



COLORADO STATEWIDE DIGITAL TRUNKED RADIO (DTR) SYSTEM

WRITE ONLY SYSTEM KEY APPLICATION AND AGREEMENT

Application Date: _____

Applicant Name: _____

Applicant Email: _____

<input type="checkbox"/> EFJohnson	<input type="checkbox"/> Harris
<input type="checkbox"/> Kenwood	<input type="checkbox"/> Motorola
<input type="checkbox"/> Tait	Other _____

Applicant Agency / Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Briefly explain why you need a write only system key, i.e. to programming the VHF portion of APX7000 radios, etc.

This application includes the requirement for a nationwide fingerprint based background check or a letter from the agency stating that such a background check was conducted as a requirement for hire, and the applicants background is being monitored by the agency.

I hereby acknowledge that I have read, understand and agree to this agreement, all published policies and procedures as they relate to my application for a DTR System Key that are now in place as adopted and published by the Consolidated Communications Network of Colorado. I further acknowledge that the information contained in my application is true and accurate to the best of my knowledge.

Applicant Signatory Printed Name

Title

Signature

Date

*****ADMINISTRATIVE USE*****

CCNC EXECUTIVE BOARD: Approved Denied Date: _____

INVOICE: Date sent to Applicant: _____ Date Payment Remitted: _____

DATE KEY PROVIDED: _____

Adopted:



APPROVALS:

WRITE ONLY SYSTEM KEY SPONSOR

I HEREBY AUTHORIZE THE NAMED APPLICANT TO APPLY FOR A WRITE ONLY SYSTEM KEY AND AGREE TO SPONSOR AND MENTOR THE APPLICANT. I WILL ASSIST THE APPLICANT WITH WRITING CODEPLUGS FOR ANY REQUIRED PROGRAMMING UPDATES ON THE DTR SYSTEM AND ASSIST WITH ENSURING THE APPLICANT COMPLIES WITH APPLICABLE CCNC REQUIREMENTS.

Authorized Advanced System Key Holder Printed Name

Title

Signature

Date

AGENCY / COMPANY

I hereby authorize the named applicant to make application for a System Key as part of his/her assigned duties.

Authorized Agency / Company Signatory Printed Name

Title

Signature

Date

STATE OF COLORADO

Signatory Printed Name

Title

Signature

Date