## PRELIMINARY TEST SURVEY - OVERALL

## Submit a request Fields marked with \* are required. Please choose your issue below WEA Alert Preliminary Survey Your email address \* If you have a control group ID number [NNNNN], please enter it here. Otherwise, leave this field blank. What is the make and model of your mobile device (e.g., "Samsung Galaxy S10," "Apple iPhone X.")? If you do not know, leave this field blank. What is your mobile device's operating system?\* Who is your wireless service provider?\*

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Where will you be located at the time and day of the test (if you know, otherwise leave these fields blank)? Please provide a street address or other detailed description. Street Address
City
State/Territory
Zip Code
Other detailed description of location
Does your device have cellular service in this location?*
Please check your mobile device settings and the instructions that accompanied this survey. Is your mobile device opted-in to receive State/Local WEA Test alerts? You may provide optional comments about the test in the Description field that follows.*
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Description*	
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## PRELIMINARY TEST SURVEY – PULL-DOWN MENUS

Vhat is your mobile device's operating system?*	
-	
Apple iOS	
Android	
Other / Not sure	
Who is your wireless service provider?*	
AT&T	
Sprint	
T-Mobile	
Verizon	
Other	
Not sure	
Does your device have cellular service in this location?*	
-	
Yes	
No	
Not sure	

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Please check your mobile device settings and the instructions that accompanied this survey. Is your mobile device opted-in to receive State/Local WEA Test alerts? You may provide optional comments about the test in the Description field that follows.\*

-	
Yes	
No	
Unable to confirm	