AFFIDAVIT

TEXAS KARI'S LAW
(DIRECT ACCESS TO 9-1-1 SERVICE)

ONE-YEAR WAIVER REQUEST

STATE OF TEXAS §
§
COUNTY OF _____§

BEFORE ME, the undersigned notary, on this day personally appeared the Affiant, a person known to me, or proved to me on the basis of sufficient evidence to be the person whose name is subscribed to in this affidavit, and of lawful age, who being by me first duly sworn on their oath deposes and says:

I, _____
on behalf of the entity identified below and in accordance with Commission on State Emergency Communications rule 251.16 (Title 1, Part 12, Tex. Admin. Code, Chapter 251), affirm that we have made a good faith effort to reprogram or replace the telephone system(s) identified herein to allow for direct access to 9-1-1 service by dialing the digits 9-1-1 without requiring an additional code, digit, prefix, postfix or trunk-access code.

The efforts made to reprogram our telephone systems consisted of:

_____

Notwithstanding the foregoing efforts, compliance with the rule would, at this time, be unduly and unreasonably cost prohibitive. Accordingly, we request a one-year waiver for the following non-compliant telephone system(s). This is our _____ consecutive waiver request.

Manufacturer Name	
Model No.	
Estimated Cost to:	Reprogram $_____; Replace $_____
List address of all locations within Texas served by the system:	

Manufacturer Name	
Model No.	
Estimated Cost to:	Reprogram $_____; Replace $_____
List address of all locations within Texas served by the system:	

(Complete a table for each non-compliant system.)

The projected date for compliance with Kari's Law and Commission Rule 251.16 is _____. We confirm that until the foregoing telephone systems are brought into compliance we will (or have) placed stickers with instructions for accessing 9-1-1 service in at least 16-point boldface type in a contrasting color using an easily read font immediately adjacent to each telephone handset that utilizes the non-compliant telephone system. We acknowledge and understand that the waiver is good for one year beginning on September 1st and expires on August 31st."

_____
Affiant's Signature

_____
Affiant's Printed Name and Title

_____
Entity Legal Name

_____
_____
_____
_____
Entity D/B/A(s)

_____
_____
_____
_____
Entity Address

_____
Affiant Contact Number and E-mail Address

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me on this the _____ day of _____ 20___, to certify which, witness my hand and seal of office.

_____ | _____ | _____
Signature of Officer administering oath | Printed Name of Officer Administering Oath | Title of Officer administering oath