

**REQUEST FOR SPECIAL
WIDE AREA SITE ACCESS
FOR AN ARMER TALKGROUP**

Talkgroup/ Announcement Group Name(s): _____

If Announcement Group List all Contained Talkgroups: _____

Sites Requested:

Statewide (Requires Statewide Radio Board Approval)

Other (Specify Sites or Regions):

Talkgroup Owner Agency (Include Point of Contact Information):

Agency Name: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

Talkgroup or Announcement Group Type (Check all that Apply):

Shared

Private

Special Roaming Only Talkgroup – Occasional Use.

Special Operations Tactical Talkgroup – Occasional Use. **If yes**, describe or list the counties or regions covered by a mutual aid agreement, memorandum of understanding, joint powers agreement, incident response plan or other relevant agreements here: _____

Main Dispatch or Tactical Talkgroup – Day to Day Use. **If yes**, applicant must demonstrate that the users of this talkgroup conduct their “Normal Day to Day Business Operations” throughout the requested coverage area. Describe or list the counties or regions where the users of this talkgroup conduct their “Normal Day to Day Business Operations” here: _____

Describe the users, entities or agencies that will operate on this talkgroup:

Describe the type of operations that will occur on this talkgroup:

Describe the anticipated frequency, duration and extent of use of this talkgroup:

Describe why the Statewide Shared Incident Response talkgroups or other shared roaming talkgroups are not suitable to meet these operational requirements:

Talkgroup Owner Agency Authorized Official – Signature & Date

Printed Name and Title