



West Virginia Statewide Interoperable Radio Network

MOTOROLA CONSOLE SITE APPLICATION

Dispatch Agency: _____

Agency Address: _____
Street City State Zip

Agency Point of Contact: _____ E-mail: _____

Phone Number: _____

Motorola Project Manager: _____ E-mail: _____

Which version of Elite Dispatch will your dispatch agency be using? _____

How many consoles to be installed? _____

Will your agency operate with a proxy? _____ Number of consoles off the RNI? _____

Will your agency operate CCGW's? _____ Number of CCGW's? _____

Describe your dispatch facility method of backhaul connectivity that will be used, which must be in compliance with the SIRN established policy for directly connected console sites.

I am signing as the representative of the above dispatch facility requesting to become a Motorola Elite dispatch location. I am aware of the SIRN SOP that spells out requirements of a Motorola Dispatch facility and agree that the agency listed here will comply with the SOP. I am aware that the SIEC will review the application, follow the progress of the project, and may ask questions at any time. The SIEC will approve or deny the application before any agency will be permitted to access the system. I understand and agree that any violation of SIEC policies and procedures may result in administrative action including suspension of the applying agency from the system.

Print Name _____

Signature _____

Date _____