



Consolidated Communications Network of Colorado, Inc.

Colorado Statewide Digital Trunked Radio (DTR) System

INITIAL MEMBERSHIP APPLICATION

Applicants must also read and agree to the provisions of the Participant Agreement. This application and that agreement must be fully completed and signed prior to be considered by the CCNC.

This application must be filled out by agencies that are not already CCNC members and users of the DTRS. Agencies that are already members of CCNC and wish to update or change their membership level or modify other information must use the UPDATE APPLICATION found at the same web location.

These documents can be found online at: ccncinc.org

Click on APPLICATIONS AND USER DOCUMENTS then on the appropriate application or document.

Applicant Agency Information:

Organization _____

Contact person _____

Mailing Address _____

City _____ Zip _____ County _____

Email Address _____

Phone _____

Cell Phone _____

Section 1

Participation level

CCNC provides four levels of participation in the DTRS: Primary Member, Subsidiary Member, Vendor Member, and Associate Member.

ALL DTRS MEMBERS, REGARDLESS OF LEVEL, MUST ADHERE TO ALL CCNC POLICIES AND PROCEDURES AND MUST AGREE TO THOSE RULES BEFORE BECOMING MEMBERS. The current CCNC Policy and Procedures Manual can be found at CCNCinc.org

All applicants must sign the attestation at the end of this application.

Refer to the CCNC Policy and Procedure Manual chapter 10 for further information regarding membership levels.

Indicate below which level of member this application is for:

_____ **Primary Members** are government entities that collect taxes and make use of the DTRS as their primary means of communications. Primary Member examples: state government, counties, cities, towns, and special districts. They may have their own talkgroups on the DTRS. Primary members may vote and participate in the governance of CCNC. Any taxing entity must be a Primary Member in order to operate on the DTRS. Primary Members may be required to pay dues or an administrative assessment to CCNC as established by CCNC policy.

_____ **Subsidiary Members** are departments within the Primary Members' entity. Examples of Subsidiary Members are public works, OEM, EMS, public health, city fire department. They do not have their own talkgroups but may use talkgroups owned by Primary Members. They may not vote or participate in CCNC governance. Subsidiary Members must be sponsored by a Primary Member and a sponsorship letter from that Primary Member must be included with this application.

_____ **Associate Members** are entities that only use the DTRS for coordination and mutual aid, not as their primary means of communication. An example of an Associate Member is a private ambulance service that coordinates with a Primary or Subsidiary Member. They may only use existing talkgroups designated for mutual aid or interagency coordination. They may not participate or vote in CCNC governance. Associate Members must be sponsored by a Primary Member and a sponsorship letter from that Primary Member must be included with this application.

_____ **Vendor Members** are manufacturers, corporate communications equipment distributors, RF Consultants, or Radio Frequency Engineers. A CCNC Vendor Member is established for the purpose of identifying a source that agencies may go to for studying radio coverage, creating appropriate engineering data, selecting the appropriate radio and programming them. Vendors will not have voting privileges but may participate in discussions vital to clarification for the understanding of the topic being discussed. A Vendor Member can help prospective members determine if the DTRS is the appropriate system for them.

Subsidiary and Associate Members must provide the following information about the sponsoring Primary Member, along with a sponsorship letter:

Agency name _____

Contact person name _____

Contact person phone number _____

Contact person email _____

Section 2

Agency Information

Agency Type (Select one)

Government entity ___ Private entity ___ Non-profit ___

Agency Class (Select one)

State ___ Local/County ___ City/Town ___ Federal ___ Tribal ___

Other _____

Agency Category (Select one)

Police/Sheriff ___ Fire ___ EMS ___ Coroner ___ Emergency Management ___

Combined Dispatch ___ General Government ___ School District ___

Judicial District ___ Public Works / Utilities ___ Hospital/Health Dept ___

Other _____

Communications Center

Provide communications center contact information for the applicant agency or the agency that dispatches the applicant:

Agency name _____

Contact person name _____

Contact person email _____

Contact person phone number _____

Comm center address _____

24 hour phone number _____

Comm center email address _____

Section 3

Membership Fees

CCNC, as a non-profit corporation, may implement a membership fee after notifying its members of such action. This fee may be used to offset the corporations' operating fund, provide member training, provide member events or for corporate travel not covered by an agency. The fee may also be used to promote the CCNC statewide, assist with advocacy where necessary, and provide corporate involvement in communication activities.

Send CCNC Membership Fee invoice to:

Agency _____

Contact person _____

Mailing Address _____

City _____ Zip _____

Email _____

Phone number _____

Section 4

System use eligibility

The statewide DTR system offers membership to government users - primarily public safety and public service entities - from state, tribal, county, and local governments, federal agencies, special districts and EMS providers. Users must be a government entity eligible for a radio license under FCC rules 47 CFR §90.20 (Public Safety Pool), or an entity that has been sponsored for a license under that section.

Is the applicant agency eligible for FCC Part 90.20 radio licenses? Y/N _____

If Yes provide the callsign(s) of one or more existing radio licenses _____

Section 5

Provide information about your current system:

| | |
|--|--|
| Geographic area of operation | |
| Type of system (HF, VHF, UHF, 700, 800, conventional, trunked, etc.) | |
| Number of channels or talkgroups in use | |
| Number of dispatch consoles | |
| Number of portable radios | |
| Number of mobile radios | |

Names of agencies on your current system:

Section 6

Talkgroup(s) requested

Interop only (MACS) ____

8TACS & 7TACS only ____

Number of shared talkgroups (already in the system) you expect to use _____

Number of new talkgroups requested _____

Number of users that will use those talkgroups _____

For new talkgroups list the requested name and planned use or function. Talkgroup names are a maximum of 8 characters and cannot duplicate an existing talkgroup.

| Talkgroup name <i>(e.g. DISP 1)</i> | Use or function <i>(e.g. Main dispatch)</i> | Talkgroup name | Use or function |
|--|--|----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

List existing talkgroups you plan to use

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Programming another agency's talkgroup in your radios requires a letter of authorization from the agency that owns the talkgroup.

Section 7

Anticipated equipment impact to system

Indicate the number of each type of equipment your agency plans to operate on the system:

Dispatch consoles _____

Portable radios _____

Mobile radios _____

Consolette or other desktop _____

Do you plan to tie your dispatch consoles into the zone controller Y/N _____

If yes, contact the DTR project manager at 303 866 2244 or by email at Edward.boyer@state.co.us prior to submitting this application.

Neither CCNC or the State of Colorado guarantees console connectivity availability.

For planned consoles or desktops list the talkgroups to be used on each one

| Console name | Talkgroup name | Talkgroup name | Talkgroup name | Talkgroup name | Talkgroup name | Talkgroup name |
|--------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Attach additional sheets if necessary

Section 8

Planned expansion

If you plan to expand your system in the next five years provide the number of additional items below:

Consoles _____

Portable radios _____

Mobile radios _____

Talkgroups _____

Tie-in to zone controller Y/N _____ If yes, expected month and year _____

Provide additional expansion information on an additional sheet (sites, frequencies, links, etc.)

If your agency plans to make available 700/800 MHz frequencies and/or infrastructure equipment integrated with the DTR system, attach a description of those plans.

Information about others that may be assisting your agency with system planning and integration. CCNC of the state may need to work with them to ensure proper integration.

Vendor, engineer or consultant contact information

Company name _____

Representative name _____

Phone _____

Email _____

Section 9

Attestation

Applicant agrees to the following stipulations

- 1) Applicant is familiar with and will comply with all applicable regulations of the Federal Communications Commission
- 2) Applicant is familiar with and will comply with all rules, regulations, policies and procedures of CCNC and the State of Colorado as operators of the DTR system. CCNC Policy and Procedures Manual may be found at CCNCinc.org.
- 3) Applicant will provide security for all radio equipment and prevent unauthorized personnel from accessing or using any equipment on the DTR system
- 4) Applicant will comply will all technical standards established by the FCC, CCNC and the State of Colorado.
- 5) Applicant will only operate equipment on the DTR system that has been approved by CCNC and the State of Colorado

Authorized signer printed name _____

Title _____

Signature _____ Date _____

EMAIL AGREEMENT APPLICATION AND ALL DOCUMENTS TO:

CCNC Administrative Office:

malcott21@ccncinc.org

Mail Original to:

Consolidated Communications Network of Colorado, Inc.

40 W Littleton Blvd Suite 210-129

Littleton, CO 80120

CCNC Internal Use Only

Date Received: _____

Date Presented to Technical/Operations Committee: _____

Approved _____ Denied: _____

Pending: _____

Notes/Stipulations

Date Presented to CCNC Executive Board of Directors: _____

Approved _____ Denied: _____

Pending: _____

Notes/Stipulations

If Pending, Date of Next Review: _____

Approved _____ Denied: _____

Pending: _____

Notes/Stipulations

Date Applicant Notified of Final Decision: _____

Signature of CCNC Representative: _____

Additional Notes: