



## Deafblind New Customer Information

The information below is required by the Federal Communication Commission (FCC) for all consumers that register for an account with a Video Relay Service Provider (VRS). The intent of gathering this information manually is strictly to assist DeafBlind individual to register for a Ten Digit Number. This form will not be shared or used for anything else than the purpose described. Once this information has entered the system, this document will be purged.

1. Full Name (First, Middle, Last, Suffix)	
2. Email address	
3. Date of Birth	
4. Last 4 Social Security	XXX-XX- _ _ _ _
5. Physical Address (No Postal) a. Address b. City c. State d. Zip Code	
6. Client service preference - DB English - DB Spanish	
7. Account Security Information - Preferred password (to access globalvrs.com user portal) - Security question: Mother's Maiden Name	

Together with this information, the customer must sign and provide the following enclosures:

- Customer's ID copy
- Signed Eligibility Certification
- Signed URD Certification