

Agency Radio ID and Access Request Form (v8)

This form is for the purposes of requesting public safety agency access to the P25 Overlay interoperability system. All information needs to be accurately completed in order to process your request. This document contains sensitive information, so please distribute discriminately.

This Form Functions Best When Using Internet Explorer.

CFW Use Only

Request Sponsor Assigned

Request Complete

Request Approved

Agency IDs Approved

Lowest ID in Range

Highest ID in Range

Type of Request

Please select one from drop down menu:

AGENCY INFORMATION

Name of Agency Entity:	
Functional Subdivision:	
Agency Main Number:	

Select from drop down menu

Authorizing Point of Contact for Agency:

Contact Name:	
Title:	
Desk Phone:	
24 Hour Contact:	
Cell Phone:	
Email:	

Agency Address:

Street Address:		
City:		
State:		
Zip:		

Will any radios require an Advanced System Key (ASK) to program? (yes/no)

Radio Technician/Programmer Information

Do you have an experienced radio programmer available? (yes, no) If yes, please complete information at right.

Contact Name:		
Agency or Company:		
Title:		
Desk Phone:		
24 Hour Contact:		
Cell Phone:		
Email:		

Radio Technician/Programmer Address:

Same as above (yes/no)

Street Address:		
City:		
State:		
Zip:		

GENERAL RADIO INFORMATION

Enter quantities for each

Number of radio units available for immediate programming

Estimated number of additional radio units which may require access in next 24 months

Total

RADIO INFORMATION

Comments/Notes :

Type of Radio	Quantity
Motorola :	
Harris :	
Other:	
Other Mfg. Name:	
(A) Aircraft device:	
(C) Dispatch Console:	
(M) Mobiles for vehicles or control stations:	
(P) Portable hand-helds:	

You may submit the Form at this point and attach a file to the submission Email listing the "Individual Radio Information". If attaching a file it should contain the information as listed below.

INDIVIDUAL RADIO INFORMATION

select from pull down

Count	Type (P/M/A)	*Desired Radio User Aliases (Max 7 characters)	Radio Manufacturer	Subdivision for RADIO	Serial Number		**Series Name
1							
2							
3							
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List any additional Radio information on the next page before submitting the Form

[SubmitForm](#)

Count	Type (P/M/A)	*Desired Radio User Aliases (Max 7 characters)	Radio Manufacturer	Subdivision for RADIO	Serial Number	**Series Name
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