



**REQUEST FOR TALKGROUP OR ACCESS TO WCCCA RADIO SYSTEM**

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Name:

Title:

Date:

Agency:

Address:

Phone:

Fax:

Email:

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*Request for Fee Based System Access for Primary Communications*

How many talkgroups are you requesting?

How many mobile radios will use the requested talkgroups?

Portables?

Please describe the how these talkgroups will be used:

Who will be using these radios?

What is the purpose of their use?

Where will the radios be used?

What is the public safety training/background of those who will be using these radios?

How will the radios be secured when not in use?

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*Request for No Fee Mutual Aide Access*

Which talkgroups do you want access to?

How many mobile radios will use the requested talkgroups?

Portables?

Why do you need access to these talkgroups?

Describe the training your personnel will receive to use these talkgroups:

How will the radios be secured?

What level of training will you provide to your users?

(Must have approval from Users of talkgroups you want access too)  
See next box

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***USER AGENCY APPROVAL/DENIAL FOR REQUEST OF EXISTING TALKGROUP***

Approved Talkgroup(s):

Denied Talkgroup(s):

Agency Comment:

Approved/Denied by:

Date:

***WCCCA TECHNICAL SERVICES REVIEW***

Reviewed by:

Date:

Discussion:

Recommendation:

***WCCCA EXECUTIVE STAFF REVIEW***

Access Authorized ( )      Access Denied ( )

BY: \_\_\_\_\_ Date: \_\_\_\_\_

***Technical Advisory Committee Review***

Approved ( )      Denied ( )      Date: \_\_\_\_\_