

# CapTel® User Registration

For CapTel models 800i / 840i / 880i / 2400i

**I certify, under penalty of perjury, that:**

I have a hearing loss that necessitates use of captioned telephone service.

I understand that the captioning on captioned telephone service is provided by a live communications assistant who listens to the other party on the line and provides the text on the captioned phone.

I understand that the cost of captioning each Internet protocol captioned telephone call is funded through a federal program.

To the best of my ability, I will not permit persons who have not registered to use Internet Protocol captioned telephone service to make captioned telephone calls on my registered IP captioned telephone service or device.

CapTel User Name \_\_\_\_\_

CapTel User Address \_\_\_\_\_

CapTel User Telephone Number (     ) \_\_\_\_\_

CapTel User Birthdate     /     /     Last 4 digits of Social Security No. \_\_\_\_\_

CapTel User Email \_\_\_\_\_

ESN of CapTel phone (*Located on the bottom of the phone*) \_\_\_\_\_

\_\_\_\_\_  
CapTel User Signature

\_\_\_\_\_  
Date

**Please note: Captions cannot be activated on your phone until the registration process is complete. Questions? Call toll free 1-877-202-9578.**

Please sign and return form:

- By Email:** Register@CapTel.com
- By Fax:** (608) 238-3008
- By Mail:** CapTel Registration  
450 Science Drive  
Madison, WI 53711

<b><i>For Internal Use Only</i></b> Date received: _____ Entered by: _____
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Per FCC requirements all user information is kept confidential.