



Confirmation of Videophone Certification

Thank you for submitting an accommodation request for a videophone to the Computer/Electronic Accommodations Program (CAP), the centrally funded Department of Defense (DoD) program that provides free assistive technology and support services to federal employees with disabilities throughout DoD and at 68 non-DoD partnering agencies.

According to our records, the Information Technology's (IT) or Telecommunications staff for your agency or local office has not yet notified CAP that a videophone has been approved for your network. Since a videophone is a communication device that connects to a network or an internet protocol (IP) line, it is necessary for CAP to receive verification that the employing agency has approved the videophone for use before we can procure the device. To continue processing your request for accommodation, CAP must be notified that your agency has completed the testing and evaluation process to ensure standards of security and compatibility are maintained.

Please contact your agency's IT/Telecommunications POC, Disability Program Manager, or Reasonable Accommodation Coordinator and request that they complete this form and submit it to CAP at cap.assessment@mail.mil.

Name and Agency: _____

Location: _____

Brand/Model of Videophone Requested: _____

1. Will the requested videophone be allowed for use on the agency's network? Yes ___ No ___
2. If you answered YES to question #1, will IT staff open certain firewall ports, including inbound and outbound ports, for SIP video calls? Yes ___ No ___
3. Will your agency provide a static IP address or port forwarding for videophone requested above? Yes ___ No ___
4. If connection of the videophone to the agency's network is not allowed, will your agency install and maintain a high-speed broadband internet connection (via DSL or cable with 512kps or better for both uploads and downloads)? Yes ___ No ___

Agency/Local IT/Telecommunication Staff's Point of Contact:

Name: _____ Signature: _____

Phone Number: _____ Email: _____

Agency/Local Disability Program Manager (DPM) or Reasonable Accommodations Coordinator (RAC):

Name: _____ Signature: _____

Phone Number: _____ Email: _____

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If you have questions about CAP services or need assistance with the request process and/or completion of this form, you may contact us at 703-614-8416 (voice), 571-384-5629 (videophone), or via email at cap@mail.mil.