WEST VIRGINIA STATEWIDE INTEROPERABLE RADIO NETWORK

Radio Programmer Trainer 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:		
Programming Experience (Years)		
SIRN: **Other P25/Trunking System** (system & years):		
Signature:	**Date:**	

By signing above:

- **I affirm the information contained on this Training Certification is true and accurate to the best of my knowledge;**
- **I understand submitting an application is not permission to instruct any classes;**
- **I understand this application must be processed and approved BEFORE any classes are taught, and the SIEC Technical Committee or SWIC may require additional information;**
- **I understand if approved, I must use training material as approved by the SIEC and meet the minimum requirements to maintain my ability to be an instructor;**
- **I understand I must stay current on and follow all policies and procedures of the SIEC.**

Training Certification			
Make/Model Category	**Date**	**Train-The-Trainer Instructor (printed)**	**Train-The-Trainer Instructor (signature)**
* **Bendix-King**			
KNG-Series			
VP600			
* **E.F. Johnson**			
51xx-Series			
53xx-Series			
* **Harris**			
Unity-XG			
73xx-Series			
* **Kenwood**			
10-Series			
20-Series			
NX-Series			
* **MaCom**			
33xx-Series			
54xx-Series			
* **Motorola**			
APX			
XTL/XTS			
* **Tait**			
TP-91xx Series			