



Internal Use: Application No.

Consolidated Communications Network of Colorado, Inc.

Colorado Statewide Digital Trunked Radio (DTR) System

INITIAL PARTICIPATION APPLICATION

On this _____ day of _____ 20_____ the applicant noted below hereby makes application to participate in the Consolidated Communications Network of Colorado, Inc., and to operate radio equipment on, the Colorado Statewide Digital Trunked Radio (DTR) System.

If you are making application for multiple agencies, each agency will need to complete an Initial Participation Application. Those should be included with the application. The Participation Agreement will need to be signed and returned with the applications by the CEO or designated person of the governing entity. Failure to supply all necessary documentation will result in your application being delayed.

Example: City A is applying for Police, Fire, EMS and General Government. An application would be needed from Police, Fire, EMS and General Government. The Participation Agreement, only one, would need to signed and returned with ALL applications, by the CEO or designee of City A.

Example: County B is applying for Judicial District, Coroner's Office and Public Works. An application would be needed from Judicial District, Coroner's Office, and Public Works. The Participation Agreement, only one, would need to signed and returned with ALL applications, by the CEO or designee of County B.

Section I

Application Type:

- User Agency [] Using DTR as Primary means of voice communications. Member (Voting)
Associate Member [] Using DTR solely for Mutual Aid. Associate Interoperability Member (Non-Voting)

Agency Information:

Applicant Agency: _____

Mailing Address: _____

City: _____ County: _____

State: _____ Zip: _____

Agency Type: (Select ONLY One)

- Governmental Entity [] Private Entity [] Non-Profit []

Agency Class: (Select ONLY One)

- Local/County [] State [] Federal [] Tribal [] Other [] _____

Applicant Agency Name: _____

Agency Category: (Select ONLY One)

- Police
- Fire
- EMS
- Sheriff
- Coroner
- General Government
- Emergency Management
- Combined Dispatch
- School District
- Public Works
- Hospital/Health Dept.
- Utilities
- Judicial District
- Federal Agency
- State Agency
- Tribal
- Other _____

Agency Contact Information:

Agency Contact Name: _____

Agency Contact Telephone Number: _____

Agency Contact Email Address: _____

Communications Center Contact: _____

Communications Center Contact Phone: _____

Communications Center Contact Email: _____

Communications Center Address: _____

Communications Center 24 HR #: _____

Communications Center FAX Number: _____

Communications Center Email: _____

Other Information:

Is your agency an eligible agency as defined by FCC Regulation 90.20? Yes No

If **No**, you must have a Sponsoring Agency that is a Participating Agency AND provide a letter from the Sponsoring Agency with this application.

Sponsoring Agency Name: _____ Contact Person: _____

Contact Person Telephone #: _____ Contact Person Email: _____

Anticipated date of implementation: _____

Applicant Agency Name: _____

Section II

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 | |
| User Agencies on System (If you dispatch for other agencies.) | |

(Use an Additional Sheet, if necessary)

Applicant Agency Name: _____

Section III

Applicant hereby requests:

Talkgroups

Interoperability Talkgroups / Channels only

MACS

ITACS (Local Resource – Not Governed By CCNC)

Number of **Shared** Talkgroups _____

(Shared Talkgroups Are Those That Are Already On The System and Shared Between Agencies)

Total Number of **New** Talkgroups _____

Total Number of Users: _____

New Talkgroups are those that are not currently in the DTR System.

New Talkgroups to be used by (Identify Assignment)

(Note that talkgroup names cannot be duplicated on the system. If another agency already has been assigned the requested name, it cannot be used again by the applicant agency.)

| Talkgroup Name (8 Characters Maximum) | Assignment or Function | Talkgroup Name (8 Characters Maximum) | Assignment or Function |
|--|---------------------------|--|---------------------------|
| <i>Example: ABC 1</i> | <i>Main Dispatch</i> | <i>Example: Fire 2</i> | <i>Fireground</i> |
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Existing DTR System Talkgroups (Please list talkgroups you are requesting.)

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Please note that in order to program another agencies talkgroup into your radio, a letter of authorization from that agency must be obtained and presented to the authorized radio programming agency. (Available on the CCNC Website)

Applicant Agency Name: _____

Section IV

Anticipated Equipment Impact to System:

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

Dispatch Consoles (#) _____

Portable Radios (#) _____

Mobile Radios (#) _____

Consolette / Desktop (#) _____

Do you plan on tying in your Dispatch Consoles to the Zone Controller? Yes No

If Yes, Contact the DTR Project Manager at 303-866-2558 or by email at mike.borrego@state.co.us

CCNC, Inc. nor the State of Colorado guarantees console connectivity availability for requesting agencies. Space is limited and on a first come-first served basis.

List Talkgroups Planned for Consolette / Desktop

| | Talkgroup Name | Talkgroup Name | Talkgroup Name | Talkgroup Name | Talkgroup Name | Talkgroup Name | Talkgroup Name | Talkgroup Name |
|---------------------------|-----------------|-----------------|-----------------|----------------|----------------|----------------|----------------|----------------|
| <i>Consolette Example</i> | <i>Police 1</i> | <i>Police 2</i> | <i>County 1</i> | <i>EOC</i> | <i>Fire 1</i> | <i>EMS 2</i> | <i>PW 3</i> | <i>State 6</i> |
| Consolette 1 | | | | | | | | |
| Consolette 2 | | | | | | | | |
| Consolette 3 | | | | | | | | |
| Consolette 4 | | | | | | | | |
| Consolette 5 | | | | | | | | |
| Consolette 6 | | | | | | | | |
| Consolette 7 | | | | | | | | |
| Consolette 8 | | | | | | | | |
| Consolette 9 | | | | | | | | |

Applicant Agency Name: _____

Section VI

Please provide the following information concerning others that may be assisting your agency with system integration. It may become necessary for CCNC to contact one or all of these to ensure proper integration into the Colorado Statewide Digital Trunked Radio (DTR) system.

Vendor Contact Information

Company Name _____

Representative Name _____

Representative Phone #: _____

Representative Email: _____

System Engineer Contact Information

Company Name _____

Representative Name _____

Representative Phone #: _____

Representative Email: _____

Consultant Contact Information

Company Name _____

Representative Name _____

Representative Phone #: _____

Representative Email: _____

Applicant Agency Name: _____

Section VII

The agency submitting this application agrees that by signing this application to abide by 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 Consolidated Communications Network of Colorado, Inc. (CCNC) and the State of Colorado, who operate and manage the Colorado Statewide Digital Trunked Radio (DTR) System.
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 CCNC and the State of Colorado for use on the system.

Authorized Signatory Printed Name: _____

Title: _____

Signature: _____ Date: _____

The undersigned hereby affirms that the applicant agency is an eligible agency under FCC Regulation 90.20, Section _____ (Insert appropriate section number).

Authorized Signatory Printed Name: _____

Title: _____

Signature: _____ Date: _____

| |
|---|
| <p>Mail / Deliver Completed Application and Documentation To:</p> <p>Consolidated Communications Network of Colorado, Inc. 9008 North U.S. Highway 85, Unit E Littleton, Colorado, 80125-9915</p> |
|---|

Applicant Agency Name: _____

Internal Use Only – CCNC, Inc.

Date Received: _____ Completed Application Participant Agreement

Date Presented to Technical/Operations Committees: _____

Committee Action: Approved Disapproved Pending

Notes/Recommendations: _____

Stipulations / Provisions: _____

Site Impact Survey Required: Yes No Due Date: _____

If yes, Applicant Notified: Date: _____

How Notified: _____

By Whom: _____

Site Impact Survey Completed: Date: _____ Completed By: _____

Recommendations / Stipulations: _____

Date Approved: _____

Date Presented to Executive Committee: _____

Committee Action: Approved Disapproved Pending

Notes/Recommendations: _____

If Pending Status, Next Review Date: _____ Review Notes /Recommendations: _____

Date Approved: _____

Applicant Agency Status Tracking:

Application Received - Date Notified: _____

Tech/Ops Review – Date Notified: _____

How Notified: _____

How Notified: _____

By Whom: _____

By Whom: _____

Executive Committee Review – Date Notified: _____

How Notified: _____

By Whom: _____

Approval – Date Notified: _____

Disapproval Date: _____

How Notified: _____

How Notified: _____

By Whom: _____

By Whom: _____

Applicant Agency Name:

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