

**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 your proposal to modify your 9-1-1 system. All modification plans must comply with 83 Ill. Adm. Code Part 1324.300 and 1324.310.

## **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
2. Permanent relocation of a Backup PSAP
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>	Notarized statement of truth regarding information provided in the plan.
<b>Letter of Intent</b>	Letter sent to 9-1-1 System Provider with a copy of the plan.
<b>Narrative Statement</b>	A detailed summary of the changes to the proposed system's operation.
<b>Financial Information</b>	A summary of anticipated implementation costs and annual operating costs of the modified 9-1-1 system that are 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 (OSP)</b>	A list of each OSP'S exchange(s), prefix(es), and the 9-1-1 System Providers (OSP) configurations that will be used in the proposed system.
<b>Test Plan</b>	The 9-1-1 System's overall plan detailing how and to what extent the network and database will be tested. A Test Plan is required for the permanent relocation of an existing PSAP and the permanent relocation of a Backup PSAP facility.
<b>Zip Codes</b>	List each Zip Code within the 9-1-1 System boundary.

## **Attachments (if applicable)**

<b>Backup PSAP Agreement</b>	<p>The agreement that establishes back-up service due to interruptions or overflow services between PSAPs.</p> <p>Backup PSAP Agreement is not Changed/Affected by this Modification.</p>
<b>Call Handling Agreements</b>	<p>Call handling agreements describe the primary and secondary dispatch agreement method(s) to be used by requesting parties within their respective jurisdictions.</p> <p>Call Handling Agreement(s) are not Changed/Affected by this Modification.</p>

**Network Diagram**

Provided by the 9-1-1 system provider showing network, backup configuration and pre-determined alternate route(s).

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: \_\_\_\_\_

SYSTEM NAME	POPULATION SERVED	LAND AREA IN SQ MILES

LIST PSAPS, SAPS AND VAPS	PRIMARY	SECONDARY

911 System 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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(9-1-1 System Provider Company Representative)

\_\_\_\_\_  
(9-1-1 System Provider Company Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(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,

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

enclosure: Modification Plan

# NARRATIVE STATEMENT

Please answer the questions below and provide a detailed summary to assist the Illinois State Police (ISP), the Illinois Commerce Commission (ICC), and the Statewide 9-1-1 Administrator (Administrator) with an understanding of the plan and the nature of the modification as it applies to this application. Please use additional sheets if necessary.

1. 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.

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

3. 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 equipment.

4. 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 operation and what level of confidentiality will be placed on the system in order to keep unauthorized individuals from accessing it.

5. Identify the backup PSAP. (Name and Address)

6. Indicate the PSAP Name(s) and Address(es) for your predetermined alternate route(s) or specify if none.

7. Explain how split exchanges will be managed.

8. 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.

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



## FINANCIAL INFORMATION

Annual Recurring 9-1-1 Network Costs  
Prior to Modification

\$ \_\_\_\_\_

Projected Annual  
Recurring 9-1-1 Network Costs After  
Modification

\$ \_\_\_\_\_

Installation Cost of the Project

\$ \_\_\_\_\_

Additional Recurring Costs as a Result  
of the Modification – Provide Explanation Below

\$ \_\_\_\_\_

A summary of anticipated implementation costs and annual operating costs of the modified 9-1-1 system that are 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.

## ORIGINATING SERVICE PROVIDERS (OSP)

(Wireline, Wireless, VoIP, Text)

A list of each OSP's exchange(s), prefix(es), and the 9-1-1 System Providers (OSP) configurations that will be used in the proposed system.

(ADD ADDITIONAL PAGES AS NEEDED)

[illegible]

# TEST PLAN

1. Test Plan defines testing with all OSPs and Aggregators who are known, including but not limited to, call testing, system overflow, system backup, pre-determined alternate routing, call transfers, NG9-1-1 address components and functionality, Integrated Text to 9-1-1 for Short Message Service (SMS) or Real Time Text (RTT) and if applicable, Multimedia Messaging Service (MMS), measurement tools, reporting solutions and voice and speech quality. The Test Plan should include Failover Test Cases, Network Equipment Test Cases, Call Handling Equipment Test Cases, Call Processing Test Cases including Text and Split Exchange Testing.

2. List wireline exchanges to be tested.

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

## ZIP CODES

Provide a list of Zip Codes for the communities within the boundary of your 9-1-1 System along with those being added. The Statewide 9-1-1 Bureau will determine the 9-1-1 Authority's zip code percentage using the NG9-1-1 GIS Address Point data within each Zip Code Boundary.