



WEST VIRGINIA STATEWIDE INTEROPERABLE RADIO NETWORK

Radio Programmer Application

| Programmer Contact Information | | | |
|--------------------------------|--|-------------------|--------------|
| Last Name: | | First Name: | Middle Name: |
| SSN (Last 5 Only): | | DOB (MM/DD/YYYY): | |
| Agency / Vendor: | | | |
| Street Address: | | | |
| City: | | State: | Zip: |
| Work Phone: | | Cell Phone: | |
| Email Address: | | | |
| Signature: | | | Date: |

By signing above:

- I give the WV Statewide Interoperable Executive Committee (SIEC) authorization to perform a background check.
- I understand any incorrect information provided may result in the dismissal of this application.
- I understand that submitting an application is not permission to program any equipment related to SIRN.
- I understand that this application must be processed and favorable results of the background check be returned BEFORE I may attend any training on the programming of equipment related to SIRN.
- I understand that before programming any equipment for any agency, I must have proper training, a Programmers Security Agreement on file and received confirmation that I am listed as an approved programmer.

NO PROGRAMMING ABILITY SHOULD BE ASSUMED!

| For Internal Use |
|------------------------------|
| Background Date: |
| Background Status: |
| Applicant Notification Date: |
| Notes: |