



CAYUGA COUNTY EMERGENCY SERVICES



RADIO REGISTRATION, OPERATION, AND IDENTIFIER REQUEST/CHANGE FORM

Directions: Submit one form for EACH radio to be added/changed. Email completed form to:

Agency: _____ Date: _____

Authorized Point of Contact: _____

Phone: _____ Email: _____

Nature of Change:

- New Radio Reassigned Radio (Within Agency) Remove Radio
- Transfer/Reassigned Radio (New Agency) Other: _____

A. RADIO SERIAL NUMBER: _____

B. EXISTING RADIO INFORMATION:

Radio Identifier: _____

Radio Trunked ID (required): _____

Radio Console Alias (if known): _____

C. NEW/REASSIGNED RADIO INFORMATION:

Radio Brand and Model: _____

New Radio Trunked ID: _____

New Radio Console Alias: _____

D. Template To Be Assigned (if known): _____

E. Describe intended use/deployment if you are not sure about above:

I hereby request permission to utilize a two-way radio and have a radio identifier assigned on the talk-groups listed above. I understand that I will be responsible for the actual/and or supervisory operation of the radio, and the use of its identifier, in compliance with all Federal Communications Commission and County of Cayuga rules, regulations, policies and procedures. I also understand that any violation of the above may result in suspension and/or revocation of the privilege of use by either the Federal Communications Commission and/or the County of Cayuga.

Name: _____ Title: _____

Signature: _____ Date: _____

*****DO NOT WRITE BELOW THIS LINE*****

REQUEST IS: GRANTED GRANTED WITH RESTRICTIONS DENIED

ASSIGNED RADIO IDENTIFIER: _____

BY: _____ Date: _____