

**SUPPLEMENTAL APPLICATION
NEBRASKA SPECIALIZED TELECOMMUNICATIONS EQUIPMENT PROGRAM -
TTY AND LARGE VISUAL DISPLAY OR TELEBRAILLER**

PROFESSIONAL CERTIFICATION

(To be completed by certifier)

TTY And Large Visual Display Or / Telebrailler (Circle One) Certification:

In my capacity as a professional with experience in the evaluation of vision disabilities, I certify that, due to severe visual disability, the above applicant could not benefit from the use of a TTY with standard display. However, the applicant may benefit from the use of a TTY equipped with a Large Visual Display (LVD) or a Telebrailler.

The recommended color of display lens is: (check one)

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> AMBER | <input type="checkbox"/> LAVENDER | <input type="checkbox"/> ROSE-RED |
| <input type="checkbox"/> BLUE LENS | <input type="checkbox"/> ORANGE-RED | <input type="checkbox"/> VIOLET |
| <input type="checkbox"/> BLUE-GREEN LENS | <input type="checkbox"/> PINK | <input type="checkbox"/> YELLOW LENS |
| <input type="checkbox"/> GREEN | <input type="checkbox"/> RED | |

Please Print

NAME OF APPLICANT: _____

NAME OF CERTIFIER: _____

TITLE: _____

NAME OF AGENCY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #: _____

CERTIFIER'S SIGNATURE: _____

DATE: _____

**SUPPLEMENTAL APPLICATION
NEBRASKA SPECIALIZED TELECOMMUNICATIONS EQUIPMENT PROGRAM -
OTHER DEAF/BLIND DEVICE**

PROFESSIONAL CERTIFICATION

(To be completed by certifier)

In my capacity as a professional with experience in the evaluation of vision and hearing disabilities, I certify that, due to severe visual and hearing disabilities, the above applicant could benefit from the use of a device specifically designed for Deaf/Blind communications.

Please Print

NAME OF APPLICANT: _____

NAME OF CERTIFIER: _____

TITLE: _____

NAME OF AGENCY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #: _____

CERTIFIER'S SIGNATURE: _____

DATE: _____

SHORT DESCRIPTION OF DEAF/BLIND DEVICE AND HOW IT FUNCTIONS:

