



WEST VIRGINIA STATEWIDE INTEROPERABLE RADIO NETWORK

Radio Programmer Training Certification

Programmer Contact Information			
Last Name:	First Name:	Middle Name:	
SSN (Last 5 Only):		DOB (MM/DD/YYYY):	
Agency / Vendor:			
Street Address:			
City:	State:	Zip:	
Work Phone:		Cell Phone:	
Email Address:			
<u>Programming Experience (Years)</u>			
SIRN:		Other P25/Trunking System (system & years):	
Signature:			Date:

Training Certification			
Make/Model Category	Date	Instructor (printed)	Instructor (signature)
* <u>Bendix-King</u>			
KNG-Series			
VP600			
* <u>E.F. Johnson</u>			
51xx-Series			
53xx-Series			
* <u>Harris</u>			
Unity-XG			
73xx-Series			
* <u>Kenwood</u>			
10-Series			
20-Series			
NX-Series			
* <u>MaCom</u>			
33xx-Series			
54xx-Series			
* <u>Motorola</u>			
APX			
XTL/XTS			
* <u>Tait</u>			
TP-91xx Series			

By signing above:

- I affirm the information contained on this Training Certification is true and accurate to the best of my knowledge;
- I understand submitting an application is not permission to program any radios;
- I understand this application must be processed and approved BEFORE any radios are programmed, and the SIEC Technical Committee or SWIC may require additional information;
- I understand I must stay current on all training, and follow all policies and procedures of the SIEC.