



## DuPage ETSB DEDIR System Access Application

AGENCY INFORMATION	
<b>Type of Application:</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modification
<b>NAME OF AGENCY:</b>	Aurora Fire Department
<b>POINT OF CONTACT:</b>	Deputy Chief Kevin Nickel
<b>BUSINESS ADDRESS</b>	75 N. Broadway , Aurora, IL 60605
<b>EMAIL ADDRESS:</b>	nickelk@aurora.il.us
<b>BUSINESS TELEPHONE:</b>	(630) 256-4002
<b>MOBILE TELEPHONE:</b>	
APPLICATION INFORMATION	
<b>Please complete the following information</b>	
The Applicant is a unit of local government	Yes
If no, explain: (use a separate sheet if necessary)	
The Applicant is requesting access to DEDIR System for certified sworn police personnel or certified fire service personnel or community service officers.	Yes
The Applicant is requesting monitoring capabilities only	No
The Applicant is a member of STARCOM21	Yes
The Applicant understands and accepts that any fees or cost incurred for programming will be the responsibility of the Applicant.	Yes
Applicant Equipment Information	
The total number of portable radios (portable and mobile) covered under this request is:	80
The total number of radios which will be affiliated during any daily operational shift is:	80
Do the radios have TDMA?	Yes
Do the radios have encryption: <input type="checkbox"/> No <input checked="" type="checkbox"/> AES encryption	
Type of radios to be programmed with a DEDIRS talk group:	Harris P7300, Harris M7300
The Applicant is requesting use of:	
<input checked="" type="checkbox"/> InterOp Groups 1-8	<input type="checkbox"/> DUCALL (Hailing Channel for ACDC Agencies only)
<input type="checkbox"/> Any additional talk groups. List on a separate sheet include an explanation as to the need (ie: daily mutual aid etc. )	

### Committee/ETS Board Review Process Checklist:

Applicant has submitted proper paperwork	[ ] Yes [ ] No
Vendor Technical Review of Application Complete	
14 Day Notice to Members is complete	[ ] Yes [ ] No
Posted on Committee Agenda Date: _____	[ ] Yes [ ] No
Vote of Committee: Ayes _____ Opposed _____ Abstain _____ Absent _____	Approved
Action or Direction Based on Vote: [ie TOT ETSB, request additional information, denied]	[ ] Yes [ ] No
Posted on ETSB Agenda Date: _____	[ ] Yes [ ] No
Vote of ETSB Board: Ayes _____ Opposed _____ Abstain _____ Absent _____ Resolution No:	Approved [ ] Yes [ ] No