

DuPage ETSB DEDIRS WAVE Access Application

| AGENCY INFORMATION | | |
|---|--|------------|
| Type of Application: | [<input checked="" type="checkbox"/>] Initial [<input type="checkbox"/>] Modification | |
| DATE: | 07/09/2024 | |
| NAME OF AGENCY: | Lombard Fire Department | |
| POINT OF CONTACT: | Nathan Gac | |
| BUSINESS ADDRESS: | 50 East St Charles Road, Lombard IL 60148 | |
| EMAIL ADDRESS: | gacn@villageoflombard.org | |
| BUSINESS TELEPHONE: | 630-873-4597 | |
| MOBILE TELEPHONE: | | |
| APPLICATION INFORMATION | | |
| Please complete the following information | YES | NO |
| The APP will not be used for first line user dispatch since it has a lower priority on the system | x | |
| The Applicant understands that the cost for the APP is the Applicant's responsibility | x | |
| The Applicant understands that any changes must be provided according to policy. | x | |
| The Applicant has received DEDIRS Policy 911-005.11: WAVE Use on DEDIRS and all users under this application have read and will comply with the policy. | x | |
| APPLICATION CHECKLIST | | |
| Note: The application cannot be approved by STARCOM21 or ETSB without the required documents listed below | | |
| The Applicant has provided the following as part of this application: | YES | |
| WAVE Support Limitation and Disclaimer, executed (one per agency)* | | x |
| Mobile Device Security Policy Page 9, executed (one per individual user)* | | x |
| Completed WAVE User Mobile Worksheet* | | x |
| DEDIRS Policy 911-005.11: WAVE Use on DEDIRS Attachment A: Policy Compliance Form (one per individual user) | | x |
| ** Items below are for Users without a Motorola billing account only ** | N/A | YES |
| STARCOM21 Government User Agreement | | x |
| STARCOM21 User Information Form | | x |
| Approvals | NO | YES |
| Policy Advisory Committee | | |

I am submitting this application on behalf of my organization and the users represented herein. I certify that I am authorized to act on behalf of my organization for this application and that the information provided is correct to the best of my knowledge.

Applicant Point of Contact Signature

Date: 7/9/24