

Paging Carrier Directory – Short Version Questionnaire

The 1-Way Paging Issues Subcommittee of the Paging Technical Committee has undertaken the development of a “National Directory of Paging Carriers” in cooperation with the AAPC. The committee believes that this effort will benefit carriers, vendors, and the entire paging industry by:

- Representing the paging industry as unified with common interests and needs
- Increasing industry visibility to legislative and regulatory bodies
- Encouraging inter-carrier sharing agreements to expand coverage and services
- Identifying facilities and systems which may be for sale
- Improving vendor awareness of carrier requirements
- Encouraging the sharing of system maintenance experiences and know-how
- Improving public recognition of industry capabilities

We would very much like to include your organization in the Directory, but in the interest of accuracy, we need additional information. Accordingly, would you please complete and forward the attached questionnaire.

Also, please note the following:

- All participants will receive a free copy of the directory, in paper form, upon its publication.
- We would emphasize that only non-competitive information is being requested.
- Also, we welcome any comments and/or suggestions, which you feel appropriate.

For additional information, please contact Alan Carle, committee chair, at acarle@ucom.com or 888 854 2798 x272.

To return your completed questionnaire, please do so electronically by emailing it to info@pagingcarriers.org or fax 910 632 9442. Note – you must keep faxing through the answering machine.

PAGING CARRIER DIRECTORY QUESTIONNAIRE

Company Name	
Company Street Address	
City	
State	
Postal Code	
Main Telephone Number	
Fax Number	
President/CEO	
Email Address	
Principal Technical Contact	
Email Address	
Principal Marketing Contact	
Email Address	
Cities/States Served	
R.F Channels in Service	

Services Supported

	Numeric	Alphanumeric	Voice Paging	Voice Mail	Other
Yes/No					

Describe Other: _____

Protocols Supported

	POCSAG	FLEX	2 Tone	5 Tone	Other
Yes/No					

Describe Other: _____

Access Facilities Supported

	DID	Web Access	Operator Dispatch	TNPP	Other
Yes/No					

Describe Other: _____

FAX COMPLETED FORM TO LINDA AT 910.632.9442