 MHz frequency band box selected in the AIR INTERFACES / FREQUENCY BANDS section, then answer the question: "Did this handset meet the criteria for an M3 rating for operations over GSM at 1900 MHz by enabling the user optionally to reduce the maximum power at which the handset will operate by no more than 2.5 decibels, except for emergency calls to 911?" See 47 C.F.R. Section 20.19(e)(iii).
- For Service Providers (see **Figure 13**):
 - Select the appropriate rating from the dropdown list in the M-Rating box. If the handset model has not received an M-Rating certification, you must select "N/A."
 - If either M3 or M4 is selected in the M-Rating box for a handset model with the GSM air interface and 1900 MHz frequency band box selected in the AIR INTERFACES / FREQUENCY BANDS section, then answer the question: "Did this handset meet the criteria for an M3 rating for operations over GSM at 1900 MHz by enabling the user optionally to reduce the maximum power at which the handset will operate by no more than 2.5 decibels, except for emergency calls to 911?" See 47 C.F.R. Section 20.19(e)(iii).

T-RATING:

- For Device Manufacturers (see **Figure 12**):
 - Select "No" if the handset model has not received a T-Rating certification.
 - Select "Yes" if the handset model has received a T-Rating certification.
 - Select the appropriate rating from the dropdown list in the T-Rating box.
 - Provide the T-Rating Certification Date in the format MM/DD/YY.
- For Service Providers (see **Figure 13**):
 - Select the appropriate rating from the dropdown list in the T-Rating box. If the handset model has not received a T-Rating certification, you must select "N/A."

ANSI C63.19 STANDARD: (*Applies to Device Manufacturers only.*) If you are a Device Manufacturer, select the "2005," "2006," "2007," or "2011" button to indicate which version of the ANSI C63.19 standard was used during the certification process for the rating(s).

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. This entry should indicate into which provider-defined level of functionality each individual handset model falls. If this handset model is not rated either "M3" or "M4", you may enter "N/A". Filers who are reporting only one hearing aid-compatible handset model may also enter "N/A" (see **Figure 13**).

REMARKS: Provide any remarks or comments concerning the handset model (see Figure 12 or Figure 13).

B2. Editing and Deleting Handset Model Information

As you complete the information required for each handset model, the system will take you to the Report Summary screen for the Handset Model Information section (see **Figure 14**), where the company name and other basic information such as the handset maker name, handset model name(s), and FCC ID(s) for each submitted handset model will be on display. From this screen, you can:

- Edit Company Information by clicking the edit icon () to the left of the company name on the upper left corner of the screen (see Figure 14).
- Edit the Handset Model Information for a specific handset model by clicking the edit icon () for the handset model in the right-most column of the table showing the individual handset models reported. The system allows you to edit the Handset Model name(s) and FCC ID(s) (see Figure 15).
 - However, if the Handset Maker name needs to be changed, you need to return to the Report Summary screen (**Figure 14**), delete the handset model by clicking the delete icon (1), and add the handset model back by selecting "Report New Handset Model" at the bottom of the screen (at which point you will be able to select the correct Handset Maker).
- Delete a handset model or a duplicated handset model by clicking the delete icon (1) in the right-most column of the table showing the individual handset models reported (see **Figure 14**).
- Continue to the Consumer Outreach section by selecting "Continue" at the bottom of the screen.

C. Consumer Outreach

PRODUCT LABELING AND DISCLOSURE: Provide the requested information for the reporting entity.

Question 1: "Do all hearing aid-compatible handsets include labeling?"

Answer "Yes" if all of your handsets comply with this requirement. If you have handsets that do not comply with this requirement, answer "No" and explain (see **Figure 16**). Under Section 20.19(f) of the FCC's rules, Device Manufacturers and Service Providers must ensure that the rating of hearing aid-compatible handsets is clearly displayed on the packaging material of the handset. In the event that a hearing aid-compatible handset achieves different radio frequency (RF) interference or inductive coupling capability 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.

Question 2: "Do all hearing aid-compatible handsets that were tested only under ANSI C63.19-2007, and that are capable of voice communication over any air interface or frequency band that does not have hearing aid compatibility technical standards under ANSI C63.19-2007, include the required language disclosing that the handset has not been rated for hearing aid compatibility with respect to such operation?"

Answer "Yes" if all of your handsets comply with this requirement. If you have handsets that do not comply with this requirement, answer "No" and explain (see **Figure 16**). Answer "N/A" if you did not offer any such handsets. Effective March 8, 2011, the following disclosure language is required: "This phone has been tested and rated for use with hearing aids for some of the wireless technologies that it uses. However, there may be some newer wireless technologies used in this phone that have not been tested yet for use with hearing aids. It is important to try the different features of this phone thoroughly and in different locations, using your hearing aid or cochlear implant, to determine if you hear any interfering noise. Consult your service provider or the manufacturer of this phone for information on hearing aid compatibility. If you have questions about return or exchange policies, consult your service provider or phone retailer." However, handsets that were already in a Service Provider's inventory as of March 8, 2011, may include other language clearly and effectively disclosing that the phone has not been rated for hearing aid compatibility with respect to Wi-Fi operation."

Question 3: "Do all hearing aid-compatible handsets that were certified only under ANSI C63.19-2007, but that the manufacturer also tested and found not to meet hearing aid compatibility requirements under ANSI C63.19-2011 for one or more operations that are not covered under ANSI C63.19-2007, include language informing users by clear and effective means that the handset does not meet the relevant rating or ratings with respect to such operation(s)?"

Answer "Yes" if all of your handsets comply with this requirement. If you have handsets that do not comply with this requirement, answer "No" and explain (see **Figure 16**). Answer "N/A" if you did not offer any such handsets.

Question 4: "Do all handsets that are capable of use for Voice over LTE, and that were certified for inductive coupling capability under ANSI C63.19-2011 without being tested for inductive coupling capability over VoLTE, include language disclosing that they were not tested with respect to this operation?"

Answer "Yes" if all of your handsets comply with this requirement. If you have handsets that do not comply with this requirement, answer "No" and explain (see **Figure 16**). Answer "N/A" if you did not offer any such handsets. The following disclosure language may be used: "This phone has been tested and rated for use with hearing aids for some of the wireless technologies that it uses. However, there may be some newer wireless technologies used in this phone that have not been tested yet for use with hearing aids. It is important to try the different features of this phone thoroughly and in different locations, using your hearing aid or cochlear implant, to determine if you hear any interfering noise. Consult your service provider or the manufacturer of this phone for information on hearing aid compatibility. If you have questions about return or exchange policies, consult your service provider or phone retailer." Alternatively, Device Manufacturers or Service Providers may develop more descriptive and informative disclosure language for these handsets. Device Manufacturers and Service Providers are advised to consult with Wireless Telecommunications Bureau staff before using any alternative language.

Question 5 (*if applicable*): If the reporting entity answered "Yes" for any handset model to the Handset Model Information question "Did this handset meet the criteria for an M3 rating for operations over GSM at 1900 MHz by enabling the user optionally to reduce the maximum power at which the handset will operate by no more than 2.5 decibels, except for emergency calls to 911?", then it must answer Question 5: "Do all handsets that meet the criteria for an M3 rating by allowing the user to reduce the maximum power for GSM operation in the 1900 MHz band include the required disclosure?"

Answer "Yes" if all of the applicable handsets comply with this requirement. If there are handsets that do not comply with this requirement, answer "No" and explain (see **Figure 16**). Each Device Manufacturer and Service Provider shall ensure that, wherever the M rating is displayed for a handset that meets the criteria for an M3 rating for GSM operation at 1900 MHz by means of a user-controlled power reduction, it discloses to consumers, by clear and effective means (e.g., inclusion of call-out cards or other media, revisions to packaging materials, supplying of information on Web sites), that user activation of a special mode is necessary to meet the hearing aid compatibility standard. In addition, each Device Manufacturer or Service Provider must ensure that the device manual or a product insert explains how to activate the special mode and that doing so may result in a reduction of coverage.

PUBLIC WEBSITE: Under Section 20.19(h) of the FCC's rules, Service Providers and Device 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. Service Provider websites must also include the levels of functionality that the Service Provider has defined, the level under which each hearing aid-compatible model falls, and an explanation of how the functionality of the handsets varies at the different levels.

Answer "Yes" if you maintain such a website, and provide the website address. One website address is sufficient if the information is clearly accessible from that web page, even if there are multiple sub-pages. If you do not maintain a website with this information, answer "No" and explain (e.g., the reporting entity does not maintain any public website) (see **Figure 16**).

CONSUMER OUTREACH: Provide information on the reporting entity's outreach efforts with regard to hearing aid compatibility within the reporting period (see Figure 17 and Figure 18).

HEARING AID COMPATIBILITY TESTING: (Applies to Device Manufacturers only.) Enter the number of handset models that were tested for hearing aid compatibility during the reporting period. You need not include models that have not received certification from the FCC (see **Figure 17**).

METHODOLOGY FOR FUNCTIONALITY LEVELS: (*Applies to 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 FCC's rules. 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. Filers who are not reporting more than one hearing aid-compatible handset model (M3 or M4) may enter "N/A" (see **Figure 18**).

REPORT REMARKS: Add any other information that you may choose to provide (see Figure 17 and Figure 18).

V. CERTIFYING, SUBMITTING, UPDATING AND PRINTING FILED REPORTS

Certifying and Submitting Your Report: Upon finishing the Consumer Outreach Information section, you need to certify your report by selecting the "Certify Filing" button at the bottom of the Consumer Outreach Information Screen (see **Figure 17** or **Figure 18**). On the Certification screen, you must provide your name and title. You must then submit your report by selecting the "Submit Filing" button at the bottom of the Certification screen (see **Figure 19**). The system will then provide you with a Filing Confirmation Number. **Please write down this confirmation number for your future reference** (see **Figure 20**). You must **submit** your report on or before the filing deadline. Failure to submit your report in a timely manner may trigger FCC enforcement action.

Saving without Submitting Your Report: You can stop at any time while completing your report by selecting the "Quit Application" button at the top-right corner of the screen (see Figure 8). Whenever you select "Quit Application," your report will be saved and put into the "Saved" category (see Figure 4). A "Saved" report is not considered to be a "HAC Submitted" report. You must remember to submit your report on or before the filing deadline. To submit a saved report, you must update the report, certify it and submit it.

If you are accidentally timed out by the system, your report will be placed in the "Saved" category. You will need to re-login to the system and update your report (see below on updating a saved report).

Updating Your Report: You can update your saved or submitted report at any time before the filing deadline. However, you cannot update your report once the deadline has passed. To update your report, you need to access the electronic Form 655 and go to the "Saved" category if you have a saved report or the "HAC Submitted" category if you have a submitted report (see Figure 4). After clicking on the appropriate link to your report (either "*Not Assigned*" or a File No.), select "Continue" or "Update" to update your saved or submitted report (see Figure 21 or Figure 22). The system will take you directly to the Report Summary screen (see Figure 14). From there, you can update your report. After completing your update, you must submit your report again in order for it to be considered "HAC Submitted." A submitted report that has been opened for updating but not re-submitted will be placed in the "Saved" category and not the "HAC Submitted" category.

The Hearing Aid Compatibility Reports always have a purpose code of "HA." Knowing this will help you find your Hearing Aid Compatibility Report.

Printing Your Report: When you are on the Filing Confirmation screen, you can view your report by clicking the "Print Report" button () at the top of the screen (see **Figure 20**). The system will generate a PDF file that contains all the information you have entered into your report as well as the FRN you used for filing the report.

VI. FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995

We have estimated that each response to this collection of information will take, on average, two and a half (2.5) hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, enter the data in the Form 655 on-line template, and submit it electronically. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0999). We also will accept your comments via the Internet if you send them to PRA@fcc.gov. DO NOT SEND COMPLETED FCC FORM 655 TO THIS ADDRESS.

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 Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0999.

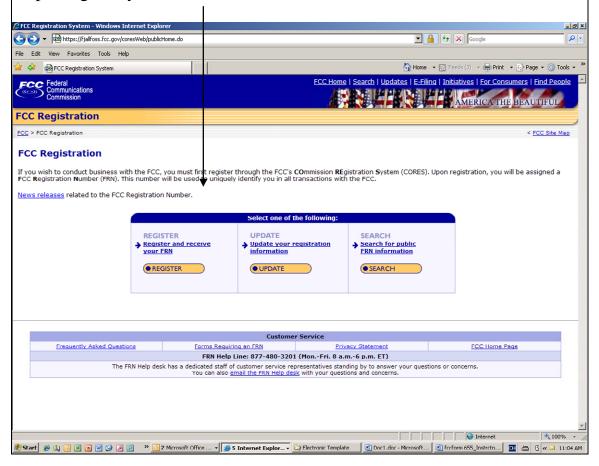
Reporting entities failing to file FCC Form 655 in a timely fashion may be subject to penalties under the Communications Act, including sections 502 and 503(b).

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.

APPENDIX

Figure 1 Register and Receive an FCC Registration Number

Obtain a new FCC Registration Number (FRN) for the purpose of filing Hearing Aid Compatibility status reports for each reporting entity. The same FRN can be used again to file future reports for the entity. Each reporting entity should use its own FRN.



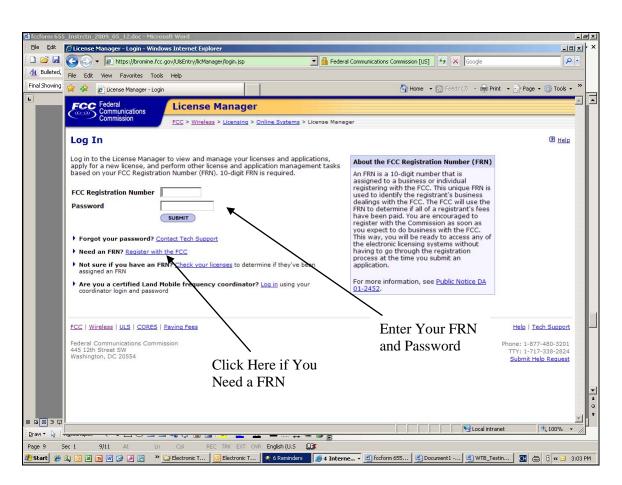


Figure 2 Login Page

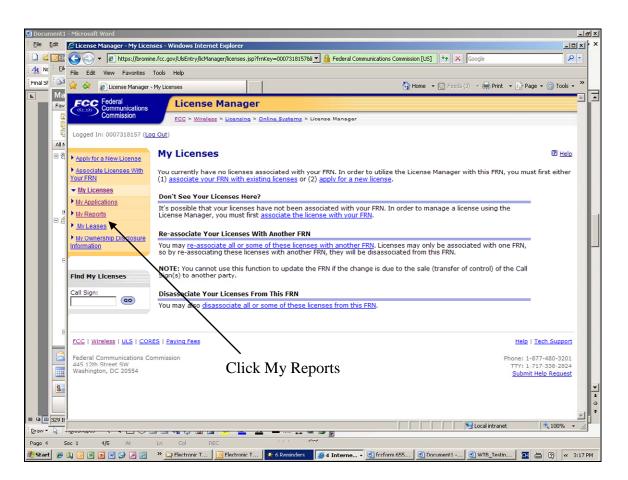


Figure 3 License Manager Page

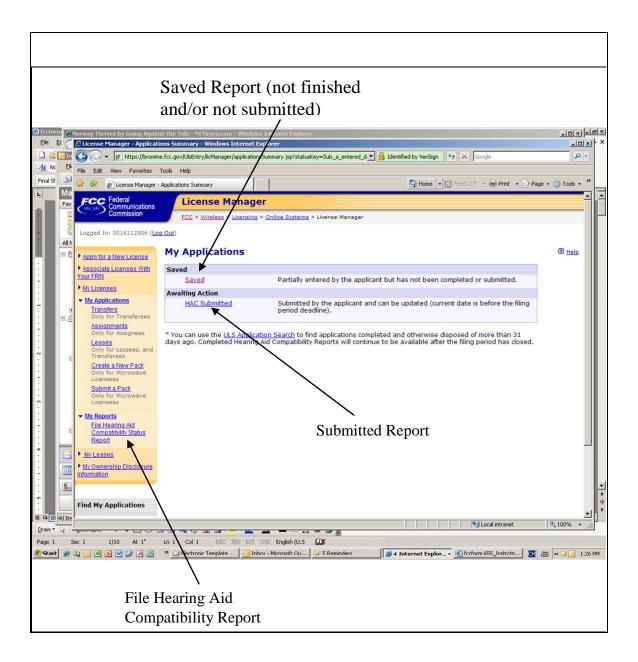


Figure 4 My Applications Page -- Summary

Figure 5 Company Information Page 1

Reporting Period and Filing Deadline	Quit Application (report will be saved but not submitted)
Reporting Period: January 1, 2012 - December 31, 2012	Approved b 3060-0999
Reporting Penod: January 1, 2012 - December 31, 2012 📂 Filing Deadline: January 15, 2013	
Company Information	Paperwork Reduction Act Burden Statement 🛛 Quit Applicat
su have selected to file Hearing Aid Compatibility Status Report (FCC Form 655) for the Re scember 31, 2012. The Filing Deadline for this Report is January 15, 2013. The Form is divided into three sections: Company Information, Handset Model Information a ust complete all applicable sections, and then certify the information you have provided be quired, unless otherwise noted. Note: We see that there are previously submitted Reports associated with your FRN. You in formation from your most recently field Report by clicking the link below. You may add to new Report. For each handset copied from the previous report, you must update the endin his reporting period. If the handset was not offered during this reporting period, the hand	And Consumer Outreach Information. You efore submitting your filing. All fields are may copy Company and Handset Model or edit any information copied into this is available date so that it falls within
Copy Company and Handset Model Information from previous Report	
	· · · · · · · · · · · · · · · · · · ·

Figure 6 Company Information Page 2

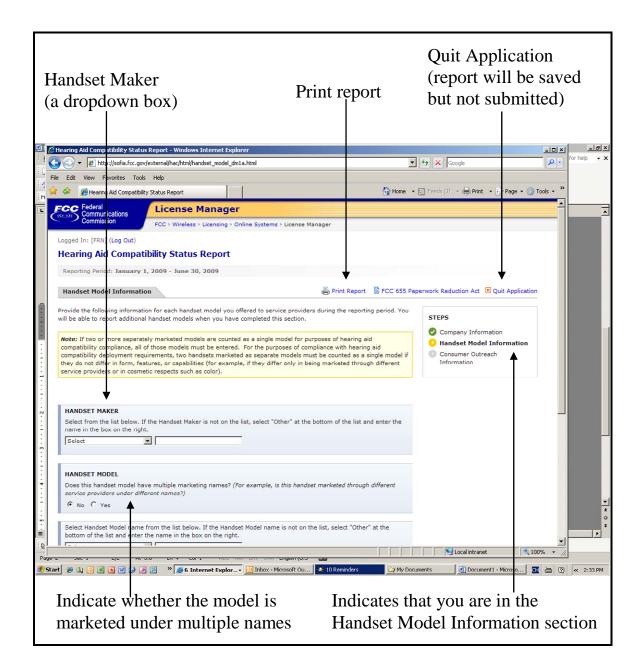
Yes	
O No	Information icon for handset definition
Have you been offering handset prior to the end of the reporting	ts 1 in the United States for at least three years period? 1
O Yes	
No	
(mm/yy) <	This Date box will appear if you click "No" above
Are you a small entity? 🚺	
O Yes	
No	
Were you a small entity at any	time during the three years prior to the end of the reporting period? 🚺
• Yes	This question will appear if you click "No" above
O No	
Date that you ceased to be a sn	nall entity (month/year)
(mm/yy) <	This Date box will appear if you click "Yes" above

Figure 7 Company Information Page 3

COMPANY INFORMAT			
If you are a non-US m address, please use yo		our US office address for filing	purpose. If you do not have a US offic
	i agent s autress.		Company Name
Company Name:	l	-	
	nes under which you are o (if you are a device manu		oile radio services (if you are a service
Brand Name(s) include	ed		
(enter at least one):		(required)	Brand Name(s) Included
PO Box: Street Address:	(optional)	(optional when s	pecifying a PO Box)
City:			
na an th			
State:	Select	•	Company Contact Information
Zip Code:		/	ompuny contact intermetter
Contact Name:		/	
Contact Phone:		V	
Contact Fax:	(opti	ional)	
Contact Email:			
FILING AGENT			
Is this report being file	d by an agent on behalf o	f a manufacturer or service p	rovider?
And the second second second second second			
No		Tilin	g Agent Information

Figure 8 Handset Model Information Page 1

(Handset Maker / Handset Model)



Handset Model Name FCC ID(s) associated (a dropdown box) with the Handset Hearing Aid Compatibility Status Report - Windows Internet Explosion -0× 💌 👉 🗙 Google P fia.fcc.gov/external/hac/html/handset_model_dm1a.html File Edit View Favori es Tools Help 😭 🎲 🛛 後 Hearing Aid 🟠 Home 🔹 🔝 Feeds (J) 🔹 🖶 Print 🔹 🔂 Page 🔹 🎯 Tools 🔹 Compatibility Status Report HANDSET MAKE Select from the lis name in the box of below. If the Handset Maker is not " at the bottom of the list and enter the the right. Select HANDSET MODE Does this handset odel have multiple marketing n (For example, is this handset marketed through different service providers der different names?) G No C Yes below. If the Handset Model name is not on the list, select "Other" at the the box on the right. Select Handset Mo lel name from the list bottom of the list d enter the name Select FCC ID Provide the FCC ID(s) f is handset model. The FCC ID is the identifying number under which this handset has been certified by the FCC. If more than one FCC ID number applies to this model, include all applicable numbers. FCC ID numbers may also apply to other handset models. Save and Continue >> Cancel FC FCC | Wir ess | ULS | CORES | Paying Fees Help | Technical Support Phone: 1-877-480-3201 nications Commission Federal 0 445 12th Washingt nmunicatior reet SW , DC 20554 TTY: 1 -338-2824 Submit delp Request Local intranel 100% 📴 📓 👿 🕼 🍠 💽 🔹 🎽 🎒 6 Internet Explor... 🛛 📴 Inbox - Microsoft Ou... 🐲 10 R .. 🔢 🖮 😰 < 2:33 PM 🛃 Start 🏾 🏉 🚨 My Documents Document1 - Micro Cancel (return to Report Save and Continue **Technical Support** Summary page)

Figure 9 Handset Model Information Page 2a

(Single Handset Model Name / FCC ID)

Figure 10 Handset Model Information Page 2b

(Multiple Handset Model Names / FCC ID)

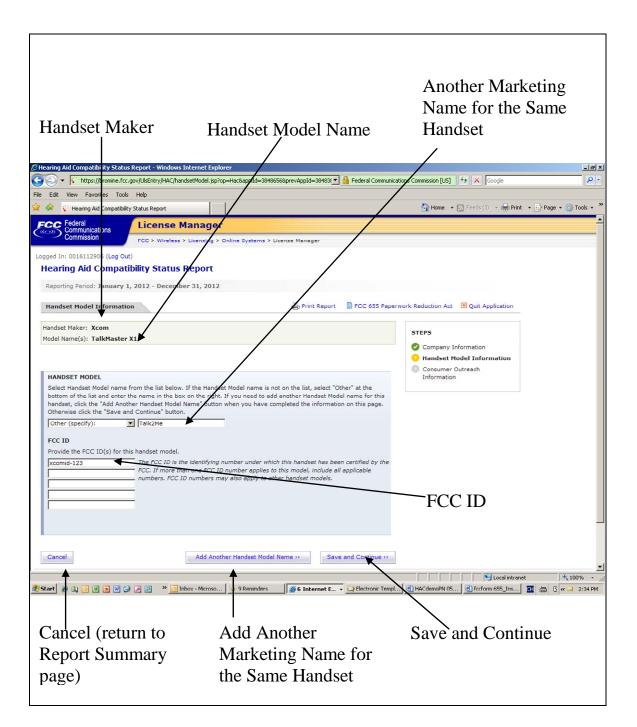


Figure 11 Handset Model Information Page 3 (Air Interfaces / Frequency Bands)

andset for	voice co	mmunicat		t inlcude a					ce that can b bes not curre	
	GSM	CDMA	WCDMA	IDEN	LTE	Wi-Fi	WiMax	Other	Other	Other
700 MHz							[[T]]			
800 MHz										
350 MHz										
900 MHz										
1700 MHz										
1800 MHz			Air In	terfaces	/Freque	ency Bar	nds			
1900 MHz									. 🕅	
2100 MHz										
2.4 GHz										
2.5 GHz										
Other MHz										
Other MHz										
Other MHz										
period, ent	er the er et model	iding mont was offere	h of the rep	porting per	riod as the		and the second second second		of the end of	the report

Figure 12Handset Model Information Page 4a(Hearing Aid Compatibility Ratings --For Device Manufacturers)

RATINGS		
M-Rating: Has this model received a	n M-Rating certification?	
C No		
😵 Yes		M-Rating (a dropdown box)
Provide the following information		W-Kaung (a uropuown box)
M-Rating: [i]	M3 +	
		M-Rating Certification
M-Rating Certification Date: 🕕	(mm/dd?yy)	Date (MM/DD/YY)
2010/01/01 12:00	2 12 2 2 2	The second of the second second
		er GSM at 1900 MHz by enabling the user optionally to more than 2.5 decibels, except for emergency calls to
911?		
O Yes	Answer this ques	tion if the handset is M3 or M4
O No	rated and operate	s over GSM at 1900 MHz
T-Rating: Has this model received a	T-Rating certification?	
C No		
¥ Yes		T-Rating (a dropdown box)
Provide the following information		
The second second second second	V	
T-Rating: 🚺	Select V	T-Rating Certification
T-Rating Certification Date: []	(mm/dd/yy)	Date (MM/DD/YY)
Specify which version of the ANSI C	63.19 standard was used during the	certification process:
© 2005		
0 2006		
© 2007		
© 2011		
REMARKS		
Any remarks or comments concernin	g this handset model may be entere	d here:
A		
~		Remarks for the Handset
-		
Cancel		Save and Continue **
	>	<u>/</u>
Cancel button (return	to Report Summary scr	reen) Save and Continue button

Figure 13 Handset Model Information Page 4b (Hearing Aid Compatibility Ratings --For Service Providers)

1-Ratin	g: If th	nis model ha	as received an I	M-Rating cer	rtification, spec	ify the ratio	ng:	_
М3	-	<				— M-l	Rating (a dropdown box)	
optiona	ally to r						t 1900 MHz by enabling the user no more than 2.5 decibels, exc	
O Ye	s /				Answer th	is questio	on if the handset is M3 or	r M4
O No	<				rated and c	operates	over GSM at 1900 MHz	
-Ratin	a: If th	is model ha	s received a T-	Rating certif		_		
Select		<	31000100 0 1	roung certi	fouring opening		ating (a dropdown box)	7
			←			Funct	ionality Level	
			←			- Funct	ionality Level	
LEMAR	ĸs					– Funct	ionality Level	
	-	or comment	concerning the	is handset r	nodel may be			
	-	or comment	s concerning th	is handset n	nodel may be	entered he		
	-	or comment	s concerning th	is handset r	nodel may be	entered he	re:	
REMAR Any rer Cancel	-	or comment	is concerning the	is handset r	nodel may be	entered he	re:	ontinue

Reporting Period Edit Company Information Quit Application (report will and Filing Deadline be saved but not submitted) Hearing Aid Compatibility Status Report eriod: January 1, 2012 - December 31, 2012 Ľ Reporti ne: January 15, 2013 Filing D 🚜 Print Report 🛛 📗 Paperwork Reduction Act Burden Statement 🛛 🗵 Quit Application Rep Summary V abcde STEPS Edit Device Manufacturer January 15, 2013 Filing O Company Information Handset Model Information ou have reported the following handset model information. Consumer Outreach Information Total number of handsets offered: 1 The following table summarizes your reported handset model information for each air interface for which technical standards are stated in the 2007 version of the ANSI C63.19 standard (GSM, CDMA, WCDMA, iDEN). Prior to July 17, 2014, the FCC's hearing aid ompatibility benchmarks apply only to these air interfaces. Air Interface Fully Hearing Aid Acoustic Coupling Non-Compliant Excluded Total by Compatible Only Summary by Compatible Handsets Handsets 🚺 Air Interface Number Percent Number Percent Number Percent Number ← Air Interface 100% GSM 1 1 WCDMA 100% 1 1 The individual handsets reported are listed below: Page 1 | Show 10 • per page Showing all 1 Handset Maker Model FCC ID Rating 🔻 🛋 72 🕯 Motorola AZ489FT5844 мз, тз i855 Report New Handset Model >> Continue >> Report a New Edit the Handset Information Delete the Handset Handset Model

Figure 14 Report Summary for Handset Information Section

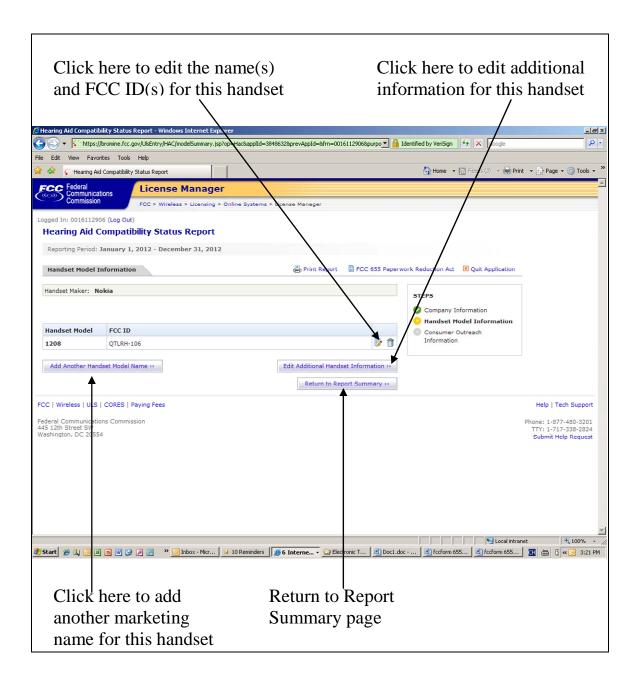


Figure 15 Edit the Handset Information

Figure 16 Consumer Outreach Page 1

Consumer Outreach Consumer	r Outreach	tion Act Burden Statement 🔳 Quit Application
PRODUCT LABELING AND DISCLOSURE Do all hearing aid-compatible handsets include labeling? [① Yes ③ No	and Disclosure	STEPS Company Information Handset Model Information Consumer Outreach
communication over any air interface or frequency band t	only under ANSI C63.19-2007, and that are capable of voice that does not have hearing aid compatibility technical standards disclosing that the handset has not been rated for hearing aid	Information
tested and found not to meet hearing aid compatibility re	d only under ANSI C63.19-2007, but that the manufacturer also iquirements under ANSI C63.19-2011 for one or more operations tha ge informing users by clear and effective means that the handset to such operation(s)? ()	Indicating that you are in the Consumer Outreach section
© Yes ⊙ No ⊙ N/A		Outcach section
	E, and that were certified for inductive coupling capability under ANS capability over VoLTE, include language disclosing that they were no	
© Yes		
C No C N/A		
in the 1900 MHz band include the required disclosure? 🚺	allowing the user to reduce the maximum power for GSM operation Answer this question if yo	
© Yes ← © No	M3 or M4 rated and opera	
	ionally that the service provider has defined, the level that each atom of how the functionality of the handsets varies at the different	
levels. 🔝	Deporting compo	eu's eublis usbaits for
Website address:		ny's public website for patibility Information

Figure 17 Consumer Outreach Page 2a (Consumer Outreach Efforts -- Device Manufacturers)

CONSUMER OUTREACH		
Describe consumer outreach efforts in the pa	ast 12 months:	
	^	
	<	Consumer Outreach Efforts
	-	
HEARING AID COMPATIBILITY TESTING		
How many handset models were tested for h	earing aid compatibility during	the reporting period? You need not include
models that have not received certification fr	rom the FCC.	
<		Number of Tested Handsets
REPORT REMARKS		
Record any other information you may have	about the report as a whole:	
	*	
	<u> </u>	Remarks for the Report
	-	
« Back		Certify Filing >>
		7
Back (to the previous page)		Certify Filing
Buen (to the previous puge)		Continy I ming

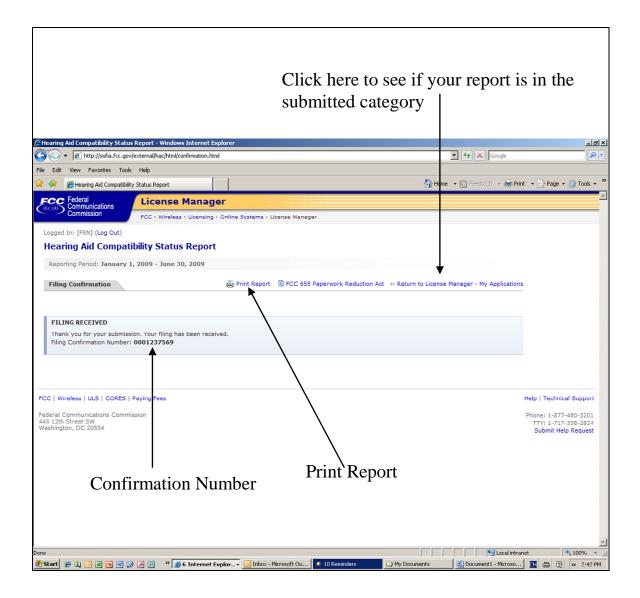
Figure 18 Consumer Outreach Page 2b (Consumer Outreach Efforts – Service Providers)

learing Aid Compatibility Status Report - Windo	ws Internet Explorer			-83
💽 🔻 🙋 http://sofia.fcc.gov/external/hac/html	consumer_outreach2_sp.	html	💽 🐓 🗙 Google	P -
Edit View Favorites Tools Help	11			~ ~ ~
Hearing Aid Compatibility Status Report			🚹 Home 🔹 🔝 Feeds (3) 🔹 🖶 Print 🔹 🗟	Page 🔹 🎡 Tools 🔹
	Manager			
	is > Licensing > Online	Systems > License Manager		
Logged In: [FRN] (Log Out)	- ·			
Hearing Aid Compatibility Statu				
Reporting Period: January 1, 2009 - June	30, 2009			
Consumer Outreach		🗟 Print Report 🛛 🗎 FCC 655 P.	aperwork Reduction Act 🙁 Quit Application	
CONSUMER OUTREACH			STEPS	
Describe consumer outreach efforts in the p	ast 12 months:		Company Information	
	<u>a</u>	Consumer	Handset Model Information	
•	v	Outreach Efforts	Consumer Outreach Information	
-		Outreacti Efforts		
METHODOLOGY FOR FUNCTIONALITY LE Describe the methodology used to determine				
Describe the methodology used to determine			n of Methodology	
	-	for Functio	onality Levels	
REPORT REMARKS				
Record any other information you may have		a whole:		
	~	Rema	rks for the Report	
▲	-			
« Back		Certify Filing >>]	
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•			Local intranet	💐 100% 👻
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Back (to the		Certify F	iling	
previous page)			6	

Figure 19 Certification Page

	Status Report - Windows Internet Expl	orer		
🕒 🕑 🔻 🙋 http://sofia.fo	cc.gov/external/hac/html/certification.html		Google	₽ •
File Edit View Favorites	Tools Help			
🙀 🏟 🏾 🏉 Hearing Aid Comp	batibility Status Report		🐴 Home 🔹 🔂 Feeds (J) 🔹 🖶 Print 🔹 🛃 P	age 🔹 🎯 Tools 🔹 🎽
FCC Federal Communications	License Manager	•		<u>^</u>
Commission	FCC > Wireless > Licensing > C	nline Systems > License Manager		
Logged In: [FRN] (Log Ou	it)			
Hearing Aid Com	patibility Status Report			
Reporting Period: Janua	ary 1, 2009 - June 30, 2009			
Certification		🖶 Print Report 🛛 🗎 FCC 655 F	Paperwork Reduction Act 🗷 Quit Application	
the entry of the official's o or the authorized agent's be punished by fine and/o I certify that I am an offic	or authorized agent's name on the sig electronic signature to this certificatic or imprisonment under Title 18 of the cial or authorized agent of the above (and, to the best of my knowledge, in	Inity or an authorized agent. For purposes of this Form 655, nature line shall constitute that official's electronic signature in. Persons making wilfful false statements in a Form 655 can United States Code, 18 U.S.C. § 1001. named reporting entity, that I have examined the information formation and belief, all statements of fact reported in this	Company Information	
PARTY AUTHORIZED	TO SIGN			
First Name:				
Middle Initial:	(optional)			
Last Name:				
Suffix:	(optional)			
Title:				
Date:	[Date]			
IMPRISONMENT U.S. Cod	de, Title 18, Section 1001) AND/OR RI	TACHMENTS ARE PUNISHABLE BY FINE AND/OR EVOCATION OF ANY STATION LICENSE OR CONSTRUCTION 'EITURE (U.S. Code, Title 47, Section 503).		
Back		Submit Filing >>		
			Local intranet	🔩 100% 👻
🏦 Start 🏾 섍 🏝 🦲 🖻	👿 🥔 🤌 🖻 🤎) 😹 6 Internet Exp	lor • 🔯 Inbox - Microsoft Ou 🖡 10 Reminders 👔 🏠 N	My Documents 🔄 Document 1 - Microso) 💽 📇	(2) « 2:42 PM
Certi	fication Signat	ure Submit F	Filing	

Figure 20 Confirmation Page



the report before be	<i>tigned</i> " indicat t was saved eing submitted irmation numb	l	"Saved" S (but not submitted)		Conti the Ro	
	ion At A Glance - Windows Internet Ex e.fcc.gov/UlsEntry/licManager/applicat pnGk		Eederal Cor	nmunications Commission [US]	Google	-8×
File Edit View Favorites	a second s	ансаларуаррикау—зоновог		indicators commission[05]	Google	
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Transferees <u>Create a New Pack</u> Only for Microwave Licensees <u>Submit a Pack</u> Only for Microwave	Applicant Name & Address Xcompany 123 White Street Washington, DC 20054	55			Dele	te
Licensees	Dates Saved 05/19	9/2009				
✓ My Reports File Hearing Aid Compatibility Status Report	58720 05/1	,,2005				
My Leases				I		
My Ownership Disclosure Information Find My Applications Sile Number:	View Complete Application	— "H" (1	e Code will for Hearing tibility repo	g Aid —	Delete Report	the
File Number: Start # 1 0 # 2	W 🕼 👂 😢 💙 🖸 4 Microsoft Office	: Outlook • 🛛 🌫 6 Internet Ex			Local intranet	▼ : : : : : : : : : : : : : : : : : : :

Figure 21 My Applications Page -- Saved Report

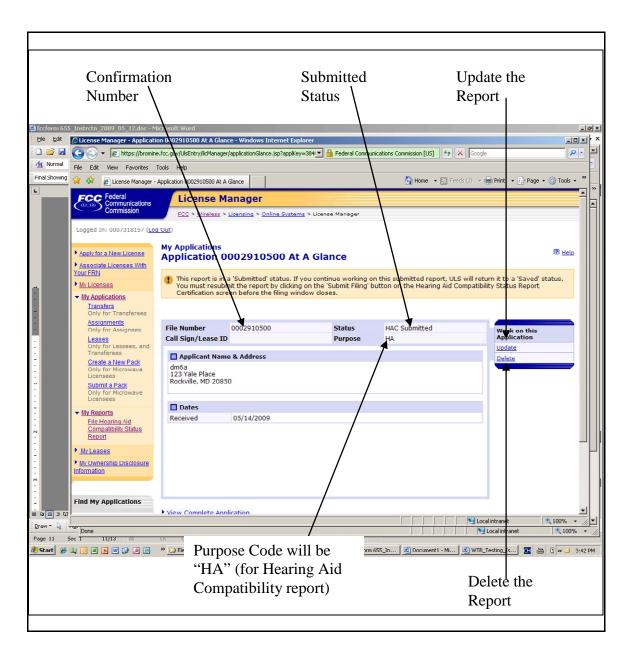


Figure 22 My Applications Page -- Submitted Report