



Consolidated Communications Network of Colorado, Inc.

Colorado Statewide Digital Trunked Radio (DTR) System

UPDATE PARTICIPATION APPLICATION

On this _____ day of _____ 20____ the applicant noted below hereby makes an updated 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.

Approximate Date Original Application and Agreement Were Submitted: _____

Agency Information

Applicant Agency: _____

Contact: _____

Mailing Address: _____

City: _____ Zip _____ County _____

CHECK UPDATE(S) REQUESTED

___ Membership Change

___ Contact Information

___ Interoperability Talkgroup(s)

___ New Talkgroup(s)

___ Talkgroup Name Change

___ Anticipated Equipment Impact

Membership Change

Membership 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)**

Talkgroup Name Change

Old Talkgroup Name (8 Characters Max)	New Talkgroup Name (8 Characters Max)	Old Talkgroup Name (8 Characters Max)	New Talkgroup Name (8 Characters Max)

Purpose of Name Change:

Please attach email from DTR Monitoring (webdtr@state.co.us) that states the new talkgroup names have been approved.

Anticipated Equipment Impact to System

Please indicate the number of each type that your agency is ADDING to the DTR System.

Dispatch Consoles	(#) _____	Total After Addition on System _____
Portable Radios	(#) _____	Total After Addition on System _____
Mobile Radios	(#) _____	Total After Addition on System _____
Consolette / Desktop	(#) _____	Total After Addition on System _____

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

If Yes, Contact the DTR Project Manager at 303-764-7980 or by email at peter.bangas@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.

If your agency plans to make available 700/800 MHz frequencies and/or infrastructure equipment to the Colorado Statewide Digital Trunked Radio (DTR) System, please outline in detail below. Use separate sheets if necessary.

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_____

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, regulations, 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.
5. Nothing in this *Update Participation Application* modifies the original *Participant Agreement*, and its intent is to update information contained in the *Initial Participation Application*.

Authorized Signatory Printed Name: _____

Title: _____

Signature: _____ Date: _____

Mail / Deliver Completed Application and Documentation To:

Consolidated Communications Network of Colorado, Inc.
40 West Littleton Blvd, Suite 210-129
Littleton, Colorado 80120

Internal Use Only – CCNC, Inc.

Date Received: _____ Completed Update Application __Yes __No Participant Agreement on File __Yes __No

Date Presented to Technical/Operations Committee: _____

Committee Action: Approved _____ Disapproved _____ Pending _____

Notes/Recommendations: _____

Stipulation/Provisions: _____

Site Impact Survey Required: ___Yes ___No Due Date: _____

If yes, Applicant Notified: Date: _____

How Notified: _____

By Whom: _____

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: _____

How Notified: _____

By Whom: _____

Executive Committee Review – Date Notified: _____

How Notified: _____

By Whom: _____

Approval – Date Notified: _____

How Notified: _____

By Whom: _____

Tech/Ops Review – Date Notified _____

How Notified: _____

By Whom: _____

Disapproval Date: _____

How Notified: _____

By Whom: _____