

**ILLINOIS STATE POLICE**  
**Office of the Statewide 9-1-1 Administrator**



**State of Illinois**

**Application for**  
**9-1-1 Modification Plan**  
**Short Form**

# INTRODUCTION

The following document provides the application for submitting a 9-1-1 Modification Plan that will supply the Illinois State Police (ISP), the Illinois Commerce Commission (ICC), and the Statewide 9-1-1 Administrator (Administrator) with the necessary information about the proposal to modify your 9-1-1 system. The modification plan must comply with 83 Ill. Adm. Code Part 1324.

## **SHORT FORM MODIFICATION PLAN:**

**NOTE: If the modification results in increased network costs for the State, the costs must be pre-approved by the Administrator pursuant to Section 1326.210 before submitting the Modification Plan.**

The following 9-1-1 system changes require Administrator approval:

1. Permanent relocation of an existing PSAP (physical address change)
2. Permanent relocation of a Backup PSAP (physical address change) New Backup PSAP Agreement Required
3. Reduction of PSAPs within a 9-1-1 Authority

The Modification Plan must include the following documents:

<b>General Information</b>	Contact and 9-1-1 System information.
<b>Verification</b>	<b>Signed and Notarized</b> statement of truth regarding information provided in the plan.
<b>Letter of Intent</b>	Letter sent to the 9-1-1 System Provider with a copy of the plan. <b>(Signature required)</b>
<b>Narrative Statement</b>	A detailed summary of the changes to the proposed system's operation, including but not limited to a complete explanation of the 9-1-1 Authority's boundary that the 9-1-1 system will cover all types of emergency calls, including voice, text, data, and multimedia information, along with staffing, training, and revised operational policy implications.
<b>Financial Information</b>	A summary of anticipated implementation costs and annual recurring operating costs of the proposed modified 9-1-1 system that is directly associated with 9-1-1, as well as the anticipated revenues. Include the email request and Administrator's approval that support your network costs.
<b>Originating Service Providers (OSPs) &amp; Local Exchange Carriers (LECs)</b>	Provide a comprehensive list of Originating Service Providers (OSPs), including Providers (OSPs) & aggregators and Local Exchange Carriers (LECs), that are known by the applicant to deliver service within the jurisdiction of the 9-1-1 System. This list should include the Carriers (LECs), relevant exchange(s), prefix(es), and the 9-1-1 System Providers (OSPs) configuration that will be implemented in the proposed system. Refer to your 9-1-1 System Network Diagram to support and illustrate the proposed configuration.
<b>Test Plan</b>	Provide the 9-1-1 System's overall test plan that defines testing with all 9-1-1 System Providers, OSPs, LECs and Aggregators who are known. Explain how the 9-1-1 Authority plans to perform its testing in conjunction with the 9-1-1 system providers and carriers. The test plan for the 9-1-1 System establishes a comprehensive framework to validate the operation readiness, functionality, and performance of the emergency communication infrastructure in alignment with NENA standards and best practices. The Test Plan ensures that all Next Generation 9-1-1 functional elements, interfaces, and data exchanges meet NENA-defined interoperability and performance requirements. Testing activities are coordinated among all relevant stakeholders, including 9-1-1 System Providers, Other Service Providers (OSPs), Local Exchange Carriers (LECs), and Aggregators. It integrates testing with all relevant system providers. Testing covers a broad

range of use cases, from basic voice call routing to advanced NG9-1-1 services, ensuring that all components of the system are fully operational in the event of an emergency. Areas of testing include 9-1-1 Call Handling, Split Exchange Scenarios, TDD/TTY Accessibility, Network Trunking and Load Management, System Overflow and Failover Protocols, Backup and Alternate Routing Capabilities, Call Transfer Functionality, and NG9-1-1 Addressing, NGCS 9-1-1 GIS Database Validation, Integrated Text to 9-1-1 (SMS/RTT/MMS), API Interoperability, Measurement and Reporting Tools and Voice and Speech Quality Assessment.

**Attachments (if applicable)**

**Backup PSAP Agreement**

The Agreement that establishes back-up and overflow services due to interruptions and pre-determined alternate routing between 9-1-1 Authorities or PSAPs within those Authorities, which must detail and confirm the backup PSAPs capability to direct dispatch or otherwise transfer emergency calls directly to all authorized entities within the 9-1-1 Authority's boundary for whom they are serving as a backup.

Backup PSAP Agreement is not Changed/Affected by this Modification.

**Call Handling Agreements**

Include a primary and secondary means of dispatch (i.e., radio frequency/talk group, 10-digit 24x7 directly answered transfer telephone number) entered into as a result of the modification.

Call Handling Agreement(s) are not Changed/Affected by this Modification.

**Network Diagram**

A proprietary diagram which will not be posted to the website, which is provided by the 9-1-1 system provider showing a list of all known OSPs, LECs and Aggregators transporting all 9-1-1 traffic from the end user to the PSAP and all system components including ingress and egress, trunking, interconnection points, NGCS components, and routing configuration, predetermined alternate routes, Text to 9-1-1 capabilities, PSAPs, SAPs, Backups, Unmanned Backups and Communities served by the system.

**Modification Plans must be filed electronically on the ISP's website at:**

<https://isp.illinois.gov/Statewide911Division/ConsolidationPlansAndWaivers> where you will see the box below:



Once the plan is submitted, the ISP and the ICC each have 20 days to provide a technical review of the plan to submit to the Administrator for approval.

# GENERAL INFORMATION

DATE: \_\_\_\_\_

**TYPE OF MODIFICATION** (Check all that apply)  
 Permanent relocation of an existing PSAP  
 Permanent relocation of a Backup PSAP  
 Reduction of PSAPs within a 9-1-1 Authority

**Description of Current 9-1-1 System**  
 Provide a summary of your existing 9-1-1 system, including:

9-1-1 Authority Name	Population Served	Area in Sq. Miles
Number of PSAPs:		
Call Volume (annual):		

LIST PSAPs, SAPs, and VAPs	ADDRESS	PRIMARY	SAP

9-1-1 Authority Contact: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Office Telephone: \_\_\_\_\_  
 Cellular Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

- Please check:**
- Receive Integrated 9-1-1 Text (SMS)
  - Receive Integrated 9-1-1 Text (RTT)
  - Receive 9-1-1 Videos/Pictures (MMS)

Text Control Center: \_\_\_\_\_

**VERIFICATION**

I, \_\_\_\_\_, first being duly sworn upon oath, depose and say that I am \_\_\_\_\_, of \_\_\_\_\_; that I have read the foregoing plan by me subscribed and know the contents thereof; that said contents are true in substance and in fact, except as to those matters stated upon information and belief, and as to those, I believe same to be true.

\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, ILLINOIS

# 9-1-1 SYSTEM PROVIDER LETTER OF INTENT

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(Date)

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(9-1-1 System Provider Company Representative)

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(9-1-1 System Provider Company Name)

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(Street Address)

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(City, State, Zip Code)

Dear \_\_\_\_\_:

This letter is to confirm our intent to modify our 9-1-1 System.

Enclosed is your copy of our Modification Plan to be filed with the Illinois State Police for approval.

Thank you for your assistance in this matter.

Sincerely,

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enclosure: Modification Plan

# NARRATIVE STATEMENT

Please answer the questions below by providing a detailed narrative that outlines your plan as it relates to this application. Your responses will assist the Illinois State Police (ISP), Illinois Commerce Commission (ICC), and the Statewide 9-1-1 Administrator (Administrator) in evaluating the proposal. The information you provide will help the 9-1-1 System Authority determine the feasibility of the modification and ensure it enhances the overall efficiency and effectiveness of public safety operations. All 9-1-1 Authorities and PSAPs must comply with the requirements outlined in Part 1324.

Explain the reason for submitting the modification and provide the name and contact information for your Certified 9-1-1 system provider, NGCS provider, and NOC/SOC provider.

Explain the national standards, protocols and/or operating measures that will be followed.

Explain what measures have been taken to create a robust, dependable, and diverse/redundant network and whether other 9-1-1 Authorities will be sharing the system.

Explain what security measures will be placed on the PSAP's IP 9-1-1 network and equipment to safeguard it from malicious attacks or threats to the system's operation. What degree of confidentiality measures will be implemented within the system to prevent access by unauthorized individuals?

Identify the Backup PSAP. (Name and Address)

Provide the name(s) and physical address(es) of the Public Safety Answering Point(s) (PSAPs) designated as your predetermined alternate route(s). If no alternate routing has been established, indicate "None."

Explain how split exchanges will be managed.

Explain how the GIS database will be maintained and how boundary, address point, and street center line errors will be corrected and updated on a continuing basis.

Indicate who will be responsible for updating and maintaining GIS data. Provide the LDS and Data Maintainer's Name and contact information. Updates are required whenever there is a change to the Road Centerline layer that includes new or changed road name(s), a database change, an annexation that modifies the Law, Fire, or EMS Boundary Layer, and whenever an updated version of the workflow tool is released.

# FINANCIAL INFORMATION

*Complete all applicable fields. Enter \$0 where not applicable.*

<b>Current Annual 9-1-1 Network Costs (Before Modification)</b>	\$ _____
<b>Projected Annual 9-1-1 Network Costs (After Modification)</b>	\$ _____
<b>One-Time Installation / Implementation Cost</b>	\$ _____
<b>Additional Recurring Costs (if any)</b>	\$ _____

Include a summary of anticipated implementation costs and annual recurring operating costs of the proposed modified 9-1-1 system.



# TEST PLAN

Provide the 9-1-1 System's overall test plan that defines testing with all 9-1-1 System Providers, OSPs , LECs and Aggregators who are known. Explain how the 9-1-1 Authority plans to perform its testing in conjunction with the 9-1-1 system providers and carriers. The test plan for the 9-1-1 System establishes a comprehensive framework to validate the operational readiness, functionality, and performance of the emergency communication infrastructure in alignment with NENA standards and best practices. The Test Plan ensures that all Next Generation 9-1-1 functional elements, interfaces And data exchanges meet NENA-defined interoperability and performance requirements. Testing activities are coordinated along all relevant stakeholders, including 9-1-1 System Providers, Other Service Providers (OSPs), Local Exchange Carriers (LECs), and Aggregators. It integrates testing with all relevant system providers. Testing covers a broad range of use cases, from basic voice call routing to advanced NG9-1-1 services, ensuring that all components of the system are fully operational in the event of an emergency. Areas of testing include 9-1-1 Call Handling, Split Exchange Scenarios, TDD/TTY accessibility, Network Trunking and Load Management, System Overflow and Failover Protocols, Backup and Alternate Routing Capabilities, Call Transfer Functionality, NG9-1-1 Addressing, NGCS 9-1-1 GIS Database Validation, Integrated Text to 9-1-1 (SMS/RTT/MMS), API Interoperability, Measurement and Reporting Tools and Voice and Speech Quality Assessment.

Identify areas to be tested.

List wireline exchanges to be tested.

List the Wireless, Text, and VoIP Carriers to be tested.

# PLAN SUBMITTAL GRID

	Consolidation Plan	Request for Waiver	Modification Long Form	Modification Short Form
<b>PLAN ELEMENTS</b>				
General Information	X	X	X	X
Verification	X	X	X	X
Letter of Intent	X		X	X
Narrative Statement	X		X	X
Basis for Request for Waiver		X		
Financial Information	X		X	X
Communities Served	X	X	X	
Participating Agencies	X	X	X	
Adjacent 9-1-1 Authorities	X		X	
OSP's and LECs	X		X	X
Test Plan	X		X	X
Zip Codes	X		X	
<b>ATTACHMENTS</b>				
Local Ordinance/Resolutions	X		X	
IGA	If Applicable		If Applicable	
Bylaws	X		If Applicable	
NG911/Call Handling Contract	If Applicable		If Applicable	
Backup PSAP Agreement	If Applicable		If Applicable	If Applicable
Call Handling Agreements	If Applicable		If Applicable	If Applicable
Network Diagram	X		X	X