

**Minerals Management Service
Interim Policy Document**

Effective Date: April 17, 2009

IPD No.: 09- 02

Series: Administrative

Title: Government Emergency Telecommunications Service (GETS) and Wireless Priority Service (WPS)

Originating Office: Support Services, Chief of Staff, Administration and Budget

1. Purpose. This Interim Policy Document (IPD) establishes policy, responsibilities, and procedures to Minerals Management Service (MMS) personnel regarding the management and use of GETS cards and WPS.

2. Authority. Presidential Memorandum of August 21, 1963. Executive Order 12472.

3. Policy. GETS cards and WPS are issued to MMS employees who have National Security and Emergency Preparedness (NS/EP) missions and responsibilities.

GETS is a nationwide priority telecommunications service intended for use in a crisis disaster, or other emergency when the probability of completing a phone call has decreased. GETS is implemented as a calling card providing access authorization and priority treatment in the Public Switch Telephone Network (PSTN) through a unique dialing plan and personal identification number (PIN).

WPS provides an end-to-end nationwide wireless priority communications to key NS/EP personnel during natural or man-made disasters or emergencies that cause congestion or network outages on the PSTN. WPS is complementary to and most effective when used in conjunction with GETS to ensure a probability of call completions in both the wireline and wireless portions of the PSTN. MMS NS/EP personnel requesting WPS will also be issued a GETS card.

4. Responsibility. Immediate Supervisor/Manager. It is the responsibility of the supervisor/manager to determine who in their office will have NS/EP missions and responsibilities. The following is the process:

(A) Supervisor/Manager requests an employee with NS/EP responsibilities to receive a GETS card or WPS by completing the GETS/WPS Request Form (attached) and submitting it to the MMS COOP Coordinator at Mail Stop 2001.

(B) The MMS COOP Coordinator reviews and approves the request and forwards the request to the GETS/WPS point of contact (POC). The POC processes the request and submits it to the National Communications System (NCS). The NCS process time is 7-10 business days. The cards are shipped to the POC for distribution to the employee.

Federal Employees: It is the responsibility of the employee to:

(A) Upon issuance of the GETS and WPS, make a test call to validate receipt and ensure it is working.

(B) Safeguard your PIN as you would a personal phone calling card.

(C) Become familiar with how to use the GETS card and WPS while in a nonstressed, nonemergency situation. Use the services from home, office, hotels, etc., and on cellular networks; anywhere you might be in an emergency.

(D) If it becomes necessary during an emergency to share your PIN, notify your POC as soon as possible. When the need for multiple users of your PIN no longer exists, advise your POC. Your old PIN will be cancelled, and a new PIN will be issued.

(E) GETS and WPS subscribers are required to test their GETS and WPS service on a quarterly basis.

(F) When you no longer work in a position supporting NS/EP, notify your POC so your GETS can be transferred/cancelled and your WPS removed from your wireless device.

Contractors. Not eligible for GETS or WPS.

5. Cancellation. This IPD will be cancelled when incorporated into the MMS Manual.

Robert E. Brown
Associate Director for
Administration and Budget

GETS/WPS REQUEST FORM

Name and Contact Information

Name: _____
 First Name Middle Initial Last Name

NS/EP Position or Title: _____

Office: _____

Address: _____

E-Mail: _____

Primary Work Number: _____ Secondary Work Number: _____

Government Cellular Number: _____ Pager+Pin: _____

GETS and WPS Service Information

Request for Priority Telephone Service: GETS _____ WPS _____

For WPS Service provide the following information:

Government Cellular Phone Number: _____

Service Provider: _____ Account Number _____

Justification

Justification for Service: _____

Approvals

Supervisor: _____

Printed Name and Title and Signature/Date

Approve: _____ Disapprove: _____

Local Emergency Coordinator: _____

Printed Name and Signature/Date

Approve: _____ Disapprove: _____

Telecom Manager: _____

Printed Name and Signature/Date

Headquarters Approval:

MMS COOP Coordinator: _____

Printed Name and Signature/Date

Submit completed form to the MMS COOP Coordinator at Mail Stop 2001