



DuPage ETSB DEDIR System Access Application

| AGENCY INFORMATION | |
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| Type of Application: | <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification |
| NAME OF AGENCY: | BERKELEY POLICE DEPARTMENT |
| POINT OF CONTACT: | LEONARD NOREK - DEPUTY CHIEF OF POLICE |
| BUSINESS ADDRESS | 5819 ELECTRIC AVE, BERKELEY, IL 60163 |
| EMAIL ADDRESS: | LNOREK@BERKELEY.IL.US |
| BUSINESS TELEPHONE: | (708) 234-2678 |
| MOBILE TELEPHONE: | |
| APPLICATION INFORMATION | |
| Please complete the following information | |
| 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 | No |
| 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: | 27 |
| The total number of radios which will be affiliated during any daily operational shift is: | 4 |
| 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: | Motorola APX 7000 ; APX 8000; APX NEXT |
| 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:

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