



**WEST VIRGINIA
STATEWIDE INTEROPERABLE RADIO NETWORK
MISSION CRITICAL APPLICATION**

Official Name of Applying Agency _____

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

Name of applying agency's official representative: _____

Phone # _____ E-mail address _____

Agency Category: (Select all that apply)

- | | | |
|-----------------------------------------------|------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Corrections | <input type="checkbox"/> County Government |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> EMS | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Hospital | <input type="checkbox"/> Judicial |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Police | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Public Works | <input type="checkbox"/> School District | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other _____ | |

Anticipated date of implementation: _____

Provide information about your current communications system to include: Area of operation, type of system, current number of channels / talkgroups in use, number of dispatch consoles, number of mobile radios, number of portable radios, and all users of your current system.

Current System	
Area of Operation (The area that your system currently covers.)	
Type of System (HF, VHF, UHF, 700, 800 – Conventional or Trunked, etc.)	
Current Number of Channels/Talkgroups in Use	
Number of Dispatch Consoles in Use	
Number of Portable Radios in Use	
Number of Mobile Radios in Use	

(Use an Additional Sheet, if necessary)

Anticipated Equipment Impact to the SIRN:

Please indicate the number of each type that your agency is planning to have operating on the SIRN.

Dispatch Consoles (Qty) _____

Base Station/Consolette (Qty) _____

Portable Radios (Qty) _____

Mobile Radios (Qty) _____

Do you plan on connecting your Dispatch Consoles to the Zone Controller? Yes

No

Make and Model of Dispatch Consoles

The agency submitting this application agrees to the following:

1. To be familiar with and comply with all applicable rules and regulations of the Federal Communications Commission.
2. To comply with all rules, regulation, and directives of the SIRN.
3. To provide security for the radio equipment, to prevent operation by unauthorized personnel, and to properly train authorized personnel in proper radio procedure.
4. To comply with all technical standards, and to purchase and operate only that equipment that has been designated and approved by the SIEC for use on the SIRN.

Authorized Signatory Printed Name: _____

Title: _____

Signature: _____ Date: _____

Mail / Deliver Completed Application and Documentation To:

Statewide Interoperability Coordinator
DHSEM1900 Kanawha Blvd. East
Bldg. 1 EB80
Charleston WV 25305
SWIC@WV.GOV