Note: This is a sample template, it is not an OMB approved form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1
Carrier Identification Information

Parent Company Name

Progressive Rural Telephone Co-Op., Inc.

Service Provider Name

Company Address, City, State, Zip

PO Box 98
Rentz, Ga. 31075

Service Provider Type ☐ Wireless X Wireline

Name(s) of Wireless License Holder(s)

N/A

Contact Name
Wayne Dixon

Contact Tel #
478-984-4201

Fax #
478-984-4205

E-mail Address
prtc@progressivetel.com

Section 2
Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):
Bleckley County, Georgia
Wheeler County, Georgia

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.
Bleckley County, Georgia-Routed to Sheriff's Office-This county will implement E 911 the latter part of 2002.
Wheeler County, Georgia-Routed to the Sheriff's Office.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.
Already routed to these positions.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Already routed to these positions.

Section 3
911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

None, as of the present.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

N/A

Section 4

Certification - To be signed by an authorized representative of the reporting entity

☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature Wayne Dixon

Printed name of authorized representative Wayne Dixon

Title General Manager

Date 3/8/02

This filing is: X original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.