

DuPage ETSB DEDIR System Access Application

AGENCY INFORMATION					
Type of Application:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Modification			
NAME OF AGENCY:	Westchester Police Department				
POINT OF CONTACT:	Deputy Chief Mark Borkovec				
BUSINESS ADDRESS	10300 Roosevelt Rd. Westchester IL				
EMAIL ADDRESS:	mborkovec@westchester-il.gov				
BUSINESS TELEPHONE:	(708) 345-0096				
MOBILE TELEPHONE:					
APPLICATION INFORMATION					
Please complete the following information					
The Applicant is a unit of local government					Yes <input type="checkbox"/>
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 <input type="checkbox"/>
The Applicant is requesting monitoring capabilities only					No <input type="checkbox"/>
The Applicant is a member of STARCOM21					Yes <input type="checkbox"/>
The Applicant understands and accepts that any fees or cost incurred for programming will be the responsibility of the Applicant.					Yes <input type="checkbox"/>
Applicant Equipment Information					
The total number of portable radios (portable and mobile) covered under this request is:					30
The total number of radios which will be affiliated during any daily operational shift is:					6
Do the radios have TDMA?					Yes <input type="checkbox"/>
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:	Mototrola APX NEXT - 6000 - 8000				
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 checked="" 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