



West Virginia Statewide Interoperable Radio Network

APPLICATION FOR SYSTEM PARTICIPATION

Official Name of Applying Agency _____

Mailing Address of Applying Agency _____, _____, _____, _____
City, State Zip

Phone # _____ E-mail address _____

Name of applying agency's official representative: _____

Will your agency utilize console connectivity? _____

T1 Control Radio (Check one) Console make and model: _____

Number of projected subscriber units used on the system: _____

Describe how your agency(s) will utilize the system: (add attachment if necessary)

Does your agency have an interest in connecting to the Network by use of a gateway? _____

If so, list the Manufacturer and model of gateway device: _____

List the type of legacy system to be connected via the gateway: _____

List all talkgroups that may be connected by the gateway: (add attachment if necessary)

Is this application to include other agencies: YES NO

If "YES" How Many? _____ **NOTE:** Page-2 of this application **MUST** be completed for each of the other agencies this application is to cover.

I hereby certify that I have been made aware of and provided access to all WVSIRN-SIEC policies and procedures and further certify that this agency will abide by the same. I understand and agree that any violation of SIEC policies and procedures may result in administrative action including suspension of the applying agency from the system.

Print Name _____

Signature _____

Date _____

SUPPLEMENTAL AGENCY LIST

Applying agency must make available to all agencies participating under it copies of all applicable WVSIRN-SIEC and County Communications plans, policies and procedures.

☞ Agency: _____

_____, _____, _____
Address of Applying Agency City, State Zip

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Mobiles: _____ # Portables: _____ # Fixed: _____

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_____, _____, _____
Address of Applying Agency City, State Zip

Contact Person: _____ Title: _____

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Mobiles: _____ # Portables: _____ # Fixed: _____

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Address of Applying Agency City, State Zip

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Address of Applying Agency City, State Zip

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Address of Applying Agency City, State Zip

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Mobiles: _____ # Portables: _____ # Fixed: _____